



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 05/26/2015 12:36 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 05/26/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 05/26/2015 01:38 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 05/26/2015 12:00 AM  
 First Case Manager [REDACTED] Date/Time 05/26/2015 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Mos	Lack of Supervision	Yes	[REDACTED]	Birth Father

Preliminary Near Death: [REDACTED]

**Referent(s)**

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact [REDACTED]

Notification: None

Narrative: This is a non-custody child.

Family Case IDs: No history found based on demographics provided.

Open Court Custody/FSS/FCIP - No  
 Closed Court Custody - No

Open: No  
 Substantiated: No  
 Death: No  
 Number of Screen Outs: 0

History (not listed above): No

DUPLICATE REFERRAL: No



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

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

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (1 month) resides with birth parents [REDACTED] in [REDACTED]. There are no other adults or children reported to be in the home [REDACTED] is currently at [REDACTED] on the 5th Floor.

On Friday (5-22-15) [REDACTED] was taken to the hospital unresponsive and it was initially believed that he would not survive. [REDACTED] was sleeping with his father [REDACTED], for a nap. The two had been sleeping for about an hour before [REDACTED] mother [REDACTED] returned home. When [REDACTED] got home, she discovered the father had rolled over and apparently had shifted in his sleep. His arm was covering [REDACTED] airway. [REDACTED] was unresponsive and taken to the hospital, where he has been since Friday. The current prognosis is poor for [REDACTED], it is believed he has an anoxic brain injury (due to lack of oxygen). There is concern that this is progressive and will result in brain death. There are no physical signs of trauma for [REDACTED] (bruises, marks, etc.).

[REDACTED] was contacted on Friday and it was believed a report was filed with DCS, but it was not. Both parents were interviewed by [REDACTED]. There are no "red flags" noted and everything appeared consistent at the scene with the explanation the parents provided. Everything appears consistent medically with the explanation that the parents provided. It is unknown if [REDACTED] is on a respirator at this time.

There are no known patterns of abuse with the family or law enforcement involvement. No charges have been filed at this time. There is no mental illness or domestic violence in the home.

Special Needs or Disabilities: None  
 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  
 Domestic Violence present in the home: None

[REDACTED] was emailed notification of this P1 Preliminary Near Death via Outlook.  
 Per SDM: Investigative Track, P1, [REDACTED] on 5-26-15 @ 1:34 pm

Notified Child Death Group via email: [REDACTED]  
 [REDACTED] was also copied on the notification email.



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: 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:** Black/African

**Age:** 9 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**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:** 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**  
**Child Protective Service Investigation Summary**  
**and Classification Decision of Child Abuse/Neglect Referral**

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/26/2015

Assignment Date: 05/26/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/13/2015
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/13/2015

Preliminary Near Death: [REDACTED]

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: This case was assessed and closed.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 11/13/2015

Team Leader: [REDACTED]

Date: 11/14/2015

**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:**

This Child Protective Services [REDACTED] conducted an initial face to face with alleged child victim, [REDACTED] (1 month) at [REDACTED] on 5/26/15 at 3:10pm. [REDACTED] was observed in [REDACTED]. He was laying in the hospital bed hooked up to several tubes, monitors and a ventilator. He had white gauze wrapped around the top of his head holding on the Electroencephalography (EEG) monitors in place. He appeared to be an appropriate size for a 1 month old baby. He was not moving and his eyes were closed. He had no visible marks or bruises noted on this day.

5/26/15 - This Child Protective Service Investigator (CPSI) interviewed Attending Physician, [REDACTED] who advised that [REDACTED] has poor neurological prognosis and possibility of progression to brain death.



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

This Child Protective Services [REDACTED] made contact with the [REDACTED] social work team on 5/26/15 at 2:30pm and was advised of [REDACTED] treatment and prognosis. According to [REDACTED] [REDACTED] has a very poor prognosis if he survives. He is not breathing on his own, he has no cough or gag and his pupils are sluggish. This CPSI was advised that a Care Team Consult would not be completed because she spoke with [REDACTED] and there was nothing she could add. She stated that the family has good family support. She advised that [REDACTED] is in the [REDACTED] in [REDACTED]. This CPSI was given some of [REDACTED] medical records which included the History and Physical of the exam performed on 5/22/15 at 3:42pm, the Pediatric Neurology consultation note from 5/22/15, Neurology Attending Note from 5/25/15 at 12:26, the [REDACTED] daily progress note from 5/25/15 and EMS Record from 5/22/15 at 2:03pm. A copy of these are attached to the file and scanned into Tennessee Family and Child Tracking System (TFACTS).

This Child Protective Services Investigator (CPSI) paged [REDACTED] to check on [REDACTED] on 6/4/15 at 8:19am. [REDACTED] called this CPSI and informed this CPSI that [REDACTED] died at 4:23am. She stated that he is at the medical examiner's (ME) office and the [REDACTED]. She stated that she will fax this CPSI a copy of the death records.

The records sent to this CPSI included the Report of Death and [REDACTED] Daily Progress Note from 6/3/15. These records will be scanned into TFACTS.

The Report of Death notes the following: Date of Arrival: 05/22/15, Date of Death: 06/04/15, Time of Death: 04:23, Admit Diagnosis: respiratory failure, Immediate Cause of Death: asphyxia, Secondary To: co-sleeping

This Child Protective Services [REDACTED] received the Autopsy Report for [REDACTED] from the Office of the Medical Examiner on 8/21/15 by mail. The report notes:  
 CAUSE OF DEATH: Complication of asphyxial event due to overlaying (arm)  
 CONTRIBUTORY CAUSE OF DEATH: Co-sleeping with adult  
 MANNER OF DEATH: Accident  
 CIRCUMSTANCES OF DEATH: Unsafe sleeping situation  
 The Autopsy report is attached to the file.

