



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 07/25/2015 10:05 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 07/25/2015

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 07/26/2015 08:45 AM
First Team Leader Assigned: [REDACTED] Date/Time 07/26/2015 12:00 AM
First Case Manager [REDACTED] Date/Time 07/26/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 2 Mos	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: DCS
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: TFACTS:

Family Case ID: There was no history found for the demographic information provided.
Open Court Custody/FSS/FCIP None found
Closed Court Custody None found
Open CPS None found
Death None found
Substantiated: None found



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

Screened out None found

History (not listed above): None found

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: Unknown

Reporter's name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

The child [REDACTED] (age 5 months), lives with her parents, [REDACTED] and [REDACTED]. Reporter does not know if anyone else resides in the home.

Reporter stated that they received a call from the [REDACTED] County Sheriff's Department to report a child fatality and ask that DCS come to the scene. The call was received approximately at 9:45 A.M.

Reporter stated that LE was contacted because [REDACTED] was found dead in the bed with her parents. They were co-sleeping. Reporter stated that LE reported that [REDACTED] head and neck were stiff and she did not appear to be breathing. It is believed the parents took [REDACTED] into the living room and attempted to do CPR but it was unsuccessful.

Reporter stated that 911 was called. It is unknown what time 911 was called or who initially called. It is also unknown when [REDACTED] was discovered deceased. Reporter stated that the medical examiner is on the scene currently.

Reporter stated that LE is reporting that there appears to be an abrasion above [REDACTED] right eye. No other details are known or were provided about the possible injury.

Reporter stated that all information has been received from LE. It is believed that Detective [REDACTED] will be assigned this case as he is the one that has responded to this call. Reporter stated that it is protocol that an autopsy will be completed; it is unknown when this will occur. Reporter stated that Detective [REDACTED] "usually tells DCS if they have a history with the family and he gave no indication of that."

Reporter stated that a history check was completed by the on call DCS worker and they could find no history.

[REDACTED] and her parents are still at the home. It is unknown who pronounced [REDACTED] as deceased, but she was not transported to the hospital.

Law Enforcement is requesting immediate DCS assistance.

Special Needs or Disabilities: Unknown

Perpetrator's location at this time: Home

Any other safety concerns for the child(ren) or worker who may respond: Unknown

Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P 1 - [REDACTED] CM 2 on 7-25-15 @ 11:07 A.M.

[REDACTED] paged at 11:10 A.M.

07-25-15 11:11:11 AM [REDACTED]

07-25-15 11:12:02 AM [REDACTED]

Received



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

Email notification sent to [REDACTED] Regional Administrator [REDACTED], and the [REDACTED] email notification group.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 35 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 35 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]

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age: 1 Yr 2 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]
 Referral Date: 07/25/2015
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 07/26/2015

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]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 11/18/2015
2	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/18/2015
3	[REDACTED]	[REDACTED]	Abuse Death	Not Known, Perpetrator	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/18/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Case was presented at CPIT as the final autopsy report has been received. The cause of death was ruled asphyxiation due to "overlying" by co-sleeping. Members did not want to substantiate as it was not illegal nor was there malicious intent or other factors such as drug use. Case was also staffed with Regional Investigations Director, [REDACTED] by LI [REDACTED] who stated that DCS protocol would unsubstantiate if no other factors were evident in what led up to the cause of death. All members agreed to the unsubstantiation. There is not a preponderance of evidence to substantiate the allegation of Child Abuse Death.

D. Case Workers

Case Worker: [REDACTED]

Date: 11/18/2015

Team Leader: [REDACTED]

Date: 11/24/2015

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.



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

Case Name : ██████████

Investigation ID: ██████████

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:

The home environment was observed on the date of the child's death. No concerns were noted in the home. The bassinet in the parents' bedroom was not being utilized for the child. The child was observed by CPSI ██████████ to be deceased and was subsequently transported from the scene by the Medical Examiner's forensic unit.

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

Final Autopsy Report by ██████████, MD, PhD reads as follows: "This five-month-old white female infant, ██████████ was discovered unresponsive following co-sleeping and bed sharing with her parents. The child was put to sleep between them on a queen-sized bed. When the parents woke up, they found her unresponsive in what they claimed to be the same position as last seen alive; however, multiple pressure marks were visible on the infant's body. The child was a product of full term pregnancy and delivery via caesarean section due to breach presentation. According to the available medical records and maternal reporting, the infant exhibited some breathing issues. Based on the available investigative information, complete autopsy and ancillary studies, the main cause of death of ██████████ is asphyxia due to overlying, which was a consequence of a bed-sharing episode with her parents."

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

Both parents acknowledge co-sleeping and bed sharing with the child as a regular occurrence. Ms. ██████████ advised that she had concerns regarding ██████████ breathing and had taken her to the hospital to address an apneic episode. The parents advised they wanted to keep her close to monitor her.

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

Witnesses advised of no concerns for this child in the care of her parents.

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

This child's death has been deemed a result of an episode of bed sharing and no evidence or other contributing factors were identified. The case was presented at CPIT on 11/18/15 and classified as Allegations Unsubstantiated and Perpetrators Unsubstantiated.

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:	11/24/2015	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/24/2015
Completed date:	11/24/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/24/2015 04:39 PM Entered By: [REDACTED]

Case has been reviewed for closure by LI [REDACTED] IC [REDACTED] and Deputy Director of Investigations [REDACTED].

The investigative steps are complete. The allegations are unsubstantiated for Abuse Death. The child was sleeping with the parents. The cause of death was co-sleeping. This was an unfortunate situation and was not a result of abuse. Grief services have been provided for the family.

Notification of classification will be mailed to the Judge, DA, and DCS attorney on 12/1/15

Case is approved for closure.



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:	11/19/2015	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 04:23 PM Entered By: [REDACTED]
 LI [REDACTED] has staffed case with CPSI [REDACTED]. The final autopsy has been received and case staffed at CPIT. Case is classified as unsubstantiated for Abuse Death.



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:	11/19/2015	Contact Method:	
Contact Time:	04:56 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 04:02 PM Entered By: [REDACTED]

A Safety Assessment was completed and entered in the system with a Score of No Immediate Intervention Needed.
 A FAST Assessment was completed and entered in the system as No Need/Risk.

The Assessments were completed on 7/25/15, but cannot be reflected in TFACTS as such due to the case not being assigned to CPSI [REDACTED] in TFACTS until the following day, 7/26/15. The date in TFACTS reflects the assignment date of 7/26/15. Response was made on 7/25/15 during On Call.

Pictures of the location in in the home where the child was found deceased were taken by CPSI [REDACTED] on 7/25/15 when she made response. They have been labeled and 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: 11/18/2015	Contact Method:
Contact Time: 11:28 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 11/18/2015
Completed date: 11/18/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original Entry Date/Time: 11/18/2015 10:33 PM Entered By: [REDACTED]

The Department of Children's Services Investigations received a referral on 7/25/2015 with an allegation of Child Abuse Death regarding non-custodial child [REDACTED].

On 7/25, [REDACTED] awoke to find his daughter, [REDACTED], not moving and she did not appear to be breathing. He stated she generally woke up between 7 and 7:30 am each morning and woke up himself and/or her mother, [REDACTED]. He stated that her neck and head were stiff and it became apparent that she was not breathing and his wife began screaming and they attempted to administer CPR. He was unsure of who contacted 911 at approximately 9:15 am, and Emergency Medical Services arrived and attempts at CPR were unsuccessful and the time of death was noted as 10:15 am. The medical examiner was notified at 11:45 am. The Department of Children's Services was notified and CPSI [REDACTED] and CPSI [REDACTED] did observe the decedent prior to removal for the ordered autopsy.

