



Notice of Child Death/Preliminary Near Death

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/03/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> PRELIMINARY NEAR DEATH	Date of Death/Preliminary Near Death:	11/03/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African Americ	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown Participant			Relationship to Victim:	None	
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/preliminary near death:

On 11/03/2014 the Department received a P1 referral listing the allegation of Neglect Death regarding ██████████ age 2yrs 1 month. The referral listed the alleged perpetrator as an unknown participant. The deceased infant ██████████ was found unresponsive by his birth mother ██████████. Paramedics and law enforcement were contacted and made the scene. While emergency services were in enrout the mother performed CPR in efforts of resuscitating the child.

On 11/03/2014 prior to the arrival of this CPSI to the family home, the Scene Officer ██████████ and ██████████ attempted to resuscitate victim without success. The Paramedic pronounced victim deceased at 0429 hours. ██████████ was transported to the Medical Examiner's office for evaluation/autopsy. CPSI ██████████ did not observe the child's deceased body due to him already being transported from the scene to the morgue.

If this is a preliminary 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:

On 11/03/2014 this CPSI ██████████ interviewed birth mother ██████████ regarding the death of her son ██████████. Ms. ██████████ reported that the night before the incident, ██████████ was observed to be playing in the living room with his sibling without any concerns. Ms. ██████████ reported that ██████████ received a flu shot about 2 weeks ago before this incident. Ms. ██████████ reported that she rocked ██████████ to sleep in her arms. Ms. ██████████ reported that after he fell asleep his father picked ██████████ up and placed him in her bed. Ms. ██████████ reported that ██████████ sleeps in the bed with her. She reported that he slept in a bassinet when he was a infant. Ms. ██████████ reported that the father ██████████ laid the child down in the bed on his right side. Ms. ██████████ reported he fell asleep in a normal fashion as usual. Ms. ██████████ reported that she proceeded to take her bath and go to bed herself around 11 or 11:15pm. Ms. ██████████ reported that ██████████ was asleep when she got in the bed to go to sleep. Ms. ██████████ reported the child was breathing when she laid in the bed. Ms. ██████████ reported that her alarm clock went off at 4am the next morning, she jumped up and went to the bathroom. She reported that she did not cut the light on immediately in the room because she didn't want to wake the child up. Ms. ██████████ reported that she noticed ██████████ bottle was still laying in the bed still full. She reported that she thought something must be wrong with her baby, because he usually drinks his bottle through the night. Ms. ██████████ reported that she leaned over to look at ██████████ to see if he was alright because she noticed that he was not moving and looked like he was not breathing. Ms. ██████████ reported that she observed ██████████ to be on his knees partially face down, she reported she could see one nostril out. Ms. ██████████ reported that she touched him and he was not breathing. She reported that she turned him over and he was still in the same sleep position and his body was stiff. Ms. ██████████ reported that she called Mr. ██████████ for help and proceeded to call 911. She reported that she performed CPR on ██████████ while the police/fire department were on the way to the home.

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



Ms. [redacted] reported that [redacted] and herself were the only ones that slept in the bed. Ms. [redacted] reported that the child's father slept in the other bedroom. Ms. [redacted] reported that she gave birth to [redacted] at 32 weeks and he was born a premie (3lbs 7oz) at the [redacted]. Ms. [redacted] reported that [redacted] was not a big eater, that he really didn't like food. She reported that his favorite food was chicken nuggets. Ms. [redacted] reported that the child was last seen at his Primary Care Physician: [redacted]. Ms. [redacted] reported that [redacted] was up to date on his immunization, he received his last immunization in September.

CPSI [redacted] interviewed birth father [redacted] regarding the death of his son [redacted]. Mr. [redacted] reported that the child's birth mother put him to sleep and he laid him down in her bed like they always do. Mr. [redacted] reported that he slept in a separate bedroom. Mr. [redacted] reported that he went to sleep himself between 9:30pm and 10pm. Mr. [redacted] reported that his son was acting normal before he went to sleep. He reported that he had played all day and acted normal. He reported he didn't notice anything different or wrong with his son. Mr. [redacted] reported that he was awoken by Ms. [redacted] calling him because [redacted] was not breathing and then she called 911.