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

This CPSI asked [REDACTED] questions about himself and his family. He stated that he, his fiancée [REDACTED] and their son [REDACTED] live at [REDACTED]. He stated that he is from [REDACTED] but has lived in [REDACTED] since August 2013. He stated that as soon as he got out of high school he went into the Army and he served 7 years. He stated that he met [REDACTED] in [REDACTED] [REDACTED] is from [REDACTED]. He stated that he works [REDACTED] and his hours are from 10pm to 6:30am. He stated that [REDACTED] works at [REDACTED] as a call center representative. He stated that she works 1st shift. He was asked about child care for [REDACTED] and he stated that he watches [REDACTED] while [REDACTED] is at work. He stated that [REDACTED] was born at [REDACTED] on [REDACTED] and he weighed 6lbs 5oz and was 19 1/2" long. He commented on how [REDACTED] is going to be tall like him. He was asked if [REDACTED] had any health issues at birth and he stated "[REDACTED] was a little jaundice for a while little while but that was the only health concern." He was asked about [REDACTED] feeding schedule and he stated that [REDACTED] eats about 3oz, every 2 to 3 hours. He was asked about [REDACTED] development and he stated that [REDACTED] is rolling from side to side but not rolling over. He stated that he told [REDACTED] last week that he actually enjoys changing diapers. He stated that this is his and [REDACTED] first and only child. He stated that [REDACTED] is the first



**Tennessee Department of Children's Services**  
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Case Name : ██████████

Investigation ID: ██████████

grandchild in their family. He denied any criminal history, mental health diagnosis and drug use history. He was asked what they have for ██████████ to sleep in and he stated that they have a \$300 crib set up for ██████████

This CPSI asked ██████████ if he felt comfortable speaking with this CPSI about what had occurred on Friday (5/22). He stated that he didn't mind. He stated that he got off work at around 7am and had a flat tire and ran out of gas. He stated that he had not slept in a day. He had to wait on someone to change the flat and then had to get the tire fixed. He stated that once he got home he told ██████████ to go get some food. He stated that he was lying down in bed on his left side and ██████████ in the center of the bed on his back before she left. He stated that he remembers adjusting the position of his ██████████ body while he was asleep. He stated that 45 minutes later, ██████████ return home and she screamed and he jumped up. He stated that he knew what to do regarding CPR but he just couldn't it. He stated that some neighbors came to help but he doesn't know who they were. He stated that he thinks one of them live in the apartment directly under him. He stated that he wants to thank them for saving ██████████ because without them ██████████ would be a lot worse. He was asked if he can think of anything that this CPSI could assist him and his family with at this time and he stated housing. He explained that ██████████ is not going to go back to that apartment because it will be too traumatizing for her. This CPSI suggested that he explain the situation to the apartment manager to see if he could switch units and to let this CPSI know if that doesn't work so we can discuss a different option.

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

Reporter states: ██████████ resides with birth parents ██████████ in ██████████. There are no other adults or children reported to be in the home. ██████████ is currently at ██████████ on the ██████████. On Friday (5-22-15), ██████████ was taken to the hospital unresponsive and it was initially believed that he would not survive. ██████████ was sleeping with his father ██████████, for a nap. The two had been sleeping for about an hour before ██████████ mother ██████████ returned home. When ██████████ got home, she discovered the father had rolled over and apparently had shifted in his sleep. His arm was covering ██████████ airway. ██████████ was unresponsive and taken to the hospital, where he has been since Friday. The current prognosis is poor for ██████████, it is believed he has an anoxic brain injury (due to lack of oxygen). There is concern that this is progressive and will result in brain death. There are no physical signs of trauma for ██████████ (bruises, marks, etc.). ██████████ was contacted on Friday and it was believed a report was filed with DCS, but it was not. Both parents were interviewed by ██████████. There are no "red flags" noted and everything appeared consistent at the scene with the explanation the parents provided. Everything appears consistent medically with the explanation that the parents provided. It is unknown if ██████████ is on a respirator at this time. There are no known patterns of abuse with the family or law enforcement involvement. No charges have been filed at this time. There is no mental illness or domestic violence in the home.

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

The Department of Children's Services (DCS) Child Protective Services (CPS) received a referral on 05/26/2015 with an allegation of Lack of Supervision regarding child, ██████████. The allegation of Neglect Death was later added. The report to DCS listed the birth father, ██████████ as the alleged perpetrator. There is not a preponderance of evidence to substantiate the allegations of Child Neglect Death or Lack of Supervision. The case will be closed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated for the allegation of Child Neglect Death and Lack of Supervision.

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 Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/14/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/14/2015
Completed date:	11/14/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/14/2015 10:58 AM      Entered By: [REDACTED]  
 This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/10/2015	Contact Method:
Contact Time: 08:22 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 11/13/2015
Completed date: 11/13/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original      Entry Date/Time: 11/13/2015 03:40 PM      Entered By: [REDACTED]  
 [REDACTED] Summary:

The Department of Children's Services (DCS) Child Protective Services (CPS) received a referral on 05/26/2015 with an allegation of Lack of Supervision regarding child, [REDACTED]. The allegation of Neglect Death was later added.

On 5/26/15, [REDACTED] and CPIT partner [REDACTED] stated that on Friday (5-22-15), [REDACTED] was placed on the parent's bed on his back next to the father by the mother before she left for the store. When the mother got home, she discovered the father had rolled over and apparently had shifted in his sleep. His arm was covering [REDACTED] airway [REDACTED] was unresponsive and taken to [REDACTED] by ambulance. The prognosis for [REDACTED] was poor due to an anoxic brain injury (due to lack of oxygen) which progressed into brain death [REDACTED] was pronounced deceased on 6/4/15 at 4:23am.