The alleged perpetrator of Child Neglect Death was initially unknown due to the unknown nature of the cause of death. [REDACTED] and [REDACTED] were added as alleged perpetrators upon determination of the cause of death being a consequence of a bed sharing episode with the child's parents.

As part of the investigation, both Mr. [REDACTED] and Ms. [REDACTED] were interviewed. Both parents were very distraught, but expressed understanding. At this time [REDACTED], the deceased child was still present in the home in the adjacent room. Ms. [REDACTED] continually stated that she wanted [REDACTED] to wake up. She repeated over and over while crying and making guttural wailing sounds and leaning forward clutching her lower body, that she just wanted [REDACTED] to wake up and start breathing again. She asked CPSI [REDACTED] at one point to make [REDACTED] wake up and breathe. CPSI [REDACTED] asked the parents if at this time, they felt they could allow the forensic team into the home to take her where she needed to go. Both parents agreed that it would be better that she were no longer in the home as it was causing additional stress and trauma to the family. CPSI [REDACTED] made arrangements for the parents to be in another part of the home, so that the child could be removed. The parents went to go to the kitchen as the doorway was covered by a large quilt in order to maintain the air conditioning in the living room and bedroom. While moving into the kitchen, Ms. [REDACTED] did fall down to her knees from grief and CPSI [REDACTED] and Mr. [REDACTED] were able to assist her in standing up and settling her into a chair. After verifying that she was stable, CPSI [REDACTED] advised the forensic unit that the parents were ready for the child to be transported from the scene. The unit came into the home at which time, both parents did come back during the removal and asked to kiss the baby goodbye. Once the child was removed, CPSI [REDACTED] spoke with Mr. [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

[REDACTED] He was very upset and crying. He advised that he had woken up and discovered that [REDACTED] was not moving and that it was unusual that she did not wake up before either parent as was her custom to do around 7:00-7:30 each morning. He stated that he went to wake her and her head and neck were stiff and that she did not appear to be breathing. He stated he woke [REDACTED] who then after understanding the situation began screaming. He stated that they had tried to give CPR to [REDACTED] but nothing was working. He stated that [REDACTED] just kept screaming and he didn't know what else to do. He could not tell CPSI [REDACTED] who had called 911. [REDACTED] stated they always slept with the baby between them and they had gone to bed the night before as they always had. He stated he slept toward the wall and Ms. [REDACTED] slept toward the outside. He stated he could not understand why this was happening. Mr. [REDACTED] went into the kitchen where Ms. [REDACTED] was sitting at the kitchen table. Ms. [REDACTED] kept advising that she had just wanted her baby back. She advised that it was her miracle baby and she and [REDACTED] had been together 15 years and that she never thought she would ever have a baby because of the masses in her stomach and her arthritis. Ms. [REDACTED] advised CPSI [REDACTED] that her father had a brain tumor and she was afraid of what this was going to do to him as he was holding on for his granddaughter. Ms. [REDACTED] began questioning why this happened and why bad stuff was continuing to happen. CPSI [REDACTED] asked Mr. [REDACTED] if they had contacted any family members and he stated that he had not. CPSI [REDACTED] asked if there were anyone he could call to come and be with the family because did not want them to be alone when it was time for her to go. He had stated he was unsure if the pastor would return. Mr. [REDACTED] went outside to try to contact his brother. CPSI [REDACTED] asked Ms. [REDACTED] to explain what had happened. She began making the guttural sounds again and CPSI [REDACTED] told her to take her time. Ms. [REDACTED] then began crying hard again but did tell CPSI [REDACTED] that she and Mr. [REDACTED] had gone to bed as they always do the night before. She stated she had been playing with [REDACTED] who had been laughing and learning. She stated that [REDACTED] was even beginning to say "mama" and "dada." She stated that they went to bed and [REDACTED] was between them. She stated she has a bassinet in the room, but she has always slept with herself and Mr. [REDACTED] and nothing has ever happened. She stated that Mr. [REDACTED] woke her up and when she realized what that [REDACTED] wasn't breathing, she began screaming. She stated they took her into the living room and tried to give her CPR but it just wasn't working. She stated she stuck her finger into her mouth to make sure that there was nothing blocking her breathing and that her mouth was "stiff" and it was hard to open. She stated she ran to the neighbor's for help and someone called 911. She stated that they just kept trying to get her to breathe and nothing worked. Ms. [REDACTED] stated that the baby's doctor was Dr. [REDACTED] and she had concerns that [REDACTED] would stop breathing for what seemed like a long time and then start breathing again. Ms. [REDACTED] stated that she had been advised that this was not abnormal in babies and that she was fine. Ms. [REDACTED] stated that [REDACTED] had no health problems at birth and she had no issues with her pregnancy and Dr. [REDACTED] was her OB/GYN. She stated that the only thing other than the breathing issue that she had concerns over was jaundice when she was born, but other than that [REDACTED] was her "perfect angel baby." Ms. [REDACTED] stated that she was prescribed Blood Pressure medication, and anxiety medicine (Alprazolam) and occasionally pain medication for her arthritis. She stated she did not have any pain medication currently and that she had an appointment with her anxiety doctor on the 28th. (Dr. [REDACTED] across from [REDACTED]) CPSI [REDACTED] asked that she keep the appointment because of the current circumstances and Ms. [REDACTED] advised she would. CPSI [REDACTED] went over departmental paperwork with Ms. [REDACTED] as well and obtained a release for [REDACTED] medical records. Mr. [REDACTED] came back and stated he left a message for his brother. CPSI [REDACTED] asked about the pastor who had been to the home prior to her arrival. Ms. [REDACTED] stated she could not remember his name right now, but her parents attended [REDACTED] Church and he was the pastor there and he had been working with them in regard to her father's issues. She stated that she had a number for him and he was contacted and came to the home. Mr. [REDACTED] phone rang and he went to another room to answer it and then came back and stated it was his brother's girlfriend, [REDACTED] and she was on her way. CPSI [REDACTED] asked if the family wanted to return to the living room at this time as the baby had been removed from the home and it was cooler and more comfortable. CPSI's [REDACTED] and [REDACTED] assisted Ms. [REDACTED] to the living room sofa while Mr. [REDACTED] made another phone call. Ms. [REDACTED] got upset again as she explained [REDACTED] has a baby and she was unsure whether she would bring her baby or not. She started crying very hard stating they had so many plans for both the babies. CPSI [REDACTED] explained that she was going to remain at the home until someone arrived to sit with the family and asked if that would be okay. Ms. [REDACTED] advised that it was and thanked her. Mr. [REDACTED] came back into the room and CPSI [REDACTED] asked if he were on any medication and he stated he was not. She asked about employment of both parents and Mr. [REDACTED] stated he was employed at [REDACTED] in [REDACTED] Ms. [REDACTED] advised she was not employed and was a stay at home mom to care for the baby. Mr. [REDACTED] got up to go take the sheets off the bed as there were "bloody and bodily fluid discharges" on the sheets that were a result of [REDACTED] passing. CPSI [REDACTED] offered to assist and he began to cry and she accompanied him to while he removed the sheets and placed them in the laundry room.