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

Not applicable

Describe disposition of body (Death): Infant body is currently at the Medical Examiners Office, body was transported to the ME office prior to the Department receiving the referral.

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

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

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

Type: [redacted] **Case #:** [redacted]

Describe law enforcement or court involvement, if applicable:

Scene Officer [redacted] and [redacted] Fire Department Engine [redacted] attempted to resuscitate victim without success. Paramedic pronounced victim deceased at 0429 hours. Crime Scene Investigator was notified and made the scene. The Medical Examiner was notified and made the scene. Preliminary investigation revealed no obvious sign of foul play. Investigation forwarded to the Homicide Department.

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

CPSI [redacted] conducted a home visit on 11/03/14 to assess safety of female sibling [redacted]. CPSI observed [redacted] to be a healthy female child, that was free of any major injuries, marks, or bruises. There were no safety hazards or concerns identified during the home visit. [redacted] will be scheduled for a forensic interview.

Name: [redacted]	Age: 3
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
/ /					
/ /					
/ /					
/ /					





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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 11/03/2014 09:49 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 11/03/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 11/03/2014 11:57 AM
 First Team Leader Assigned: [REDACTED] Date/Time 11/03/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 11/03/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 7 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: TFACTS:

Family Case IDs: None
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No

Open: No
 Substantiated: No
 Death: No
 Number of Screen Outs: No

History (not listed above): No

Pending: No



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

Awaiting Screening: No
Submitted: No

Sex Offender Registry: No

County: [REDACTED]
Notification: E-mail
School/ Daycare: N/A
Native American Descent: None
Directions: N/A

Reporter's name/relationship: [REDACTED] [REDACTED]

CHILD IS NOT IN DCS CUSTODY.

Reporter states: [REDACTED] (2) and his 3 year old sister ([REDACTED]) reside with their parents, [REDACTED] and [REDACTED] in [REDACTED] County.

[REDACTED] went to bed between 9:30 p.m. and 10 p.m. It is reported that [REDACTED] and the mother slept together in the bed in a separate room from [REDACTED]. It is unknown what time [REDACTED] and the mother went to bed. The reporter states there was also another 3 year old cousin who was at the home for an overnight visit. It is believed that the sister and the cousin were already put to bed. The mother reported that she went in the room and went to sleep as normal. The mother woke up at 4 a.m. this morning to get ready for work. The mother reported that when she looked at [REDACTED] she observed that his bottle was untouched and this seemed unusual so she then she looked at him to see if he was breathing but he wasn't. The mother stated she picked him up and that is when she saw mucus coming from his nose and mouth and he was stiff. The mother called the father and then she proceeded to call 9-1-1. The fire department showed up at the home and pronounced the child deceased. (Reporter did not specify who pronounced the child dead, just that the fire department did it). The reporter states that the father was in another room and the sister and cousin were in her room. According to the reporter, [REDACTED] previously took a flu shot a week ago, had a loss of appetite and he was asthmatic. It is reported that [REDACTED] was Autistic.

The reporter states that no foul play is believed to have taken place.

The reporter states the sister and the cousin were not interviewed.

To the reporter's knowledge, the family does not have any DCS history.

The reporter states there were no observed hazards noticed that could have been a danger to the child.

To the reporter's knowledge, there has not been any previous instances of a child in this home dying or suffering serious injuries. The mother has given birth to a premature 20 week old fetus that is deceased.

To the reporter's knowledge, there are no patterns of neglect in the home.

To the reporter's knowledge, the parents do not have any criminal history.

Special Needs or Disabilities: Yes, suspected autism.

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

Perpetrator's location at this time: [REDACTED]

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

Any domestic violence in the home: None.