The investigation into this incident was conducted by [REDACTED] and Department of Children's Services (DCS) Child Protective Services [REDACTED].

The report to DCS listed the birth father, [REDACTED] as the alleged perpetrator. Numerous interviews were conducted by CPS Investigator and law enforcement of parents, family members and medical professionals.

[REDACTED] responded to this near fatality on Friday, 5/22/15. He stated that he interviewed [REDACTED] and did a re-enactment with the father at the family apartment. He explained that the explanation that the mother and father provided appeared consistent with scene. For example, the mother stated that when she came home she placed the food and wine on the table and at the scene the food and wine were noted on the table. [REDACTED] also stated that everything appeared consistent medically with the parents' explanation as well. According to [REDACTED], she laid [REDACTED] down on his back in their bed next to [REDACTED]. Both [REDACTED] were awake when she left for the store. When she returned she didn't see [REDACTED] in bed with [REDACTED] because [REDACTED] was under [REDACTED] arm. According to [REDACTED] [REDACTED] had a very poor prognosis if he survived. He was not breathing on his own, he had no cough or gag and his pupils were sluggish. [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] advised that [REDACTED] had poor neurological prognosis and possibility of progression to brain death.

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

- a) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- b) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.

DCS policy Work Aid 1 (B, 5) defines the following criteria Lack of Supervision:

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

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

The case was presented to the [REDACTED] Child Protective Investigation Team on 8/27/15. Team members were in agreement that there was insufficient evidence to substantiate the allegation of Child Neglect Death.

[REDACTED] appears to have been supervising [REDACTED] appropriately while co-sleeping when he accidentally placed his arm over [REDACTED] face causing asphyxiation. There were no other contributing factors to [REDACTED] death. The autopsy ruled the cause of death to be complications of asphyxial event due to overlaying (arm). The contributing to the death is co-sleeping and manner of death is an accident.

There is not a preponderance of evidence to substantiate the allegations of Child Neglect Death or Lack of Supervision.

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



**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: 11/10/2015 Contact Method:  
 Contact Time: 08:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/13/2015  
 Completed date: 11/13/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/13/2015 04:52 PM Entered By: [REDACTED]

11/10/15 - This Child Protective Services Investigator (CPSI) completed the Closing Safety Assessment and the child is Safe. A Copy is attached to the file.



**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: 09/24/2015 Contact Method: Face To Face  
 Contact Time: 12:01 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 11/13/2015  
 Completed date: 11/13/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/13/2015 03:57 PM Entered By: [REDACTED]

This case was presented at the [REDACTED] Child Protective Investigative Team (CPIT) meeting on 9/24/15. The team agreed with the Allegation Unsubstantiated/Perpetrator Unsubstantiated classification decision for the Severe Lack of Supervision allegation against [REDACTED]. The signed CPIT form is attached to the file.



**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: 09/01/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/21/2015  
 Completed date: 09/21/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/21/2015 03:34 PM Entered By: [REDACTED]

This Child Protective Services [REDACTED] received the complete medical records for [REDACTED] from [REDACTED]. The records received are from [REDACTED] birth and all records of his pediatrician visits and up to his death. A CD with the 1146 pages of records is attached to the file. The birth records and pediatrician records are attached to the file for the investigation. The other records from [REDACTED] admission to [REDACTED] on 5/22/15 to his death are attached to 2 separate files due to the quantity.

Upon reviewing the medical records, this CPSI noted the areas in the records that noted safe sleep practices which are on: 4/17/15 - "What should I do to keep babies safe? Do not sleep with your baby in your bed, couch, or chair, as this may place your baby at risk of falling and of serious injury. When you want to sleep, first place the baby in the bassinet." And [REDACTED] signed the Safe Sleep Information forms on 4/17/15 which note the "ABD's of Safe Sleep."

4/21/15 - [REDACTED] pediatrician appointment when he was 4 days old with [REDACTED]. The records stated "Always put the baby on his or her back, even for naps. Be sure to have a firm, tight fitting mattress with sheets that fit tightly. Do not let the baby sleep on soft bedding. Keep pillow, stuffed toys, and comforters out of the baby's sleep area. Sleep in the same room with the baby, but not in the same bed. You can feed the baby in bed, but when baby falls asleep, put him or her in their own bed."

The medical records do not note any concerns by [REDACTED] pediatrician, [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: 08/27/2015 Contact Method: Face To Face  
 Contact Time: 11:45 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 09/21/2015  
 Completed date: 09/21/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/21/2015 02:16 PM Entered By: [REDACTED]

This case was presented at the [REDACTED] Child Protective Investigative Team (CPIT) meeting on 8/27/15. The team agreed with the Allegation Unsubstantiated/Perpetrator Unsubstantiated classification decision for the Neglect Death allegation against [REDACTED]. The signed CPIT form is attached to the file.



**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: 08/21/2015 Contact Method:  
 Contact Time: 04:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/25/2015  
 Completed date: 08/25/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/25/2015 10:03 AM Entered By: [REDACTED]

This Child Protective Services [REDACTED] received the Autopsy Report for [REDACTED] from the Office of the Medical Examiner on 8/21/15 by mail. The report notes:

CAUSE OF DEATH: Complication of asphyxial event due to overlaying (arm)

CONTRIBUTORY CAUSE OF DEATH: Co-sleeping with adult

MANNER OF DEATH: Accident

CIRCUMSTANCES OF DEATH: Unsafe sleeping situation

The Autopsy report is attached to the file.



**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: 07/29/2015 Contact Method:  
 Contact Time: 09:25 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/29/2015  
 Completed date: 07/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/29/2015 09:31 AM Entered By: [REDACTED]

Case staffed with [REDACTED] and at this time autopsy is still pending. There are no other children in the home and additional follow up visits are waived. [REDACTED] has called and spoken with the family to check on them. They were able to get into another apartment due to the trauma being so much for them. CPSI was able to get costs waived for the family to get a different apartment they would have normally incurred extra charges for. At this time the CPSI will keep case open due to pending autopsy.