As part of the investigation, CPSI [REDACTED] spoke with Detective [REDACTED], responding detective, who had spoken with Dr. [REDACTED] and the death appeared to be a SIDS/co-sleeping related death and that an autopsy would be done



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name | ██████████

Case Status: Close

Organization: ██████████

within the next few days. Det. ██████ advised that he had spoken with the family and reviewed the scene with Dr. ██████ and felt that there had not been any malicious intent and that the incident was a tragic situation. He advised he that he had done extensive interviews with the parents and that it was a practice of the family that the baby slept between them every night and that she woke them in the morning. He advised that the morning of 7/25/15, the father, ██████, had awoken prior to either the mother, ██████, or the child and upon waking, found the child not to be breathing and with a stiff head and neck. He stated that the parents did attempt to administer CPR and contacted 911, but the attempts were unsuccessful and the child was deceased upon arrival of EMS. He stated the family was with their pastor at the home and Officer ██████ was at the scene awaiting DCS arrival and removal of the child's body.

As part of the investigation, CPSI ██████ spoke with maternal grandmother, ██████. Ms. ██████ stated that she had spoken with Dr. ██████ and that she was made to understand that the baby had died as a SIDS related issue. She wanted to know how often this happened and what caused it. CPSI ██████ stated she could not give her any statistics on what constitutes SIDS classifications or how often they occur. She stated that she would need to discuss that with a medical professional. Ms. ██████ stated that her daughter and Mr. ██████ were not doing well. She stated that the funeral was the previous day and the baby looked like a little doll in her coffin. She stated it still wasn't real to the family and the parents were so distraught. Ms. ██████ did say during the course of the conversation that Ms. ██████ and Mr. ██████ were good parents and that this baby was a dream come true, for her daughter. She advised she had never seen anything concerning with the parents and could not understand how this happened to them. Again CPSI ██████ advised it was out of her realm of explanation. CPSI ██████ asked if Ms. ██████ would like her to send her some resources regarding grief counseling and loss of a child and Ms. ██████ stated that she would. CPSI ██████ obtained mailing information for Ms. ██████ and advised her she would work on that today and mail them out. Ms. ██████ thanked her and CPSI ██████ extended her condolences to the family once again and the call was concluded.

As part of the investigation, CPSI ██████ had email correspondence with Dr. C.D. ██████ and advised him she was the investigator assigned to the case and asked him to advise of preliminary findings when available. He responded and advised he was not a forensic pathologist, but his impression was that this is one of those unfortunate infants with a mal-programmed respiratory center, limited protective reflexes, experienced apneic episode which did not trigger a recovery gasp as CO2 (carbon dioxide) went up and O2 (oxygen) went down, and the result was terminal apnea. He advised that foam in the nose following death suggests that the heart continued to beat for a period after apnea occurred. He stated he would be very surprised if we find anything to attribute death to in this case.

On 11/18/15, CPSI ██████ received a the "Autopsy Final Report" from Dr. ██████ which reports as follows: The report has been completed by the Regional Forensic Center in ██████ County, TN. The signing Doctor is ██████, MD, PhD and reads as follows:

"Narrative

This five-month-old white female infant, ██████, was discovered unresponsive following co-sleeping and bed sharing with her parents. The child was put to sleep between them on a queen-sized bed. When the parents woke up, they found her unresponsive in what they claimed to be the same position as last seen alive; however, multiple pressure marks were visible on the infant's body. The child was a product of full term pregnancy and delivery via caesarean section due to breach presentation. According to the available medical records and maternal reporting, the infant exhibited some breathing issues. Based on the available investigative information, complete autopsy and ancillary studies, the main cause of death of ██████ is asphyxia due to overlaying, which was a consequence of a bed-sharing episode with her parents.

Final Anatomic Diagnoses

- I. Probable overlaying
 - A. Pressure marks with focal subgaleal suffusion of right forehead and right upper neck
 - B. Pulmonary congestion and edema, severe
 1. Segmental pulmonary extravasation, bilateral
 - C. Hepatomegaly, congestive
 - D. Cerebral edema, severe
- II. Multiple right ovarian cysts"

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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

As part of the investigation pediatric records from Dr. [REDACTED] office were obtained. Those records indicated a discussion of sleep apnea as well as the dangers of co-sleeping.

Records from [REDACTED] Medical [REDACTED] were also obtained and reflected a concern for the sleep apnea and other normal concerns in regard to parenting an infant such as an unknown rash and congestion.

Prenatal records were also obtained and placed in the hard file.

On 11/18/2015

Case was presented at CPIT.

Members Present:

[REDACTED], CPS Investigator, DCS
 [REDACTED], Lead Investigator, DCS
 [REDACTED] Sheriff's Detective
 [REDACTED], ADA
 [REDACTED], Juvenile Court Team Member
 [REDACTED], Mental Health Team Member
 [REDACTED], CAC Representative

Case was presented at CPIT as the final autopsy report has been received. The cause of death was ruled asphyxiation due to "overlying" by co-sleeping. Members did not want to substantiate as it was not illegal nor was there malicious intent or other factors such as drug use. Case was also staffed with Regional Investigations Director [REDACTED] by LI [REDACTED] who stated that DCS protocol would unsubstantiate if no other factors were evident in what led up to the cause of death. All members agreed to the unsubstantiation.

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

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



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:	11/18/2015	Contact Method:	
Contact Time:	04:38 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/18/2015
Completed date:	11/18/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:	Other		

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/18/2015 09:06 PM Entered By: [REDACTED]

Case was presented at CPIT as the final autopsy report has been received. The cause of death was ruled asphyxiation due to "overlying" by co-sleeping. Members did not want to substantiate as it was not illegal nor was there malicious intent or other factors such as drug use. Case was also staffed with Regional Investigations Director, [REDACTED] by LI [REDACTED] who stated that DCS protocol would unsubstantiate if no other factors were evident in what led up to the cause of death. All members agreed to the unsubstantiation.

Case does not meet the following criteria for substantiation:

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



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: 11/18/2015 Contact Method:
 Contact Time: 03:40 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/19/2015
 Completed date: 11/19/2015 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: 11/19/2015 03:25 PM Entered By: [REDACTED]

CPSI [REDACTED] has received the final autopsy report on [REDACTED] today. The findings were that the death was a result of co-sleeping. The case was set on the docket for CPIT. The findings of the autopsy were reviewed with Regional Investigative Director [REDACTED]. There were no other safety factors found in the home, the child was found to be clean, had received medical treatment when needed or scheduled, the home was clean, and there were no reported concerns with the parents. No alcohol or drugs were involved. There is documentation that the parents had received information about co-sleeping risks. This is an unfortunate situation that resulted in the parents choice to co-sleep, there is no signs of abuse or neglect or any other risk factors. The classification will be unsubstantiated and presented to CPIT.



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:	11/18/2015	Contact Method:	Face To Face
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	11/18/2015
Completed date:	11/18/2015	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: 11/18/2015 04:23 PM Entered By: [REDACTED]

Case was presented at CPIT.

Members Present:

[REDACTED], CPS Investigator, DCS
 [REDACTED], DCS
 [REDACTED], Sheriff's Detective
 [REDACTED], ADA
 [REDACTED], Juvenile Court Team Member
 [REDACTED], Mental Health Team Member
 [REDACTED], CAC Representative

Case was presented at CPIT as the final autopsy report has been received. The cause of death was ruled asphyxiation due to "overlying" by co-sleeping. Members did not want to substantiate as it was not illegal nor was there malicious intent or other factors such as drug use. Case was also staffed with Regional Investigations Director, [REDACTED] by LI [REDACTED] who stated that DCS protocol would unsubstantiate if no other factors were evident in what led up to the cause of death. All members agreed to the unsubstantiation.



