



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 08/08/2015 08:00 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/08/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 08/09/2015 06:52 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 08/09/2015 06:52 PM  
 First Case Manager [REDACTED] Date/Time 08/09/2015 06:52 PM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

**Referent(s)**

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

Narrative: \*\*\*\*\*CHILD IS NOT IN DCS CUSTODY\*\*\*\*\*

Family Case IDs: [REDACTED] and [REDACTED] (With [REDACTED] as the ACV)  
 Open Court Custody/FSS/FCIP No  
 Closed Court Custody No

History (not listed above):  
 11/10/11 ASMT / [REDACTED] DEC, LOS/ No Services Needed / 11-20-11  
 6/22/08 ASMT / [REDACTED] ENN/ No Services Needed/ 8-5-08  
 11/5/09 ASMT/ [REDACTED] DEC/ No Services Needed/ 11-24-09



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

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

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (3 months old) lives with her mother, [REDACTED] (19), her father, [REDACTED] (24), and [REDACTED] grandparents, [REDACTED] (58) and [REDACTED] (66). The referent is not aware of any other children or adults in the home. The child is not in DCS Custody

[REDACTED] is not in state custody. [REDACTED] was born 3 months prematurely. [REDACTED] was kept at [REDACTED] Medical Center for the first three months of her life. [REDACTED] was discharged on 8/1/15. [REDACTED] did not have any complications during the week she was home that the referent is aware of.

Last night, around 9pm, [REDACTED] gave [REDACTED] a bottle. [REDACTED] went to bed between 9-10pm. [REDACTED] sleeps in a bassinet beside the bed. [REDACTED] usually wakes up around 2am for a feeding. [REDACTED] did not wake up for her 2am feeding. [REDACTED] and [REDACTED] did not notice that [REDACTED] had not woken up for her 2am feeding, because they were asleep.

[REDACTED] woke up at 4am to use the bathroom. [REDACTED] checked on [REDACTED] and noticed that [REDACTED] was not breathing and she felt cold. [REDACTED] performed CPR on [REDACTED] while [REDACTED] woke [REDACTED] and [REDACTED] was going to drive [REDACTED] to the hospital in his car, but [REDACTED] and [REDACTED] told him to call an ambulance.

The police received the call at 4:10am. At 4:14am, they advised that CPR had been in progress for about 5 minutes. At 4:27am, the ambulance service advised that they were en route to [REDACTED] [REDACTED] in [REDACTED] with CPR still in progress.

They were unable to revive [REDACTED]. The medical staff, Unknown, pronounced [REDACTED] deceased. [REDACTED] did not have any trauma or injuries on her. An autopsy is pending.

Detective [REDACTED] with the [REDACTED] County Sheriff's Office is assigned to the case. The case number is [REDACTED]. Detective [REDACTED] interviewed [REDACTED] [REDACTED] and [REDACTED]. Their stories were the same. The adults are at [REDACTED] currently. The referent has not seen inside the home yet.

The referent is not aware of any criminal background, domestic violence, or drugs or alcohol in the home.

Special Needs or Disabilities: None  
 Child's current location/is the child safe at this time: [REDACTED]  
 Perpetrator's location at this time: [REDACTED]  
 Any other safety concerns for the worker who may respond: None  
 Domestic Violence present in the home: None

Per SDM: Investigative Track, P1  
 [REDACTED] CM2 @ 832am on 8/8/15.