**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: 06/18/2015 Contact Method:  
 Contact Time: 02:51 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/18/2015  
 Completed date: 06/18/2015 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: 06/18/2015 02:55 PM Entered By: [REDACTED]

06/18/2015 1:00 pm

Administrative Review:

[REDACTED] stated the results to the autopsy will likely be ruled accidental. He stated the ACV was in the hospital for 2 weeks prior to his death; therefore, no toxicology will be ran. [REDACTED] stated the ACV did not receive enough oxygen do the father's arm lying over his nose and the manner of death will likely be overlying/co-sleeping.



**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: 06/15/2015 Contact Method:  
 Contact Time: 11:34 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/15/2015  
 Completed date: 06/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/15/2015 11:41 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) sent a email to request a copy of [REDACTED] Autopsy report on 6/15/15. The email was sent to [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: 06/15/2015 Contact Method: Phone Call  
 Contact Time: 10:45 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/15/2015  
 Completed date: 06/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/15/2015 11:12 AM Entered By: [REDACTED]

This Child Protective Services Investigator called [REDACTED], on 6/15/15 to follow-up with them. [REDACTED] stated that [REDACTED] did pass away and they had his funeral on 6/9/15. She stated that she and [REDACTED] are doing okay and taking one day at a time. She was asked about their housing situation and she stated that they looked for another apartment complex to move into but couldn't locate one. She stated that they will be moving into [REDACTED] and she is happy since the new apartment's floor plan doesn't look the same. She was asked about grief counseling for herself and [REDACTED]. She stated that they have not called to set up counseling yet but will call this CPSI if she needs assistance in doing so.



**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: 06/11/2015 Contact Method: Phone Call  
 Contact Time: 01:08 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/15/2015  
 Completed date: 06/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/15/2015 11:39 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) spoke with [REDACTED] with [REDACTED] on 6/11/15. [REDACTED] stated that he sent [REDACTED] an email regarding the preliminary autopsy meeting and he will let this CPSI know when it is scheduled.



**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: 06/11/2015 Contact Method: Attempted Phone Call  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/15/2015  
 Completed date: 06/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/15/2015 10:54 AM Entered By: [REDACTED]

This CPSI attempted to contact the parents [REDACTED] to follow-up with them on 6/11/15 by calling phone number [REDACTED]. This CPSI left a voicemail message on this day.



**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: 06/04/2015 Contact Method: Attempted Phone Call  
 Contact Time: 04:45 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/05/2015  
 Completed date: 06/05/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/05/2015 09:03 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) called the mother, [REDACTED] to check on them and see if they need any support. This CPSI left a message on her voicemail. [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: 06/04/2015 Contact Method: Phone Call  
 Contact Time: 04:10 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/05/2015  
 Completed date: 06/05/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/05/2015 08:54 AM Entered By: [REDACTED]

This Child Protective Services [REDACTED] spoke with [REDACTED] after he attended the autopsy of [REDACTED] on 6/4/15. [REDACTED] stated that the Autopsy was completed by [REDACTED]. He stated that [REDACTED] did not note any trauma during the autopsy. [REDACTED] stated that he will let this CPSI know when the preliminary autopsy meeting will take place.



**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: 06/04/2015 Contact Method:  
 Contact Time: 11:03 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/05/2015  
 Completed date: 06/05/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/05/2015 08:59 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) requested [REDACTED] medical records from [REDACTED] on 6/4/15.  
 This CPSI faxed a release of information to [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: 06/04/2015 Contact Method: Phone Call  
 Contact Time: 08:50 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/04/2015  
 Completed date: 06/04/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/04/2015 11:20 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) called [REDACTED] to inform him of [REDACTED] death 6/4/15 at 8:50am. He stated that he has been in contact with the Medical Examiner and he will be attending the autopsy this afternoon at 2pm. He stated that he will call this CPSI afterwards and let this CPSI know how the autopsy went.



**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: 06/04/2015 Contact Method:  
 Contact Time: 08:38 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/04/2015  
 Completed date: 06/04/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/04/2015 11:10 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) called the child abuse hotline to report the death of [REDACTED] on 6/4/15 at 8:38am. The referral number is [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: 06/04/2015 Contact Method: Phone Call  
 Contact Time: 08:19 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/04/2015  
 Completed date: 06/04/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/04/2015 10:55 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) paged [REDACTED] to check on [REDACTED] on 6/4/15 at 8:19am. [REDACTED] called this CPSI and informed this CPSI that [REDACTED] died at 4:23am. She stated that he is at the medical examiner's (ME) office and the [REDACTED]. She stated that she will fax this CPSI a copy of the death records.

The records sent to this CPSI included the Report of Death and [REDACTED] Daily Progress Note from 6/3/15. These records will be scanned into TFACTS.

The Report of Death notes the following:

Date of Arrival: 05/22/15  
 Date of Death: 06/04/15  
 Time of Death: 04:23  
 Admit Diagnosis: respiratory failure  
 Immediate Cause of Death: asphyxia  
 Secondary To: co-sleeping

[REDACTED] was notified on 06/04/15 at 04:35.



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

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/03/2015	Contact Method: Face To Face
Contact Time: 03:40 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 06/04/2015
Completed date: 06/04/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 06/04/2015 10:26 AM      Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) went to [REDACTED] per the request for the family on 6/3/15 at 3:40pm.