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:	11/18/2015	Contact Method:	
Contact Time:	02:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:	Other		

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2015 01:41 PM Entered By: [REDACTED]

Family Assessment:

Assessment of Safety

Maltreatment Allegations/Delinquent or Unruly Behaviors/Domestic Violence/Substance Abuse/Home Environment/Community/Neighborhood:

No evidence of any contributing factors such as substance use or issues in the home environment were identified in the death of [REDACTED]

Assessment of Well Being-

Current Functioning/Family's Parenting Capabilities/Education/Employment/Physical and Mental Health/Relationships/Connections:

Mr. [REDACTED] works full time and Ms. [REDACTED] was a stay at home mother. Their child died as a result of a co-sleeping episode and information to address grief and trauma were provided to the family. The family has an extensive faith and familial support network.

Assessment of Permanence-

Current Placement/Stability and Transitions/Long-term view and Concurrent Plan/Transition to Adulthood:

[REDACTED], only child of Mr. [REDACTED] and Ms. [REDACTED] died 7/25/2015.

Assessment of Resources-

Family Supports/CFT members' roles/Access and Coordination of Team/Services:

The family has adequate resources to address grief and trauma and additional resource information was provided to



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

the family by CPSI [REDACTED]

Case was presented at CPIT as the final autopsy report has been received. The cause of death was ruled asphyxiation due to "overlying" by co-sleeping. Members did not want to substantiate as it was not illegal nor was there malicious intent or other factors such as drug use. Case was also staffed with Regional Investigations Director, [REDACTED] by LI [REDACTED] who stated that DCS protocol would unsubstantiate if no other factors were evident in what led up to the cause of death. All members agreed to the unsubstantiation.

Case does not meet the following criteria for substantiation:

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



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:	11/17/2015	Contact Method:	Correspondence
Contact Time:	08:02 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/18/2015
Completed date:	11/18/2015	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: 11/18/2015 04:28 PM Entered By: [REDACTED]

CPSI [REDACTED] received a copy of the final autopsy report from Dr. [REDACTED]. The report has been completed by the [REDACTED] [REDACTED] in [REDACTED] County, TN. The signing Doctor [REDACTED], MD, PhD and reads as follows:

"Narrative

This five-month-old white female infant [REDACTED], was discovered unresponsive following co-sleeping and bed sharing with her parents. The child was put to sleep between them on a queen-sized bed. When the parents woke up, they found her unresponsive in what they claimed to be the same position as last seen alive; however, multiple pressure marks were visible on the infant's body. The child was a product of full term pregnancy and delivery via caesarean section due to breach presentation. According to the available medical records and maternal reporting, the infant exhibited some breathing issues. Based on the available investigative information, complete autopsy and ancillary studies, the main cause of death of [REDACTED] is asphyxia due to overlaying, which was a consequence of a bed-sharing episode with her parents.

Final Anatomic Diagnoses

- I. Probable overlaying
 - A. Pressure marks with focal subgaleal suffusion of right forehead and right upper neck
 - B. Pulmonary congestion and edema, severe
 1. Segmental pulmonary extravasation, bilateral
 - C. Hepatomegaly, congestive
 - D. Cerebral edema, severe
- II. Multiple right ovarian cysts"

A copy of the "Autopsy Final Report" has been placed into the hard 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:	10/09/2015	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/10/2015
Completed date:	10/10/2015	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: 10/10/2015 07:17 AM Entered By: [REDACTED]

LI [REDACTED] discussed status of investigation with CPSI [REDACTED]. She has recently checked with the medical examiner and the final Autopsy has not yet been received on the child.

CPSI [REDACTED] will continue to check on the status of the autopsy periodically to request a copy of the final report.



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:	09/25/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/10/2015
Completed date:	10/10/2015	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: 10/10/2015 07:21 AM Entered By: [REDACTED]

CPSI [REDACTED] is waiting on the final autopsy report. She contacts the medical examiner every few weeks, at least monthly to see if the report has been completed and to request a copy. The final Autopsy report has not been completed at this time.

CPSI [REDACTED] will continue to follow up to request the report.



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:	08/29/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	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: 09/03/2015 03:11 PM Entered By: [REDACTED]

LI [REDACTED] reviewed case with CPSI [REDACTED]. All medical records have been received and scanned into TFACTS. Review of medical records show that the mother was concerned about apnea issues with the baby and this was evaluated by the pediatrician and Emergency room. The pediatrician did document conversations with the family in regard to no co-sleeping. The child did receive medical care for a rash, nasal congestion, and upper respiratory infections.

The Preliminary Autopsy has been received and scanned into TFACTS.

The maternal grandmother has been in contact with CPSI [REDACTED] and the pediatrician trying to get an explanation of why the death occurred. CPSI [REDACTED] has discussed grief counseling with the grandmother and has mailed resource material for grief counseling to be shared with parents.



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: Created In Error
Contact Date: 08/29/2015 Contact Method:
Contact Time: 11:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 08/29/2015
Completed date: 08/29/2015 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: 08/29/2015 10:59 AM Entered By: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Narrative Type: Created In Error Entry Date/Time: 08/29/2015 11:01 AM Entered By: [REDACTED]

This was entered in the wrong case. [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:	08/07/2015	Contact Method:	
Contact Time:	07:03 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/07/2015
Completed date:	08/07/2015	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: 08/07/2015 06:10 PM Entered By: [REDACTED]

Medical records were received from [REDACTED] Birth and ER Records: The birth record shows the date of birth as [REDACTED] and not [REDACTED] as originally entered. CPSI [REDACTED] made the change to TFACT



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:	08/06/2015	Contact Method:	
Contact Time:	09:06 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 03:29 PM Entered By: [REDACTED]
 Pediatric Record was received from Dr. [REDACTED] Office.

On 2/27/15, a notation regarding "Counseling and Education" was made to the medical file as follows:

"Anicipatory Guidance: place the baby on back to sleep, we can prevent half of all crib deaths if babies sleep on the back. Babies should sleep in a crib or bassinette in the parents room until age 6 months. The baby should not sleep in the parents bed. It is not safe for newborns. We recommend nothin in the bed except the baby - no bumper pads. No toys, not even a blanket. We want nothing in the bed that can smother the baby."

On 3/11/15, a notation regarding "Assessment" was made to the medical file as follows:

"Neonatal apnea which is ruled out long discussion with mother regarding periodic breathing. Explained that when we set apnea monitors we set the delay for 15-20 seconds because babies do have short pauses, we all do. Explained that her good color shows she was getting plenty of oxygen.
 Eval in ER was thorough, and everything checked out as expected.
 Reviewed CPR, sleep position, urged mom to call or go to ER PRN. But all seems well at this point.

On 3/24/15, a notation regarding "Counseling and Education" was made to the medical file as follows:

"Discussed sleeping position place the baby on back to sleep, we can prevent half of all crib deaths if babies sleep on the back. Babies should sleep in a crib or bassinette in the parents room until age 6 months. The baby should not sleep in the parents bed. It is not safe for newborns. We recommend nothin in the bed except the baby - no bumper pads. No toys, not even a blanket. We want nothing in the bed that can smother the baby."



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:	08/04/2015	Contact Method:	
Contact Time:	11:43 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/04/2015
Completed date:	08/04/2015	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: 08/04/2015 01:48 PM Entered By: [REDACTED]

Prenatal Medical Records received. No positive drug screens were found in the medical record during the pregnancy or at birth. No other concerns were noted outside mother's anxiety and ER visit regarding some vaginal bleeding after an ultrasound appointment.

Records have been scanned into TFACTS.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/03/2015	Contact Method:	
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/03/2015
Completed date:	08/04/2015	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: 08/03/2015 09:34 AM Entered By: [REDACTED]

All medical records requested for [REDACTED]:

Dr. [REDACTED] Prenatal Records Request
 Dr. [REDACTED] All medical records requested
 [REDACTED]: All medical records requested.