Per SDM: Investigative ([REDACTED]) P 1. [REDACTED] CM2 @ 10:18 a.m. on 11/3/14.
Upon callback, reporter was not available for further details [REDACTED], CM3 @ 10:40 am)



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

[REDACTED] and RA [REDACTED] notified @ 11:24 am [REDACTED] on 11/3/14.



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

Participant(s)

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 3 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: 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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 7 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 31 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 29 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 11/03/2014

Assignment Date: 11/03/2014

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Participant, Unknown [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/11/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: All investigative tasks have been completed, case submitted for closure

D. Case Workers

Case Worker: [REDACTED]

Date: 03/11/2015

Team Leader: [REDACTED]

Date: 03/11/2015

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:

[REDACTED] was dead upon the receipt of this investigation to the Department. The child's body had already been transported to the City Morgue.

[REDACTED] age 3 was observed to be a healthy African American child that presented with no marks, injuries or bruises. [REDACTED] made no disclosure of being mistreated or harmed. [REDACTED] made no disclosure of seeing anyone harm or hurt her little brother [REDACTED]

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

Records received from the [REDACTED] reported after consideration of the medical history, the scene investigation, autopsy findings, toxicology report, and the circumstances surrounding the death, as currently understood, the cause of death is acute bronchopneumonia and the manner of death is natural.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

The alleged perpetrator was listed as unknown, no statement obtained

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

There are no witnesses to give description of what they believe indicates child abuse

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

There is not a preponderance of evidence to substantiate the allegation. This case will be closed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2015

Contact Method:

Contact Time: 02:24 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/31/2015

Completed date: 03/31/2015

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: 03/31/2015 02:26 PM Entered By: [REDACTED]

This case was reviewed by Deputy Director of Investigations [REDACTED] and is approved for closure. This office will forward copies of the 740 to the Judge and the AG'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: 03/13/2015 Contact Method:
 Contact Time: 04:06 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/13/2015
 Completed date: 03/13/2015 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: 03/13/2015 04:19 PM Entered By: [REDACTED]

The investigation has been reviewed and the CPSI is no longer being required to have the sibling come in for a forensic interview as stated in the previous administrative review due to the lack of evidence of any foul play or abuse. The CPSI is being instructed to complete the following tasks before this case can be forwarded to upper management for review. The CPSI is to document any correspondence with the reporter or attempts to speak with the reporter. The CPSI is to document the initial and final notification to the AG and the Judge regarding this investigation. The CPSI is to document that all medical records have been obtained concerning the client and that they are inside the case file. The sibling was seen two weeks prior to the report being made by medical staff but there were barriers in getting the child seen by a doctor after the passing of the client. All attempts and efforts to have the surviving sibling seen by medical staff are to be documented. The CPSI is to document when the fatality report was emailed to Central office staff and who signed off on the case from the [REDACTED] county Attorney general's office. The last task that is to be completed is documenting any and all statements obtained from collateral contacts who were spoken to during the course of this investigation.



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:	03/13/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	03/13/2015
Completed date:	03/13/2015	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: 03/13/2015 10:13 AM Entered By: [REDACTED]

Final Case Summary:

On 11/03/2014 the Department of Children Services (DCS) received a P1 referral listing allegation of neglect death. The alleged victim was listed as [REDACTED] age 2 years and 1 month. The alleged perpetrator was listed an unknown participant.

[REDACTED] went to bed between 9:30 p.m. and 10 p.m. It is reported that [REDACTED] and the mother slept together in the bed in a separate room from [REDACTED]. It is unknown what time [REDACTED] and the mother went to bed. The reporter states there was also another 3 year old cousin who was at the home for an overnight visit. It is believed that the sister and the cousin were already put to bed. The mother reported that she went in the room and went to sleep as normal. The mother woke up at 4 a.m. this morning to get ready for work. The mother reported that when she looked at [REDACTED] she observed that his bottle was untouched and this seemed unusual so she then she looked at him to see if he was breathing but he wasn't. The mother stated she picked him up and that is when she saw mucus coming from his nose and mouth and he was stiff. The mother called the father and then she proceeded to call 9-1-1. The fire department showed up at the home and pronounced the child deceased. (Reporter did not specify who pronounced the child dead, just that the fire department did it). The reporter states that the father was in another room and the sister and cousin were in her room. According to the reporter, [REDACTED] previously took a flu shot a week ago, had a loss of appetite and he was asthmatic. It is reported that [REDACTED] was Autistic. [REDACTED] was pronounced dead on November 3, 2014 at 8:10am.