This CPSI spoke with [REDACTED] while in the PICU. [REDACTED] stated that she gave the father, [REDACTED] information on grief and loss counseling that will accept [REDACTED]. She stated that she has not given the mother, [REDACTED] grief and loss information yet since she has [REDACTED]. This CPSI told [REDACTED] that [REDACTED] will be provided with information by this CPSI. [REDACTED] told this CPSI that she will let this CPSI know what happens tonight when the family turns off his life support.

While at the hospital this CPSI observed [REDACTED] in his hospital room. He appeared to be laying peacefully on his back with his eyes closed.

This CPSI met with [REDACTED] in the private family area. [REDACTED] asked this CPSI to go over the information regarding the apartment with [REDACTED]. Both [REDACTED] thanked this CPSI for the assistance with that matter. This CPSI confirmed that [REDACTED] was given grief and loss information. This CPSI gave [REDACTED] the phone number for [REDACTED] and explained that if she needs other phone numbers to please give this CPSI a call. Since the family had already mentioned praying, this CPSI told the family that they will be in this CPSI's prayers tonight. The family again thanked this CPSI.



**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: 06/03/2015 Contact Method: Phone Call  
 Contact Time: 11:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/04/2015  
 Completed date: 06/04/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/04/2015 10:06 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) called the mother, [REDACTED] on 6/3/15. [REDACTED] This CPSI asked [REDACTED] how everything is going and she informed this CPSI that they plan to take [REDACTED] off life support night at around 8pm. This CPSI told [REDACTED] about the conversation with their apartment complex and explained the two options that [REDACTED] is willing to give them. [REDACTED] began to cry and thanked this CPSI to the assistance with that because they had been so worried about having to go back to there apartment. She asked this CPSI to come to the hospital today to speak with them. She stated that [REDACTED] will be christened in about an hour and asked this CPSI to come there after that. This CPSI let [REDACTED] know that this CPSI will be there later this afternoon.



**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: 06/03/2015 Contact Method: Phone Call  
 Contact Time: 09:30 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/04/2015  
 Completed date: 06/04/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/04/2015 09:56 AM Entered By: [REDACTED]

On behalf of the family, this Child Protective Services Investigator (CPSI) [REDACTED] and spoke with [REDACTED] on 6/3/15. [REDACTED] was already aware of the family's trauma. She stated that they waived the transfer fee so right now the family would have to pay a \$75 application fee and a \$50 deposit to move to a new apartment. She stated that the family will receive their \$200 deposit back will cover those costs. She stated that they have two available apartment but one of those is in the building across from the apartment they are currently living in. She stated that the other available apartment is on the other side of the complex but it is almost \$80 more a month. This CPSI asked [REDACTED] if she would be able call their corporate office to see if a better offer could be made for the family.

After she called their corporate office and told this CPSI the two options the family has which are: The family can move into [REDACTED] and their rent will stay the same or they can give a 30 day notice and not get charge to break the fee to break their lease. This CPSI thank [REDACTED] for her assistance.



**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: 06/03/2015 Contact Method: Phone Call  
 Contact Time: 09:15 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/04/2015  
 Completed date: 06/04/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/04/2015 09:40 AM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) paged [REDACTED] for [REDACTED] [REDACTED] on 6/3/15 and she returned this CPSI's call. [REDACTED] informed this CPSI that the family plans to take [REDACTED] off life support at sunset tonight. This CPSI asked [REDACTED] how long [REDACTED] will live after he is taken off the support and she stated that the doctor told her that [REDACTED] could live minutes, hours or days. She stated that the family is still worried about their apartment situation at this time because the apartment manager has told them that they will need to pay \$150 to move to a smaller apartment that will be more money a month. She stated that there are several family member present at the hospital as support for the parents. She stated that she will keep this CPSI updated.



**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: 05/31/2015 Contact Method: Phone Call  
 Contact Time: 05:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/01/2015  
 Completed date: 06/01/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/01/2015 03:38 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) called [REDACTED] [REDACTED] to see how [REDACTED] is doing. This CPSI spoke with [REDACTED] who stated that there is no change in [REDACTED]. She stated that mother is considering taking him off life support in Wednesday (6/3). She stated that she will keep this CPSI updated if there are any changes.



**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: 05/29/2015 Contact Method:  
 Contact Time: 01:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/29/2015  
 Completed date: 05/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/29/2015 01:16 PM Entered By: [REDACTED]

This Child Protective Services Investigator (CPSI) completed the Family Advocacy and Support Tool (FAST) on this family on 5/29/15. The FAST results were Moderate Need/Risk based on [REDACTED] current health concerns.



**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: 05/29/2015 Contact Method: Phone Call  
 Contact Time: 11:20 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/29/2015  
 Completed date: 05/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/29/2015 12:26 PM Entered By: [REDACTED]

Child Protective Services [REDACTED] received a call from [REDACTED] on 5/29/15. [REDACTED] stated that he spoke with [REDACTED] this morning. He was informed that they will be talking with the family today (5/29) at 2pm to go over the results of the MRI and possibility of with drawing life support.



**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: 05/28/2015 Contact Method: Phone Call  
Contact Time: 03:30 PM Contact Duration: Less than 15  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 05/29/2015  
Completed date: 05/29/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Collateral Contact  
Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/29/2015 12:16 PM Entered By: [REDACTED]

Child Protective Services [REDACTED] called [REDACTED] [REDACTED] to follow-up regarding [REDACTED] progress. She stated that [REDACTED] had the Magnetic Resonance Imaging (MRI) on 5/27/15. She stated that [REDACTED] pupils are no longer reactive and he doesn't not appear to be improving. [REDACTED] faxed [REDACTED] [REDACTED] Daily Progress note and Brain MRI results to this CPSI. These records are attached to the file and scanned into TFACTS.