Fax requests for all medical included release signed by [REDACTED], mother of [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:	07/31/2015	Contact Method:	Phone Call
Contact Time:	12:43 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/04/2015
Completed date:	08/04/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/04/2015 01:53 PM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED], maternal grandmother of [REDACTED]. Ms. [REDACTED] stated that she had spoken with Dr. [REDACTED] and that she was made to understand that the baby had died as a SIDS related issue. She wanted to know how often this happened and what caused it. CPSI [REDACTED] stated she could not give her any statistics on what constitutes SIDS classifications or how often they occur. She stated that she would need to discuss that with a medical professional. Ms. [REDACTED] stated that her daughter and Mr. [REDACTED] were not doing well. She stated that the funeral was the previous day and the baby looked like a little doll in her coffin. She stated it still wasn't real to the family and the parents were so distraught. CPSI [REDACTED] asked if Ms. [REDACTED] would like her to send her some resources regarding grief counseling and loss of a child and Ms. [REDACTED] stated that she would. CPSI [REDACTED] obtained mailing information for Ms. [REDACTED] and advised her she would work on that today and mail them out. Ms. [REDACTED] thanked her and CPSI [REDACTED] extended her condolences to the family once again and the call was concluded.

CPSI [REDACTED] did gather resources and mailed them to the following:

[REDACTED]

Copies of the resources and correspondence have been placed in the hard file.

Narrative Type: Addendum 1 Entry Date/Time: 08/04/2015 02:03 PM Entered By: [REDACTED]

Ms. [REDACTED] did say during the course of the conversation that Ms. [REDACTED] and Mr. [REDACTED] were good parents and that this baby was a dream come true for her daughter. She advised she had never seen anything concerning with the parents and could not understand how this happened to them. Again CPSI [REDACTED] advised it was out of her realm of explanation.



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:	Face To Face
Contact Time:	03:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	08/03/2015
Completed date:	08/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/03/2015 09:27 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Det. [REDACTED] who wanted to compare information. He stated he had received the preliminary autopsy report and had spoken with Dr. [REDACTED] and expected the cause of death to be SIDS related. He stated that the parents were still in a state of shock and were not doing well. He stated he was following up for the final report which was expected within 6 weeks.



**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:	07/28/2015	Contact Method:	Correspondence
Contact Time:	11:01 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/29/2015
Completed date:	07/29/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact, Medical Exam		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/29/2015 08:41 AM Entered By: [REDACTED]

CPSI [REDACTED] received email correspondence from Dr. [REDACTED] with the attached Autopsy Provisional Report. He stated in regard to the report that there is no mention of any evidence of neglect or abuse. The findings are consistent with an apneic death, when breathing stops but the heart keeps trying to move blood with resultant congestion of lungs and viscera. This is consistent with the foam noted in nares at the scene. This is in contrast to a cardiac death, or hypovolemia (hemorrhage), when the congestion is usually absent. He stated that the final microscopic and laboratory results are unlikely to add any useful information as to why this baby stopped breathing.

The report from the Regional Forensic Center in [REDACTED] County reports as follows:

Date of Birth/Gender [REDACTED] (5-month-old) W/F

Date of Death: 7/25/2015 10:15

Autopsy Date: 7/26/2015 6:00

Authorized by [REDACTED], MD

Relationship to Patient: [REDACTED] County Medical Examiner

Restrictions: Non

Persons Attending Autopsy:

Technician(s): [REDACTED]

Provisional Anatomic Diagnosis:

- I. Probable overlying
 - A. Pressure marks of right forehead and right upper neck with focal subgaleal suffusion
 - B. Pulmonary congestion and edema, severe
 - C. Hepatomegaly, congestive
 - D. Cerebral edema, severe
- II. Multiple right ovarian cysts
- III. Pending further studies



Tennessee Department of Children's Services
Case Recording Summary

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

signed by: ██████████, MD, PhD

Copy of Report has been scanned into 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: 07/27/2015 Contact Method:
 Contact Time: 06:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/27/2015
 Completed date: 07/27/2015 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: 07/27/2015 05:33 PM Entered By: [REDACTED]
 CPSI [REDACTED] has completed the Notification of Child Death. This has been reviewed and discussed. CPSI [REDACTED] has added the information from the contact with the medical examiner today.

Notice of Child Death has been emailed to the notification group, Regional investigation Director [REDACTED] and Investigative Coordinator [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:	07/27/2015	Contact Method:	Correspondence
Contact Time:	03:51 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/29/2015
Completed date:	07/29/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/29/2015 07:25 AM Entered By: [REDACTED]

CPSI [REDACTED] had email correspondence with Dr. [REDACTED] and advised him she was the investigator assigned to the case and asked him to advise of preliminary findings when available. He responded and advised he was not a forensic pathologist, but his impression was that this is one of those unfortunate infants with a mal-programmed respiratory center, limited protective reflexes, experienced apneic episode which did not trigger a recovery gasp as CO₂ (carbon dioxide) went up and O₂ (oxygen) went down, and the result was terminal apnea. He advised that foam in the nose following death suggests that the heart continued to beat for a period after apnea occurred.

He stated he would be very very surprised if we find anything to attribute death to in 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:	07/27/2015	Contact Method:	Phone Call
Contact Time:	01:45 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/29/2015
Completed date:	07/29/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/29/2015 08:47 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted Det. [REDACTED] to follow up on the case and to see if he had any additional information. He stated he had not received any information from the medical examiner yet and had opted not to be present at the autopsy. He stated he had visited with the family that morning and they were still very distraught. He stated that he did not feel that anything was a red flag or purposeful in the child's death. He stated he would wait to get the autopsy results and speak with Dr. [REDACTED] as well. He stated he knew that the body was being released to [REDACTED] Funeral Home. CPSI [REDACTED] thanked him for the 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:	07/27/2015	Contact Method:	Phone Call
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/27/2015
Completed date:	07/29/2015	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: 07/29/2015 07:08 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED], as he has been working with the family. He stated the parents were doing as well as could be expected. He stated had spoken with the medical examiner and that the body would be released soon so that the family could move forward and get closure. He stated that he appreciated CPSI [REDACTED] calling to check on the family and thanked her for her concern and care on Saturday. CPSI [REDACTED] thanked him for speaking with her and the call was concluded.



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:	07/26/2015	Contact Method:	Attempted Phone Call
Contact Time:	10:26 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/26/2015
Completed date:	07/26/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/26/2015 01:10 PM Entered By: [REDACTED]
 CPSI [REDACTED] left a message for requesting a return call from Medical Examiner, Dr. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/25/2015	Contact Method:
Contact Time: 06:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/27/2015
Completed date: 07/27/2015	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: 07/27/2015 05:22 PM Entered By: [REDACTED]

LI [REDACTED] who is on call for the weekend, notified LI [REDACTED] at approximately 12:35 p.m. that a fatality report had been received on a 5 month old infant. CPSI [REDACTED] was alerted by law enforcement and she has responded to the case. There are no other children in the home. LI [REDACTED] made all the notifications to Regional Investigative Director [REDACTED] and Regional Administrator [REDACTED].

LI [REDACTED] spoke with CPSI [REDACTED] at approximately 5:00 p.m. CPSI [REDACTED] gave an update on the case and provided information on the investigation. CPSI [REDACTED] advised the CPSI [REDACTED] was also present during the investigation as he was also on call with her this weekend. CPSI [REDACTED] will be completing documentation and required reports. LI [REDACTED] debriefed with CPSI [REDACTED] on the trauma and emotions to the family and emergency responders as well as herself and CPSI [REDACTED]. CPSI [REDACTED] and LI [REDACTED] will debrief again in the next few days or when needed.