The investigation into this incident was conducted by the Department of Children Services Investigator (CPSI) [REDACTED] as well as the [REDACTED]. The alleged perpetrator was listed as an Unknown Participant. CPSI [REDACTED] conducted interviews with birth mother [REDACTED], birth father [REDACTED] and female sibling [REDACTED]. Ms. [REDACTED] reported that her son was normal throughout the day and she put him to bed like usual. She reported no concerns or issues. She did state the child had received a flu shot 2 weeks prior to death. Ms. [REDACTED] reported she went to bed herself around 11 or 11:15pm and when she awoke at 4am the next morning she noticed that [REDACTED] bottle had not been touched. Ms. [REDACTED] reported that the child usually drinks his bottle through the night. Ms. [REDACTED] reported that she touched the child and he was not breathing, she turned him over and his body was stiff. She called for Mr. [REDACTED] and proceeded to



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

call 911. Ms. [REDACTED] reported that she performed CPR on [REDACTED] while waiting on police/fire department to arrive at the home. Mr. [REDACTED] reported that the child's mother put him to sleep and he laid him down in her bed like they always do. Mr. [REDACTED] reported the child was acting normal before he went to sleep. Mr. [REDACTED] reported that he was awoken by Ms. [REDACTED] calling him because [REDACTED] was not breathing and then she called 911. [REDACTED] female sibling of the deceased child was interviewed and observed. The child made no disclosure of being mistreated or harmed. The child made no disclosure of seeing her brother [REDACTED] being mistreated or harmed.

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

This case was presented to the Child Protective Investigative Team on 11/04/2014, the investigation was stamped for DCS to handle as appropriate and obtain an autopsy report.

The parents' behavior was appropriate at the time regarding the death of their child. Birth mother [REDACTED] was observed to be upset, crying and emotional regarding her son. Birth father [REDACTED] was observed to be emotional and crying when talking about his son and his death.

There is not a preponderance of evidence to substantiate the allegation. This case will be closed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

Narrative Type: Addendum 1 Entry Date/Time: 03/19/2015 03:28 PM Entered By: [REDACTED]

CPS [REDACTED] has notified the [REDACTED] County Juvenile Court and the Attorney General's Office of the fatality investigation.

A copy of the 740 will be forwarded to the Attorney General's office and the [REDACTED] County Juvenile Court Magistrate.



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:	03/13/2015	Contact Method:	Phone Call
Contact Time:	09:37 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	03/13/2015
Completed date:	03/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/13/2015 10:16 AM Entered By: [REDACTED]

CPSI [REDACTED] made contact with birth mother [REDACTED] to conduct an follow up. Ms. [REDACTED] reported that she was okay and the family was doing fine. Ms. [REDACTED] expressed thanks for this CPSI being concerned and offering further assistance. CPSI discussed grief counseling with parent and informed to contact the Department if further assistance was needed. Ms. [REDACTED] reported that the family didn't need anything and thanked again for the continued support.



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: 03/12/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/19/2015

Completed date: 03/19/2015

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: 03/19/2015 03:33 PM Entered By: [REDACTED]

This case was represented to the Child Protective Investigative Team on 3/12/2015. This case was stamped for DCS to handle as appropriate. Assistant District Attorney [REDACTED] signed off on the Child Protective Investigative Review form on 3/12/2015.