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

Case Id:	██████████	Case Name:	████████████████████
Case Status:	Close	Organization:	████████████████

**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	05/27/2015	Contact Method:	Face To Face
Contact Time:	03:30 PM	Contact Duration:	Less than 30
Entered By:	██████████	Recorded For:	
Location:	Other Community Site	Created Date:	05/29/2015
Completed date:	05/29/2015	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning****Participant(s)**

██████████ ██████████

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/29/2015 11:54 AM      Entered By: ██████████

Child Protective Services ██████████ met with ██████████ at his office on 5/27/15 at 3:30pm. ██████████ allowed this CPSI to view the photographs taken of the family's home and the video of the re-enactment done with the father, ██████████ on 5/22/15.

The photographs showed the following: A small drop of blood on the white tile area in front of the door, some bloody gauze on the living floor where CPR was performed, the wine and food from ██████████ on the table, the mother's view into the bedroom after she set down the wine and food, the crib which appeared to be a safe sleep environment, the parent's bed with red sheet and the blue blanket that ██████████ was placed on when the mother laid him down on the bed with the father. The home appeared clean and the parents appeared to have everything needed to care for ██████████

**The video of the re-enactment:**

██████████ demonstrated laying on the left side of the bed on his stomach with his left leg straight down and his right leg bent and extended out to the right. His right arm was stretched out to the right, where ██████████ was laying and his left arm was also extended out to the right and positioned under his head so his hand was at the top of where ██████████ was laying. During the re-enactment a cylindrical pillow was used in place of ██████████ was laying on a blue blanket on the right side of the bed on his back. When he was woken up by the mother he jumped up and ██████████ was toward the center of the bed.

This CPSI viewed the photographs of the family's home which were taken while ██████████ was present instead of conducting home visit. This was done to reduce trauma to the family since the family has already expressed their discomfort in going back to their apartment.



**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: 05/27/2015 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 05/29/2015  
 Completed date: 05/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Collateral Contact  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/29/2015 11:10 AM Entered By: [REDACTED]

Child Protective Services [REDACTED] met [REDACTED] at [REDACTED] to check on [REDACTED] and get an update on his prognosis on 5/27/15 at 2pm. [REDACTED] stated that they will be doing a Magnetic Resonance Imaging (MRI) either tonight (5/27) or tomorrow. She stated that this is not for medial purposes but to show the family that [REDACTED] is not progressing.

This CPSI and [REDACTED] observed [REDACTED] and briefly spoke with the mother, [REDACTED] while at the hospital. [REDACTED] that [REDACTED] is doing a little better and they are just taking it one day at a time.

This CPSI and [REDACTED] briefly spoke with [REDACTED] who stated that she wrote a letter for the family to give their apartment manager to assist with changing apartments.



**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: 05/26/2015 Contact Method:  
 Contact Time: 06:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/29/2015  
 Completed date: 05/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/29/2015 12:30 PM Entered By: [REDACTED]

On 5/26/15, this Child Protective Services Investigator (CPSI) completed the Initial Safety Assessment and the child is Safe. A Copy is attached to the file.



**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: 05/26/2015 Contact Method: Face To Face  
 Contact Time: 04:50 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 05/29/2015  
 Completed date: 05/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/29/2015 10:44 AM Entered By: [REDACTED]

This Child Protective Service Investigator (CPSI) interviewed Attending Physician, [REDACTED] who advised that [REDACTED] has poor neurological prognosis and possibility of progression to brain 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: 05/26/2015	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 05/28/2015
Completed date: 05/28/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/28/2015 04:53 PM Entered By: [REDACTED]

This Child Protective Services [REDACTED] interviewed [REDACTED] at [REDACTED] on 5/26/15 at 4pm. [REDACTED] had just come back to the hospital after leaving for a few hours. [REDACTED] stated she, [REDACTED] live together in an apartment. She stated that she and [REDACTED] have a great support system which includes, her mother, sisters, friends, and [REDACTED] family, as well.

[REDACTED] stated that [REDACTED] was born [REDACTED], which was a little early, as her due date was [REDACTED]. She stated that [REDACTED] was eating about 3oz of formula every 3-4 hours. [REDACTED] stated that she works at [REDACTED], but is still on maternity leave until June 8th. [REDACTED] stated that she works first shift and [REDACTED] works third shift. She stated that she and [REDACTED] are engaged and wanted to get married at the courthouse while she was on maternity leave; however, she is not sure if that will happen now due to what happened with [REDACTED].

This CPSI asked [REDACTED] if she was able to explain what happened on Friday (5/22). [REDACTED] stated that she is willing to talk about it and she tries to talk about it a little more each time. [REDACTED] stated that [REDACTED] got off work around 7 or 8 in the morning, and [REDACTED] called her and told her he had a flat tire. She stated that [REDACTED] called [REDACTED] to change the tire. [REDACTED] stated that once [REDACTED] got home he went to have his factory tires put on the car. She stated that once [REDACTED] returned home, it was around noon or one in the afternoon. She stated that [REDACTED] took a shower and [REDACTED] asked if she would go get them something to eat. [REDACTED] stated she had just fed [REDACTED] and changed his diaper. She stated that [REDACTED] was getting sleepy. [REDACTED] stated that they spread a baby blanket on the bed and she laid [REDACTED] down on his back. [REDACTED] stated that [REDACTED] got in the bed and was lying down on his left side. [REDACTED] stated that she had thought about putting [REDACTED] in his crib before she left, but figured [REDACTED] would put him in the crib before he fell asleep. She stated that [REDACTED] had not fallen asleep before she left the apartment. [REDACTED] stated that [REDACTED] told her to get her a bottle of wine, as she had not had any in a while and it was the holiday weekend. [REDACTED] stated that she stopped by the liquor store and then went to [REDACTED].