LI [REDACTED] contacted CPSI [REDACTED] at approximately 5:20 p.m. to debrief the days contacts. LI [REDACTED] discussed the response to the case and the affects to the emergency responders as they dealt with the circumstances and emotions of the family.

LI [REDACTED] advised that there would be periodic debriefings and that they could be conducted at any time that they were needed.



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:	07/25/2015	Contact Method:	Face To Face
Contact Time:	12:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/26/2015
Completed date:	07/26/2015	Completed By:	[REDACTED]
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: 07/26/2015 12:49 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] went into the home and did observe [REDACTED] wrapped in a blanket on the bed of the parents room adjacent to the living room. There were no signs of marks or bruising on the exposed portions of the baby. CPSI [REDACTED] spoke with the parents and made arrangements for the forensic unit to remove the child from the home. At this time, an autopsy has been ordered by Dr. [REDACTED] and results are pending.



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: 07/25/2015 Contact Method: Face To Face
Contact Time: 12:10 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 07/26/2015
Completed date: 07/26/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being
Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Collateral Contact, Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/26/2015 12:21 PM Entered By: [REDACTED]

CPSI [REDACTED] initially spoke with both parents explaining her role in the investigation. CPSI [REDACTED] was present and observed. CPSI [REDACTED] advised there would be an open case with the Department of Children's Services in conjunction with that of the [REDACTED] County Sheriff's Department. Both parents were very distraught, but expressed understanding. At this time [REDACTED], the deceased child was still present in the home in the adjacent room. Ms. [REDACTED] continually stated that she wanted [REDACTED] to wake up. She repeated over and over while crying and making guttural wailing sounds and leaning forward clutching her lower body, that she just wanted [REDACTED] to wake up and start breathing again. She asked CPSI [REDACTED] at one point to make [REDACTED] wake up and breathe. CPSI [REDACTED] asked the parents if at this time, they felt they could allow the forensic team into the home to take her where she needed to go. Both parents agreed that it would be better that she were no longer in the home as it was causing additional stress and trauma to the family. CPSI [REDACTED] made arrangements for the parents to be in another part of the home, so that the child could be removed. The parents went to go to the kitchen as the doorway was covered by a large quilt in order to maintain the air conditioning in the living room and bedroom. While moving into the kitchen, Ms. [REDACTED] did fall down to her knees from grief and CPSI [REDACTED] and Mr. [REDACTED] were able to assist her in standing up and settling her into a chair. After verifying that she was stable, CPSI [REDACTED] advised the forensic unit that the parents were ready for the child to be transported from the scene. The unit came into the home at which time, both parents did come back during the removal and asked to kiss the baby goodbye. Once the child was removed, CPSI [REDACTED] spoke with Mr. [REDACTED]. He was very upset and crying. He advised that he had woken up and discovered that [REDACTED] was not moving and that it was unusual that she did not wake up before either parent as was her custom to do around 7:00-7:30 each morning. He stated that he went to wake her and her head and neck were stiff and that she did not appear to be breathing. He stated he woke [REDACTED] who then after understanding the situation began screaming. He stated that they had tried to give CPR to [REDACTED] but nothing was working. He stated that [REDACTED] just kept screaming and he didn't know what else to do. He could not tell CPSI [REDACTED] who had called 911. Mr. [REDACTED] stated they always slept with the baby between them and they had gone to bed the night before as they always had. He stated he slept toward the wall and Ms. [REDACTED] slept toward the outside. He stated he could not understand why this was happening. Mr. [REDACTED] went into the kitchen where Ms. [REDACTED] was sitting at the kitchen table. Ms. [REDACTED] kept advising that she had just wanted her baby back. She advised that it was her miracle baby and she and Mr. [REDACTED] had been together 15 years and that she never thought she would ever have a baby because of the masses in her stomach and her arthritis. Ms. [REDACTED] advised CPSI [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

that her father had a brain tumor and she was afraid of what this was going to do to him as he was holding on for his granddaughter. Ms. ██████ began questioning why this happened and why bad stuff was continuing to happen. CPSI ██████ asked Mr. ██████ if they had contacted any family members and he stated that he had not. CPSI ██████ asked if there were anyone he could call to come and be with the family because did not want them to be alone when it was time for her to go. He had stated he was unsure if the pastor would return. Mr. ██████ went outside to try to contact his brother. CPSI ██████ asked Ms. ██████ to explain what had happened. She began making the guttural sounds again and CPSI ██████ told her to take her time. Ms. ██████ then began crying hard again but did tell CPSI ██████ that she and Mr. ██████ had gone to bed as they always do the night before. She stated she had been playing with ██████ who had been laughing and learning. She stated that ██████ was even beginning to say "mama" and "dada." She stated that they went to bed and ██████ was between them. She stated she has a bassinet in the room, but she has always slept with herself and Mr. ██████ and nothing has ever happened. She stated that Mr. ██████ woke her up and when she realized what that ██████ wasn't breathing, she began screaming. She stated they took her into the living room and tried to give her CPR but it just wasn't working. She stated she stuck her finger into her mouth to make sure that there was nothing blocking her breathing and that her mouth was "stiff" and it was hard to open. She stated she ran to the neighbor's for help and someone called 911. She stated that they just kept trying to get her to breathe and nothing worked. Ms. ██████ stated that the baby's doctor was Dr. ██████ and she had concerns that ██████ would stop breathing for what seemed like a long time and then start breathing again. Ms. ██████ stated that she had been advised that this was not abnormal in babies and that she was fine. Ms. ██████ stated that ██████ had no health problems at birth and she had no issues with her pregnancy and Dr. ██████ was her OB/GYN. She stated that the only thing other than the breathing issue that she had concerns over was jaundice when she was born, but other than that ██████ was her "perfect angel baby." Ms. ██████ stated that she was prescribed Blood Pressure medication, and anxiety medicine (Alprazolam) and occasionally pain medication for her arthritis. She stated she did not have any pain medication currently and that she had an appointment with her anxiety doctor on the 28th. (Dr. ██████ across from ██████ CPSI ██████ asked that she keep the appointment because of the current circumstances and Ms. ██████ advised she would. CPSI ██████ went over departmental paperwork with Ms. ██████ as well and obtained a release for ██████ medical records. Mr. ██████ came back and stated he left a message for his brother. CPSI ██████ asked about the pastor who had been to the home prior to her arrival. Ms. ██████ stated she could not remember his name right now, but her parents attended ██████ Church and he was the pastor there and he had been working with them in regard to her father's issues. She stated that she had a number for him and he was contacted and came to the home. Mr. ██████ phone rang and he went to another room to answer it and then came back and stated it was his brother's girlfriend, ██████ and she was on her way. CPSI ██████ asked if the family wanted to return to the living room at this time as the baby had been removed from the home and it was cooler and more comfortable. CPSI's ██████ and ██████ assisted Ms. ██████ to the living room sofa while Mr. ██████ made another phone call. Ms. ██████ got upset again as she explained ██████ has a baby and she was unsure whether she would bring her baby or not. She started crying very hard stating they had som many plans for both the babies. CPSI ██████ explained that she was going to remain at the home until someone arrived to sit with the family and asked if that would be okay. Ms. ██████ advised that it was and thanked her. Mr. ██████ came back into the room and CPSI ██████ asked if he were on any medication and he stated he was not. She asked about employment of both parents and Mr. ██████ stated he was employed at ██████ in ██████ Ms. ██████ advised she was not employed and was a stay at home mom to care for the baby. Mr. ██████ got up to go take the sheets off the bed as there were "bloody and bodily fluid discharges" on the sheets that were a result of ██████ passing. CPSI ██████ offered to assist and he began to cry and she accompanied him to while he removed the sheets and placed them in the laundry room. At this time, the pastor returned to the residence with a woman he identified as Ms. ██████ mother. Upon her mother's arrival, Ms. ██████ and Mr. ██████ completely broke down and went into the kitchen. CPSI ██████ asked to speak with the pastor in the living room. She obtained his name and contact number, ██████, and advised she would be leaving the residence and did not want to intrude at this point on the family's grief any longer and asked that he advise the family of her departure. He thanked her for her courtesy and at that time, the family came back into the living room and CPSI ██████ expressed her condolences to the family and advised she would be in contact with Detective ██████ and Dr. ██████ and would follow up with the family. CPSI ██████ made sure the family had her number and advised that they call with any questions or concerns or anything they might need in regard to the trauma. Pastor ██████ again thanked CPSI ██████ and ██████ for their time and the visit was concluded. CPSI ██████ contacted On Call LI, ██████ and advised they were leaving the residence and would follow up as per protocol.