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: 03/12/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/19/2015

Completed date: 03/19/2015

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: 03/19/2015 03:44 PM Entered By: [REDACTED]

This case was presented to the Child Protective Investigative Team and it was classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2015

Contact Method:

Contact Time: 02:23 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/11/2015

Completed date: 03/11/2015

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: 03/11/2015 02:24 PM Entered By: [REDACTED]

This case is being represented to the Child Protective Investigative Team on 3/12/2015 for the Assistant District Attorney to review and classify.



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: 03/11/2015

Contact Method: Attempted Face To Face

Contact Time: 01:46 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/11/2015

Completed date: 03/11/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

Participant, Unknown [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/11/2015 01:46 PM Entered By: [REDACTED]

Perp statement:

The alleged perpetrator was listed as a unknown participant. No statement was obtained.



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: 03/11/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/11/2015

Completed date: 03/11/2015

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: 03/11/2015 01:41 PM Entered By: [REDACTED]

Classification

This case was classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/13/2015

Contact Method: Correspondence

Contact Time: 12:21 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/19/2015

Completed date: 03/19/2015

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: 03/19/2015 04:05 PM Entered By: [REDACTED]

On 2/13/2015 [REDACTED] Nursing Director [REDACTED] notified this CPSI (email) that the Autopsy Report was complete and forwarded a copy via email to this investigator and [REDACTED] of the Child Fatality Team, DCS. Copy was placed in hard file



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/10/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/11/2015

Completed date: 03/11/2015

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: 03/11/2015 11:53 AM Entered By: [REDACTED]

CPSI [REDACTED] received the Autopsy results from the [REDACTED] Case Number: [REDACTED]

The medical reported after consideration of the medical history, the scene investigation, autopsy findings, toxicology report, and the circumstances surrounding the death, as currently understood, the cause of death is acute bronchopneumonia and the manner of death is natural. Report placed in the hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/09/2015	Contact Method:	
Contact Time:	01:38 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	01/09/2015
Completed date:	01/09/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/09/2015 01:39 PM Entered By: [REDACTED]

CPSI [REDACTED] made contact with the [REDACTED] County Medical Examiner's office to make a 2nd request for the verification of death form. CPSI [REDACTED] was informed by staff that the autopsy is still incomplete at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/09/2015

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2015 01:18 PM Entered By: [REDACTED]

CPSI [REDACTED] made contact with Ms [REDACTED], birth mother. Ms. [REDACTED] reported no current concerns or issues. She reported that she is taking one day at a time. Ms. [REDACTED] reported that she misses her son dearly and thinks about him all the time. No safety hazards reported at this time.

[REDACTED] was observed to be free of any marks, injuries or bruises. Child made no disclosure of being mistreated or harmed. No safety hazards observed during visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/17/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/19/2015

Completed date: 03/19/2015

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: 03/19/2015 03:40 PM Entered By: [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] hospital, Dr. [REDACTED] final report regarding [REDACTED] age 4. Child was seen in the Primary Care Clinic on 11/17/2014.

Medical Summary: Child presented with no bruises, no bony abnormalities, and no disclosure of abuse. Child did have symptoms of sleep apnea and mouth breathing which was discussed with birth mother. Dr. [REDACTED] reported no immediate concerns or issues. Dr. [REDACTED] recommended grief counseling for the child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/11/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/19/2015

Completed date: 03/19/2015

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: 03/19/2015 03:55 PM Entered By: [REDACTED]

[REDACTED] friend of the family reported that Ms. [REDACTED] was a good mother and loves her children. Ms. [REDACTED] reported that Ms. [REDACTED] spoils her babies and gives them anything they need. Ms. [REDACTED] made no disclosure of seeing the children being harmed or mistreated. Ms. [REDACTED] reported no concerns regarding Ms. [REDACTED] or Mr. [REDACTED] care of the children.