[REDACTED] stated that when she returned home, she put the food in the kitchen and then came into the bedroom. [REDACTED] stated that she noticed that [REDACTED] wasn't laying the same way and [REDACTED] was now on his stomach with his arms spread out. She stated that she could not see [REDACTED]. She stated that she lifted [REDACTED] arm and saw



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

his arm had been covering [REDACTED]. She stated that she was in shock and couldn't pick up [REDACTED] stated that she saw blood on his nose and she screamed [REDACTED] name. She stated that [REDACTED] woke up and saw [REDACTED] and grabbed him. [REDACTED] stated that she called 911 and was placed on hold. She stated that she was in shock and ran outside screaming for someone to help her son. She stated that she was in the middle of the road and people were coming out trying to console her. [REDACTED] stated that 911 finally came to the phone and a neighbor took the phone to give them the information. [REDACTED] stated that [REDACTED] was still with [REDACTED]. She stated that she could not be on that side of the apartment building at that time because she could not stand to see her son like that. She stated that she does not know what happened until the ambulance, fire department, and police came. She stated that the EMT came out and told her someone had performed CPR and [REDACTED] had vomited and has a pulse. [REDACTED] stated that they put her in the ambulance and she did not know [REDACTED] was in the ambulance with her because she was in such shock. She stated that the next thing she remembers arriving at the hospital.

[REDACTED] stated that they usually put [REDACTED] in his crib to sleep. She stated that she has taken a nap with [REDACTED] on the bed with her before but she is a light sleeper. She stated that when that has occurred she would be positioned vertically on the bed and she would place [REDACTED] horizontally with his toward her. She stated that [REDACTED] is a hard sleeper and it looked to her like [REDACTED] had put his hand/arm on [REDACTED] to assure [REDACTED] was okay but didn't know his arm was covering [REDACTED] face.

This CPSI explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, HIPAA Notice of Privacy Practices and Release of Information forms to the family. The forms were signed and a copy of the Client Rights, Notification of Equal Access, and HIPAA were provided to the family. The signed forms are attached to the file. This family isn't of Native American Heritage.



**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: 05/26/2015 Contact Method: Face To Face  
 Contact Time: 03:10 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 05/28/2015  
 Completed date: 05/28/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 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: 05/28/2015 11:59 AM Entered By: [REDACTED]

This Child Protective Services [REDACTED] conducted an initial face to face with alleged child victim, [REDACTED] at [REDACTED] on 5/26/15 at 3:10pm. [REDACTED] was observed in [REDACTED]. He was laying in the hospital bed hooked up to several tubes, monitors and a ventilator. He had white gauze wrapped around the top of his head holding on the Electroencephalography (EEG) monitors in place. He appeared to be an appropriate size for a 1 month old baby. He was not moving and his eyes were closed. He had no visible marks or bruises noted on this day.



**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: 05/26/2015	Contact Method: Face To Face
Contact Time: 03:10 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 05/28/2015
Completed date: 05/28/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 05/28/2015 04:47 PM      Entered By: [REDACTED]

This Child Protective Services [REDACTED] interviewed [REDACTED] (father/alleged perpetrator) at [REDACTED] on 5/26/15 at 3:20pm. This CPSI explained the allegations to [REDACTED] and the reason for the visit. This CPSI emphasized with [REDACTED] regarding his son, [REDACTED], severe injuries. [REDACTED] mentioned that [REDACTED] had already interviewed him and come to his home on Friday (5/22).

This CPSI asked [REDACTED] questions about himself and his family. He stated that he, his fiancée [REDACTED] and their son [REDACTED] live at [REDACTED]. He stated that he is from [REDACTED] but has lived in [REDACTED] since August 2013. He stated that as soon as he got out of high school he went into the Army and he served 7 years. He stated that he met [REDACTED] in [REDACTED] and [REDACTED] is from [REDACTED]. He stated that he works 3rd shift at [REDACTED] and his hours are from 10pm to 6:30am. He stated that [REDACTED] works at [REDACTED] as a call center representative. He stated that she works 1st shift. He was asked about child care for [REDACTED] and he stated that he watches [REDACTED] while [REDACTED] is at work. He stated that [REDACTED] was born at [REDACTED] on [REDACTED] and he weighed 6lbs 5oz and was 19 1/2" long. He commented on how [REDACTED] is going to be tall like him. He was asked if [REDACTED] had any health issues at birth and he stated "[REDACTED] was a little jaundice for a while little while but that was the only health concern." He was asked about [REDACTED] feeding schedule and he stated that [REDACTED] eats about 3oz, every 2 to 3 hours. He was asked about [REDACTED] development and he stated that [REDACTED] is rolling from side to side but not rolling over. He stated that he told [REDACTED] last week that he actually enjoys changing diapers. He stated that this is his and [REDACTED]' first and only child. He stated that [REDACTED] is the first grandchild in their family. He denied any criminal history, mental health diagnosis and drug use history. He was asked what they have for [REDACTED] to sleep in and he stated that they have a \$300 crib set up for [REDACTED].

This CPSI asked [REDACTED] if he felt comfortable speaking with this CPSI about what had occurred on Friday (5/22). He stated that he didn't mind. He stated that he got off work at around 7am and had a flat tire and ran out of gas. He stated that he had not slept in a day. He had to wait on someone to change the flat and then had to get the tire fixed. He stated that once he got home he told [REDACTED] to go get some food. He stated that he was lying down in bed on his left side and [REDACTED] put [REDACTED] in the center of the bed on his back before she left. He stated that he remembers adjusting the position of his [REDACTED] body while he was asleep. He stated that 45 minutes later, [REDACTED] return home and she screamed and he jumped up. He stated that he knew what to do regarding CPR but he

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

just couldn't it. He stated that some neighbors came to help but he doesn't know who they were. He stated that he thinks one of them live in the apartment directly under him. He stated that he wants to thank them for saving [REDACTED] because without them [REDACTED] would be a lot worse. He was asked if he can think of anything that this CPSI could assist him and his family with at this time and he stated housing. He explained that [REDACTED] is not going to go back to that apartment because it will be too traumatizing for her. This CPSI suggested that he explain the situation to the apartment manager to see if he could switch units and to let this CPSI know if that doesn't work so we can discuss a different option.