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	08-08-15 09:14:44 AM	[REDACTED]	08-08-15 09:15:41 AM	[REDACTED]
Received	08-08-15 09:14:46 AM	---	[REDACTED]	[REDACTED]
Email Sent				



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

Notified the [REDACTED] group and the [REDACTED]  
[REDACTED] via email



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 66 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 59 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: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 1 Yr

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**Contact Comments:** Mom

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 19 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 08/08/2015

Assignment Date: 08/10/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 09/02/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: The department became involved with this family on 08/08/2015 when a referral was received alleging abuse death perpetrated by an unknown perpetrator against [REDACTED]. Parents reported waking in the middle of the night to find their daughter not breathing and unresponsive. The child was transported to [REDACTED] in [REDACTED] where she was pronounced deceased. Mother and father denied any involvement in the child's death and preliminary autopsy report labeled the cause of the child's death as unknown or unable to determine. Approximately 2 weeks after the investigation began father reported witnessing the mother shake the baby a couple of days before the death and he felt she caused the child's death. Follow up interviews were conducted by law enforcement at which time the mother admitted to smothering the child after the child would not stop crying on the night of the child's death.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 09/02/2015

Team Leader: [REDACTED]

Date: 09/02/2015

**E. Investigation Summary**

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

**Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:**

[REDACTED] (3 month old) was pronounced deceased on 08/08/2015 at 5:23A.M. at [REDACTED] located in [REDACTED]. There are no additional children residing in the home.

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

The cause of death of [REDACTED] could not be determined. The autopsy report indicated the following information:



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

## Laboratory Report:

Blood Results: Positive for Alcohol- Volatiles, and Isopropanol.

## Pathologic Diagnoses:

Widely patent foramen ovale and probe patent ductus arteriosus.  
 Multiple rib fractures with associated patchy soft tissue hemorrhage.  
 Pulmonary congestion and edema  
 No evidence of congenital anomalies  
 No evidence of other trauma  
 Postmortem toxicologic studies are noncontributory.

Evidence of Injury: External examination reveals no evidence of trauma. Internal examination reveals multiple rib fractures including left lateral 2nd to 6th ribs, and right lateral 3rd to 6th ribs, with associated patchy soft tissue hemorrhage.

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

CPSI [REDACTED] interviewed the mother, [REDACTED] on 08/08/2015. Ms. [REDACTED] stated the following: She reported she had laid down and watched television for a while. She reported she had placed the infant in her bassinet around 9:00P.M, located next to her bed.

Ms. [REDACTED] reported she had got up to use the bathroom at 4:00A.M to use the bathroom. Ms. [REDACTED] stated she had checked on the infant. Ms. [REDACTED] reported the infant usually wakes up at 2:00A.M, but she did not wake up. Ms. [REDACTED] reported she had tapped on the infant's stomach and reported the infant did not respond. Ms. [REDACTED] stated she had listened to her stomach and she did not hear anything. Ms. [REDACTED] reported she had immediately got the infant's father ([REDACTED]) and the great grandmother ([REDACTED]) up. Ms. [REDACTED] stated she had returned to her bedroom and Mr. [REDACTED] was observed with the infant in his arms performing CPR.

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

The father, [REDACTED] reported on 08/21/2015, that he had witnessed the mother, [REDACTED] shaking [REDACTED] [REDACTED] on 08/05/2015. Mr. [REDACTED] reported the mother was frustrated with [REDACTED] because she was crying.

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

Approximately 2 weeks after the investigation began father reported witnessing the mother shake the baby a couple of days before the death and he felt she caused the child's death. Follow up interviews were conducted by law enforcement at which time the mother admitted to smothering the child after the child would not stop crying on the night of the child's death.

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/16/2015	Contact Method:	
Contact Time:	09:59 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/16/2015
Completed date:	12/16/2015	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: 12/16/2015 10:58 AM      Entered By: [REDACTED]  
 IC [REDACTED] received permission from [REDACTED] Deputy Director of Investigations to close the case.



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 12/15/2015 Contact Method:  
Contact Time: 01:10 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 12/15/2015  
Completed date: 12/15/2015 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: 12/15/2015 01:12 PM Entered By: [REDACTED]

The Department of Children's Services received the referral on 08/08/2015 and this CPSI received the referral as a response priority (P1) regarding (Abuse Death). The alleged perpetrator is listed as Unknown Participant-Non Relative and the victim is listed as [REDACTED] (3 month old).