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: 11/06/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/19/2015

Completed date: 03/19/2015

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: 03/19/2015 03:47 PM Entered By: [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] regarding [REDACTED]. The clinic sent the child's entire medical records, copy will be placed in hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/06/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/19/2015

Completed date: 03/19/2015

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: 03/19/2015 03:42 PM Entered By: [REDACTED]

CPSI [REDACTED] received medical immunization records for [REDACTED] copy placed in 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: 11/05/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2015 01:15 PM Entered By: [REDACTED]

CPSi [REDACTED] requested preliminary medical examiners report from the [REDACTED] County Medical Examiners Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/05/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/19/2015

Completed date: 03/19/2015

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: 03/19/2015 04:01 PM Entered By: [REDACTED]

CPSI [REDACTED] emailed on 11/05/2015 the Fatality report to Central Office Staff.



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:
 Contact Time: 11:30 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): 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: 11/05/2014 02:17 PM Entered By: [REDACTED]

The case has been assigned to CPSI [REDACTED] who has made a visit to the home and interviewed the mother, father and sibling. The CPSI has completed background checks on the mother and father with no concerns noted. The CPSI is being instructed to make contact with collaterals and document the statements given. The CPSI will also need to speak with the reporter. CPSI [REDACTED] has attempted to meet response on INV# [REDACTED] the ACV has been removed from the home by medical examiner's [REDACTED]'s staff. CPSI [REDACTED] did observe the sibling [REDACTED] age 3 who had no marks or bruises when observed. The referral mentions another child visiting the home, she has been identified as 4 yr. [REDACTED] who was visiting and spent the night in the home last night. [REDACTED] was not at the home when the CPSI made her visit, according to the CPSI the child left the home with her mother [REDACTED]. Both parents state that ACV [REDACTED] was placed in the bed at 11:15 PM on his right side. The mother slept in the bed alone with [REDACTED] while the father slept in another room. [REDACTED] alarm went off at 4AM so she could get ready for work and that is when she found her child unresponsive. The mother called for the father and attempted to perform CPR with no results. The parents report no change in the child's eating habits within the last 48 hours. [REDACTED] had been seen by a doctor for the flu within the past two weeks. Releases of information have been signed and collateral contact information has been obtained. The parents have been instructed to have [REDACTED] seen by a doctor and a forensic interview will be scheduled so a statement can be obtained.



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:	11/04/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	11/04/2014
Completed date:	12/05/2014	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/04/2014 10:40 AM Entered By: [REDACTED]
SDM

The Initial structure decision making (SDM) was completed on 11/04/2014, child is deceased at the time of intake.



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:	
Contact Time:	10:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	11/04/2014
Completed date:	11/04/2014	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: 11/04/2014 10:40 AM Entered By: [REDACTED]

Background Checks:

The following Internet Records Clearance inquiries were completed on the date(s) 11/04/2014 indicated on: [REDACTED]

Justice System Inquiry (JSSI): no negative results

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: no results were found

The following Internet Records Clearance inquiries were completed on the date(s) 11/04/2014 indicated on: [REDACTED]

Justice System Inquiry (JSSI): no negative results



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: no results were found



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: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/11/2015

Completed date: 03/11/2015

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: 03/11/2015 11:56 AM Entered By: [REDACTED]

CPIT

This case went before the Child Protective Investigative Team on 11/04/2014 it was stamped for DCS to handle as appropriate and obtain autopsy report.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/03/2014 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 03/11/2015
 Completed date: 03/11/2015 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: 03/11/2015 12:12 PM Entered By: [REDACTED]