**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: 05/26/2015 Contact Method: Face To Face  
 Contact Time: 02:30 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 05/29/2015  
 Completed date: 05/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/29/2015 10:25 AM Entered By: [REDACTED]

This Child Protective Services [REDACTED] made contact with the [REDACTED] team on 5/26/15 at 2:30pm and was advised of [REDACTED] treatment and prognosis. According to [REDACTED] [REDACTED] has a very poor prognosis if he survives. He is not breathing on his own, he has no cough or gag and his pupils are sluggish. This CPSI was advised that a Care Team Consult would not be completed because she spoke with [REDACTED] and there was nothing she could add. She stated that the family has good family support. She advised that [REDACTED] is in the [REDACTED] in [REDACTED]. This CPSI was given some of [REDACTED] medical records which included the History and Physical of the exam performed on 5/22/15 at 3:42pm, the Pediatric Neurology consultation note from 5/22/15, Neurology Attending Note from 5/25/15 at 12:26, the [REDACTED] daily progress note from 5/25/15 and EMS Record from 5/22/15 at 2:03pm. A copy of these are attached to the file and scanned into Tennessee Family and Child Tracking System (TFACTS).



**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: 05/26/2015 Contact Method: Phone Call  
 Contact Time: 01:52 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/28/2015  
 Completed date: 05/28/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/28/2015 05:13 PM Entered By: [REDACTED]

This Child Protective Services [REDACTED] called [REDACTED] with the [REDACTED] on 5/26/15. [REDACTED] stated that he responded to this near fatality on Friday (5/22). He stated that he interviewed the mother, father and did a re-enactment with the father at the family apartment on Friday as well. He stated that the explanation that the mother and father provided appeared consistent with scene. For example, the mother stated that when she came home she placed the food and wine on the table and at the scene the food and wine were noted on the table. [REDACTED] also stated that everything appeared consistent medically with the parents explanation as well. He stated that he found no prior criminal history on with the mother or father. He stated that they have no other children. He stated that [REDACTED] prognosis is poor. He stated that photos were taken of the scene and the re-enactment was recorded.



**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: 05/26/2015 Contact Method: Phone Call  
 Contact Time: 01:47 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/28/2015  
 Completed date: 05/28/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/28/2015 11:38 AM Entered By: [REDACTED]

This Child Protective Service Investigator (CPSI) convened Child Protective Investigative Team (CPIT) per local protocol. [REDACTED] was already assigned to this case.



**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: 05/26/2015 Contact Method: Phone Call  
 Contact Time: 01:47 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/28/2015  
 Completed date: 05/28/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Referent Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/28/2015 04:58 PM Entered By: [REDACTED]  
 This Child Protective Services [REDACTED] contacted the referent for additional information.



**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: 05/26/2015 Contact Method:  
 Contact Time: 12:36 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/28/2015  
 Completed date: 05/28/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/28/2015 11:33 AM Entered By: [REDACTED]

The Department of Children's Services received the referral on 05/26/15 and it was assigned to Child Protective Services [REDACTED] as a response priority P1 regarding Allegations of Severe Lack of Supervision/Near Fatality. The alleged perpetrator is listed as [REDACTED]/Birth Father and the victim is listed as [REDACTED]

Reporter states: [REDACTED] resides with birth parents [REDACTED] in [REDACTED]. There are no other adults or children reported to be in the home. [REDACTED] is currently at [REDACTED] on the [REDACTED]. On Friday (5-22-15), [REDACTED] was taken to the hospital unresponsive and it was initially believed that he would not survive. [REDACTED] was sleeping with his father [REDACTED] for a nap. The two had been sleeping for about an hour before [REDACTED] mother returned home. When [REDACTED] got home, she discovered the father had rolled over and apparently had shifted in his sleep. His arm was covering [REDACTED] airway. [REDACTED] was unresponsive and taken to the hospital, where he has been since Friday. The current prognosis is poor for [REDACTED], it is believed he has an anoxic brain injury (due to lack of oxygen). There is concern that this is progressive and will result in brain death. There are no physical signs of trauma for [REDACTED] (bruises, marks, etc.). [REDACTED] was contacted on Friday and it was believed a report was filed with DCS, but it was not. Both parents were interviewed by [REDACTED]. There are no "red flags" noted and everything appeared consistent at the scene with the explanation the parents provided. Everything appears consistent medically with the explanation that the parents provided. It is unknown if [REDACTED] is on a respirator at this time. There are no known patterns of abuse with the family or law enforcement involvement. No charges have been filed at this time. There is no mental illness or domestic violence in the home.

- Notice of Referral pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.

- A Tennessee Family And Child Tracking System (TFACTS) history check was completed and there was no history found on this family.

- Family Composition:

Mother: [REDACTED]  
 Father: [REDACTED]



**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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Child: [REDACTED]

Address: [REDACTED]

Phone numbers: Mother- [REDACTED] Father- [REDACTED]

This family isn't of Native American Heritage.



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 5/26/15 12:36 PM

Date of Assessment: 5/26/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
  - Death of a child due to abuse or neglect.
  - Care taker fears that s/he will maltreat the child.
  - Threat to cause harm or retaliate against the child.
  - Excessive discipline or physical force.
  - Drug-affected infant/child.
  - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

**If no immediate harm factors are observed, proceed to Section 3**

#### Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

#### Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): \_\_\_\_\_

#### Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



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

**Section 3: Safety Decision**

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
  - All children placed.
  - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

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

**Team Leader:** \_\_\_\_\_

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