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:	Created In Error
Contact Date:	07/25/2015	Contact Method:	Face To Face
Contact Time:	12:10 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/26/2015
Completed date:	07/26/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]
Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/26/2015 12:18 PM Entered By: [REDACTED]

CPSI [REDACTED] initially spoke with both parents explaining her role in the investigation. CPSI [REDACTED] was present and observed. CPSI [REDACTED] advised there would be an open case with the Department of Children's Services in conjunction with that of the [REDACTED] County Sheriff's Department. Both parents were very distraught, but expressed understanding. At this time [REDACTED], the deceased child was still present in the home in the adjacent room. Ms. [REDACTED] continually stated that she wanted [REDACTED] to wake up. She repeated over and over while crying and making guttural wailing sounds and leaning forward clutching her lower body, that she just wanted [REDACTED] to wake up and start breathing again. She asked CPSI [REDACTED] at one point to make [REDACTED] wake up and breathe. CPSI [REDACTED] asked the parents if at this time, they felt they could allow the forensic team into the home to take her where she needed to go. Both parents agreed that it would be better that she were no longer in the home as it was causing additional stress and trauma to the family. CPSI [REDACTED] made arrangements for the parents to be in another part of the home, so that the child could be removed. The parents went to go to the kitchen as the doorway was covered by a large quilt in order to maintain the air conditioning in the living room and bedroom. While moving into the kitchen, Ms. [REDACTED] did fall down to her knees from grief and CPSI [REDACTED] and Mr. [REDACTED] were able to assist her in standing up and settling her into a chair. After verifying that she was stable, CPSI [REDACTED] advised the forensic unit that the parents were ready for the child to be transported from the scene. The unit came into the home at which time, both parents did come back during the removal and asked to kiss the baby goodbye. Once the child was removed, CPSI [REDACTED] spoke with Mr. [REDACTED]. He was very upset and crying. He advised that he had woken up and discovered that [REDACTED] was not moving and that it was unusual that she did not wake up before either parent as was her custom to do around 7:00-7:30 each morning. He stated that he went to wake her and her head and neck were stiff and that she did not appear to be breathing. He stated he woke [REDACTED] who then after understanding the situation began screaming. He stated that they had tried to give CPR to [REDACTED] but nothing was working. He stated that [REDACTED] just kept screaming and he didn't know what else to do. He could not tell CPSI [REDACTED] who had called 911. Mr. [REDACTED] stated they always slept with the baby between them and they had gone to bed the night before as they always had. He stated he slept toward the wall and Ms. [REDACTED] slept toward the outside. He stated he could not understand why this was happening. Mr. [REDACTED] went into the kitchen where Ms. [REDACTED] was sitting at the kitchen table. Ms. [REDACTED] kept advising that she had just wanted her baby back. She advised that it was her miracle baby and she and Mr. [REDACTED] had been together 15 years and that she never thought she would ever have a baby because of the masses in her stomach and her arthritis. Ms. [REDACTED] advised CPSI [REDACTED] that her father had a brain tumor and she was afraid of what this was going to do to him as he was holding on for his



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

granddaughter. Ms. [REDACTED] began questioning why this happened and why bad stuff was continuing to happen. CPSI [REDACTED] asked Mr. [REDACTED] if they had contacted any family members and he stated that he had not. CPSI [REDACTED] asked if there were anyone he could call to come and be with the family because did not want them to be alone when it was time for her to go. He had stated he was unsure if the pastor would return. Mr. [REDACTED] went outside to try to contact his brother. CPSI [REDACTED] asked Ms. [REDACTED] to explain what had happened. She began making the guttural sounds again and CPSI [REDACTED] told her to take her time. Ms. [REDACTED] then began crying hard again but did tell CPSI [REDACTED] that she and Mr. [REDACTED] had gone to bed as they always do the night before. She stated she had been playing with [REDACTED] who had been laughing and learning. She stated that [REDACTED] was even beginning to say "mama" and "dada." She stated that they went to bed and [REDACTED] was between them. She stated she has a bassinet in the room, but she has always slept with herself and Mr. [REDACTED] and nothing has ever happened. She stated that Mr. [REDACTED] woke her up and when she realized what that [REDACTED] wasn't breathing, she began screaming. She stated they took her into the living room and tried to give her CPR but it just wasn't working. She stated she stuck her finger into her mouth to make sure that there was nothing blocking her breathing and that her mouth was "stiff" and it was hard to open. She stated she ran to the neighbor's for help and someone called 911. She stated that they just kept trying to get her to breathe and nothing worked. Ms. [REDACTED] stated that the baby's doctor was Dr. [REDACTED] and she had concerns that [REDACTED] would stop breathing for what seemed like a long time and then start breathing again. Ms. [REDACTED] stated that she had been advised that this was not abnormal in babies and that she was fine. Ms. [REDACTED] stated that [REDACTED] had no health problems at birth and she had no issues with her pregnancy and Dr. [REDACTED] was her OB/GYN. She stated that the only thing other than the breathing issue that she had concerns over was jaundice when she was born, but other than that [REDACTED] was her "perfect angel baby." Ms. [REDACTED] stated that she was prescribed Blood Pressure medication, and anxiety medicine (Alprazolam) and occasionally pain medication for her arthritis. She stated she did not have any pain medication currently and that she had an appointment with her anxiety doctor on the 28th. (Dr. [REDACTED] across from [REDACTED]) CPSI [REDACTED] asked that she keep the appointment because of the current circumstances and Ms. [REDACTED] advised she would. CPSI [REDACTED] went over departmental paperwork with Ms. [REDACTED] as well and obtained a release for [REDACTED] medical records. Mr. [REDACTED] came back and stated he left a message for his brother. CPSI [REDACTED] asked about the pastor who had been to the home prior to her arrival. Ms. [REDACTED] stated she could not remember his name right now, but her parents attended [REDACTED] Church and he was the pastor there and he had been working with them in regard to her father's issues. She stated that she had a number for him and he was contacted and came to the home. Mr. [REDACTED] phone rang and he went to another room to answer it and then came back and stated it was his brother's girlfriend, [REDACTED] and she was on her way. CPSI [REDACTED] asked if the family wanted to return to the living room at this time as the baby had been removed from the home and it was cooler and more comfortable. CPSI's [REDACTED] and [REDACTED] assisted Ms. [REDACTED] to the living room sofa while Mr. [REDACTED] made another phone call. Ms. [REDACTED] got upset again as she explained [REDACTED] has a baby and she was unsure whether she would bring her baby or not. She started crying very hard stating they had som many plans for both the babies. CPSI [REDACTED] explained that she was going to remain at the home until someone arrived to sit with the family and asked if that would be okay. Ms. [REDACTED] advised that it was and thanked her. Mr. [REDACTED] came back into the room and CPSI [REDACTED] asked if he were on any medication and he stated he was not. She asked about employment of both parents and Mr. [REDACTED] stated he was employed at [REDACTED] in [REDACTED] [REDACTED] advised she was not employed and was a stay at home mom to care for the baby. Mr. [REDACTED] got up to go take the sheets off the bed as there were "bloody and bodily fluid discharges" on the sheets that were a result of [REDACTED] passing. CPSI [REDACTED] offered to assist and he began to cry and she accompanied him to while he removed the sheets and placed them in the laundry room. At this time, the pastor returned to the residence with a woman he identified as Ms. [REDACTED] mother. Upon her mother's arrival, Ms. [REDACTED] and Mr. [REDACTED] completely broke down and went into the kitchen. CPSI [REDACTED] asked to speak with the pastor in the living room. She obtained his name and contact number, [REDACTED], and advised she would be leaving the residence and did not want to intrude at this point on the family's grief any longer and asked that he advise the family of her departure. He thanked her for her courtesy and at that time, the family came back into the living room and CPSI [REDACTED] expressed her condolences to the family and advised she would be in contact with Detective [REDACTED] and Dr. [REDACTED] and would follow up with the family. CPSI [REDACTED] made sure the family had her number and advised that they call with any questions or concerns or anything they might need in regard to the trauma. Pastor [REDACTED] again thanked CPSI [REDACTED] and [REDACTED] for their time and the visit was concluded. CPSI [REDACTED] contacted On Call LI, [REDACTED] and advised they were leaving the residence and would follow up as per protocol.