On 11/03/2014 this CPSI [REDACTED] interviewed birth mother [REDACTED] regarding the death of her son [REDACTED]. Ms. [REDACTED] reported that the night before the incident, [REDACTED] was observed to be playing in the living room with his sibling without any concerns. Ms. [REDACTED] reported that [REDACTED] received a flu shot about 2 weeks ago before this incident. Ms. [REDACTED] reported that she rocked [REDACTED] to sleep in her arms. Ms. [REDACTED] reported that after he fell asleep his father picked [REDACTED] up and placed him in her bed. Ms. [REDACTED] reported that [REDACTED] sleeps in the bed with her. She reported that he slept in a bassinet when he was a infant. Ms. [REDACTED] reported that the father [REDACTED] laid the child down in the bed on his right side. Ms. [REDACTED] reported he fell asleep in a normal fashion as usual. Ms. [REDACTED] reported that she proceeded to take her bath and go to bed herself around 11 or 11:15pm. Ms. [REDACTED] reported that [REDACTED] was asleep when she got in the bed to go to sleep. Ms. [REDACTED] reported the child was breathing when she laid in the bed. Ms. [REDACTED] reported that her alarm clock went off at 4am the next morning, she jumped up and went to the bathroom. She reported that she did not cut the light on immediately in the room because she didn't want to wake the child up. Ms. [REDACTED] reported that she noticed [REDACTED] bottle was still laying in the bed still full. She reported that she thought something must be wrong with her baby, because he usually drinks his bottle through the night. Ms. [REDACTED] reported that she leaned over to look at [REDACTED] to see if he was alright because she noticed that he was not moving and looked like he was not breathing. Ms. [REDACTED] reported that she observed [REDACTED] to be on his knees partially face down, she reported she could see one nostril out. Ms. [REDACTED] reported that she touched him and he was not breathing. She reported that she turned him over and he was still in the same sleep position and his body was stiff. Ms. [REDACTED] reported that she called Mr. [REDACTED] for help and proceeded to call 911. She reported that she performed CPR on [REDACTED] while the police/fire department were on the way to the home.

Ms. [REDACTED] reported that [REDACTED] and herself were the only ones that slept in the bed. Ms. [REDACTED] reported that the child's father slept in the other bedroom. Ms. [REDACTED] reported that she gave birth to [REDACTED] at 32 weeks and he was born a premie (3lbs 7oz) at the BirthPlace/The Med. Ms. [REDACTED] reported that [REDACTED] was not a big eater, that he really didn't like food. She reported that his favorite food was chicken nuggets. Ms. [REDACTED] reported that the child was last seen at his Primary Care Physician [REDACTED]. Ms. [REDACTED] reported that [REDACTED] was up to date on his immunization, he received his last immunization in September.

CPSI [REDACTED] interviewed birth father [REDACTED] regarding the death of his son [REDACTED] Mr.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] reported that the child's birth mother put him to sleep and he laid him down in her bed like they always do. Mr. [REDACTED] reported that he slept in a separate bedroom. Mr. [REDACTED] reported that he went to sleep himself between 9:30pm and 10pm. Mr. [REDACTED] reported that his son was acting normal before he went to sleep. He reported that he had played all day and acted normal. He reported he didn't notice anything different or wrong with his son. Mr. [REDACTED] reported that he was awoken by Ms. [REDACTED] calling him because [REDACTED] was not breathing and then she called 911.

CPSI [REDACTED] observed the parents to show the appropriate emotion regarding the loss of their child. The home had evidence of working utilities, water and food. CPSI observed the family to have extended family support evidenced by the numerous family members visiting the home during this CPSI visit to the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/03/2014

Contact Method: Face To Face

Contact Time: 03:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 11/04/2014

Completed date: 11/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2014 10:33 AM Entered By: [REDACTED]

Sibling Interview/Observation

CPSI [REDACTED] conducted a face to face interview/observation of female sibling [REDACTED]. CPSI observed [REDACTED] to be a healthy African American child, who was observed to be bonded with her mother and other family members. [REDACTED] reported that she enjoys daycare and likes doing her homework. [REDACTED] was observed to talk about her little brother, showing me where he had scratched her on her nose. [REDACTED] reported that she liked playing with her brother. [REDACTED] was observed to be free of any major injuries, bruises or marks. She was observed to have a small scratch on the tip of her nose. Child reported no concerns or issues. No safety hazards were observed, the home had evidence of working utilities, water and food.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/03/2014

Contact Method:

Contact Time: 03:35 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 11/04/2014

Completed date: 11/04/2014

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: 11/04/2014 10:38 AM Entered By: [REDACTED]

Initial paperwork:

Child Protective Service Investigator (CPSI) [REDACTED] discussed the initial paperwork with [REDACTED] Ms. [REDACTED] signed the Acknowledgment of Receipt of the Clients' Rights Handbook, Notification of Equal Access to Programs and Services and grievance Procedures, Native American Heritage Veto Verification, Authorization for Release of Information and HIPPA Protected Health Information to the Department of Children's Services and Notification of Release, HIPPA Notice of Privacy Practices-Client Acknowledgement and Authorization for release of Medical Information. She also provided the family composition information.