Narrative Type: Created In Error Entry Date/Time: 07/26/2015 12:19 PM Entered By: [REDACTED]

Entered incorrectly as ICV.



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:	07/25/2015	Contact Method:	Face To Face
Contact Time:	11:59 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/26/2015
Completed date:	07/26/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/26/2015 12:54 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI in Training, [REDACTED], arrived at the residence and the forensic unit was on the scene along with Officer [REDACTED] Det. [REDACTED] and the medical examiner had already left the residence. The forensic unit advised CPSI [REDACTED] they were awaiting her arrival before taking the baby from the residence. Officer [REDACTED] advised that the family's pastor had left the residence to make notification of the death to close relatives at the request of the parents. He stated he anticipated he would be back afterward.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/25/2015	Contact Method: Phone Call
Contact Time: 10:45 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/26/2015
Completed date: 07/26/2015	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: 07/26/2015 12:53 PM Entered By: [REDACTED]

On Call CPSI, [REDACTED], was contacted by [REDACTED] County Sheriff's Department Detective, [REDACTED], advising he was en route to the scene of a deceased 7 month old child and that the medical examiner was also notified and en route to the scene. The hotline received a referral regarding the child death. The parents were identified as [REDACTED] and [REDACTED] and the child's name is [REDACTED], 7 months old. CPSI [REDACTED] notified the hotline of the infant death. CPSI [REDACTED] notified both her immediate Lead Investigator, [REDACTED] and the on call Lead Investigator, [REDACTED]. CPSI [REDACTED] spoke with Det. [REDACTED] who had spoken with Dr. [REDACTED] and the death appeared to be a SIDS/co-sleeping related death and that an autopsy would be done within the next few days. Det. [REDACTED] advised that he had spoken with the family and reviewed the scene with Dr. [REDACTED] and felt that there had not been any malicious intent and that the incident was a tragic situation. He advised he that he had done extensive interviews with the parents and that it was a practice of the family that the baby slept between them every night and that she woke them in the morning. He advised that the morning of 7/25/15, the father [REDACTED], had awoken prior to either the mother, [REDACTED], or the child and upon waking, found the child not to be breathing and with a stiff head and neck. He stated that the parents did attempt to administer CPR and contacted 911, but the attempts were unsuccessful and the child was deceased upon arrival of EMS. Det. [REDACTED] advised that there was another adult male at the house when he left and that it was the family pastor. He advised [REDACTED] Officer [REDACTED] was also had remained on scene until CPSI [REDACTED] could arrive. He advised CPSI [REDACTED] that he would provide her reports of his interviews and that that family was very distraught. CPSI [REDACTED] advised she would be in contact the following week to obtain them and thanked him for the 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:	07/25/2015	Contact Method:	
Contact Time:	10:06 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/26/2015
Completed date:	07/26/2015	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: 07/26/2015 01:09 PM Entered By: [REDACTED]
 CASE NAME: [REDACTED]

This case was assigned as an Investigation case to CPS [REDACTED] on 7/25/15 at 10:06 AM [REDACTED] for [REDACTED] County. All times are recorded in [REDACTED] Standard Time. The response priority was P1 and the allegations are Abuse Death. The alleged victim is [REDACTED] and the alleged perpetrator is Unknown. Referent was contacted by Phone. The Juvenile Judge, [REDACTED] was notified on 8/1/15 by letter. Response was met on 7/25/15 at 12:20 PM [REDACTED]

FAMILY COMPOSITION**VICTIM (S):**

CHILD [REDACTED] DOD 7/25/15
 ADDRESS: [REDACTED]

PARENT: [REDACTED]
 ADDRESS: [REDACTED]

PARENT: [REDACTED]
 ADDRESS: [REDACTED]

Allegations and Presenting Problems:

CPS/DCS History:
 CPSI [REDACTED] reviewed case history of the family on 7/25/15: No history found.
 Criminal Background Check: Requested

CURRENT REFERRAL:

The child, [REDACTED] (age 5 months), lives with her parents, [REDACTED] and [REDACTED]. Reporter does not know if



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

anyone else resides in the home.

Reporter stated that they received a call from the [REDACTED] County Sheriff's Department to report a child fatality and ask that DCS come to the scene. The call was received approximately at 9:45 A.M.

Reporter stated that LE was contacted because [REDACTED] was found dead in the bed with her parents. They were co-sleeping.

Reporter stated that LE reported that [REDACTED] head and neck were stiff and she did not appear to be breathing. It is believed the parents took [REDACTED] into the living room and attempted to do CPR but it was unsuccessful.

Reporter stated that 911 was called. It is unknown what time 911 was called or who initially called. It is also unknown when [REDACTED] was discovered deceased. Reporter stated that the medical examiner is on the scene currently.

Reporter stated that LE is reporting that there appears to be an abrasion above [REDACTED] right eye. No other details are known or were provided about the possible injury.

Reporter stated that all information has been received from LE. It is believed that Detective [REDACTED] will be assigned this case as he is the one that has responded to this call. Reporter stated that it is protocol that an autopsy will be completed; it is unknown when this will occur. Reporter stated that Detective [REDACTED] "usually tells DCS if they have a history with the family and he gave no indication of that."

Reporter stated that a history check was completed by the on call DCS worker and they could find no history.

[REDACTED] and her parents are still at the home. It is unknown who pronounced [REDACTED] as deceased, but she was not transported to the hospital.

Investigation Narrative:

On 7/25/15, CPSI [REDACTED] explained MRS, the Client's Rights Handbook to include the Parents' Bill of Rights and HIPPA and provided the family with copies of each and kept copies of signature pages for the HIPPA and Client's Rights Handbook. CPSI asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification. CPSI obtained demographic information and completed the pictorial tool. CPSI obtained all appropriate releases of information at that time. CPSI explained the Notification of Equal Access form and the process for filing a complaint, provided the family with a copy of the form, and obtained appropriate signatures for the Notification of Equal Access.

Narrative Type: Addendum 1 Entry Date/Time: 11/19/2015 03:29 PM Entered By: [REDACTED]

CPIT was convened via email with ADA [REDACTED] on 7/26/2015.