Family Composition:

[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:	11/03/2014	Contact Method:	Face To Face
Contact Time:	03:23 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	11/04/2014
Completed date:	12/04/2014	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/04/2014 10:29 AM Entered By: [REDACTED]

Alleged Victim Statement:

Response time met by CPSI [REDACTED]

Prior arrival of this CPSI to the family home, the Scene Officer [REDACTED] and [REDACTED] Engine [REDACTED] attempted to resuscitate victim without success. The Paramedic pronounced victim deceased at 0429 hours. [REDACTED] was transported to the Medical Examiner's office for evaluation/autopsy. CPSI [REDACTED] did not observe the child's deceased body due to him already being transported from the scene to the morgue.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/03/2014

Contact Method: Attempted Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 03/19/2015

Completed date: 03/19/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/19/2015 03:23 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to make contact with the referent to gain additional information. CPSI was unsuccessful in making contact, a message was left asking for a return call to the Department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2014	Contact Method:	
Contact Time:	09:49 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	11/04/2014
Completed date:	11/04/2014	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: 11/04/2014 10:26 AM Entered By: [REDACTED]

Initial Case Summary:

On 11/03/2014 the Department received a P1 referral listing allegation of neglect death. The alleged victim was listed as [REDACTED] age 2 years and 1 month. The alleged perpetrator was listed as a unknown participant.

[REDACTED] went to bed between 9:30 p.m. and 10 p.m. It is reported that [REDACTED] and the mother slept together in the bed in a separate room from [REDACTED]. It is unknown what time [REDACTED] and the mother went to bed. The reporter states there was also another 3 year old cousin who was at the home for an overnight visit. It is believed that the sister and the cousin were already put to bed. The mother reported that she went in the room and went to sleep as normal. The mother woke up at 4 a.m. this morning to get ready for work. The mother reported that when she looked at [REDACTED] she observed that his bottle was untouched and this seemed unusual so she then she looked at him to see if he was breathing but he wasn't. The mother stated she picked him up and that is when she saw mucus coming from his nose and mouth and he was stiff. The mother called the father and then she proceeded to call 9-1-1. The fire department showed up at the home and pronounced the child deceased. (Reporter did not specify who pronounced the child dead, just that the fire department did it). The reporter states that the father was in another room and the sister and cousin were in her room. According to the reporter, [REDACTED] previously took a flu shot a week ago, had a loss of appetite and he was asthmatic. It is reported that [REDACTED] was Autistic.

The reporter states that no foul play is believed to have taken place. The reporter states the sister and the cousin were not interviewed. To the reporter's knowledge, the family does not have any DCS history. The reporter states there were no observed hazards noticed that could have been a danger to the child. To the reporter's knowledge, there has not been any previous instances of a child in this home dying or suffering serious injuries. The mother has given birth to a premature 20 week old fetus that is deceased. To the reporter's knowledge, there are no patterns of neglect in the home. To the reporter's knowledge, the parents do not have any criminal history.

Special Needs or Disabilities: Yes, suspected autism.

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

Perpetrator's location at this time: Home.

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

Any domestic violence in the home: None.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Assignment: Assigned to CPSI [REDACTED] on 11/03/2014



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]
 County: [REDACTED]
 Date of Referral: 11/3/14 9:49 AM
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]
 Worker [REDACTED]
 Date of Assessment: 11/3/14 12:00 AM
 Number of Children in the Household: 2

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence 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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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: _____