The case was assigned on 08/08/2015 at 9:32A.M to Child Protective Service Investigator (CPSI), [REDACTED] Detective [REDACTED], and Detective [REDACTED] with [REDACTED] County Sheriff's Department.

On 08/21/2015, a screened out referral was received regarding the death of [REDACTED]. The referral stated the mother, [REDACTED] was witnessed shaking the alleged child victim on 08/05/2015. The referral further stated the mother got frustrated with [REDACTED] because she was crying.

The referral states the following:

Reporter states: [REDACTED] (3 months old) lives with her mother, [REDACTED] (19), her father, [REDACTED] (24), and [REDACTED] grandparents, [REDACTED] (58) and [REDACTED] (66). The referent is not aware of any other children or adults in the home. The child is not in DCS Custody.

[REDACTED] is not in state custody. [REDACTED] was born 3 months prematurely. [REDACTED] was kept at [REDACTED] for the first three months of her life. [REDACTED] was discharged on 8/1/15. [REDACTED] did not have any complications during the week she was home that the referent is aware of.

Last night, around 9pm, [REDACTED] gave [REDACTED] a bottle. [REDACTED] went to bed between 9-10pm. [REDACTED] sleeps in a bassinet beside the bed. [REDACTED] usually wakes up around 2am for a feeding. [REDACTED] did not wake up for her 2am feeding. [REDACTED] and [REDACTED] did not notice that [REDACTED] had not woken up for her 2am feeding, because they were asleep.

[REDACTED] woke up at 4am to use the bathroom. [REDACTED] checked on [REDACTED] and noticed that [REDACTED] was not breathing and she felt cold. [REDACTED] performed CPR on [REDACTED] while [REDACTED] woke [REDACTED] and [REDACTED] was going to drive [REDACTED] to the hospital in his car, but [REDACTED] and [REDACTED] told him to call an ambulance.

The police received the call at 4:10am. At 4:14am, they advised that CPR had been in progress for about 5 minutes. At 4:27am, the ambulance service advised that they were en route to [REDACTED] in [REDACTED] with CPR still in progress. They were unable to revive [REDACTED]. The medical staff, Unknown, pronounced [REDACTED] deceased. [REDACTED] did not have



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

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

any trauma or injuries on her. An autopsy is pending.

The alleged child victim was pronounced deceased on 08/08/2015 at 5:23A.M.

**Details of Interviews:**

Child Protective Service Investigator, [REDACTED] interviewed the following participants, the mother, [REDACTED] the father, [REDACTED] and the great grandparents, [REDACTED] and [REDACTED] on 08/08/2015 regarding the allegations of Child Abuse Death regarding alleged child victim, [REDACTED]

The mother, [REDACTED] stated the following events regarding the alleged child victim:

Ms. [REDACTED] and I discussed the events on 08/07/2015. Ms. [REDACTED] stated on 08/07/2015, she had got the infant dressed around 8:00A.M. She reported she had feed the infant ([REDACTED]). She stated the infant was in her mother's care she stated she had taken the infant to her mother's home [REDACTED] at [REDACTED] from 8:10A.M.-1:00P.M.-2:00P.M. She stated she had gone to [REDACTED] with Mr. [REDACTED] to apply for Social Security Benefits for the infant. Ms. [REDACTED] reported no other participants were present during this time.

She stated after she had left the SSI Office she had got some gas and went back to her mother's home. She reported she had stayed at her mother's home for a few hours. She reported the infant was fine. She stated she had left her mother's house again to pick up some food from [REDACTED] in [REDACTED]. She stated she had gone back to her mother's house and ate. She reported she had played with her child. She reported no concerns during this time. Ms. [REDACTED] reported she had left her mother's home and gone to [REDACTED] located in [REDACTED]. She reported she had picked up a few groceries from the store. She stated she had picked up the infant from her mother's home and she immediately had gone home. She reported when she had arrived home, her uncle [REDACTED] and her great grandmother [REDACTED] was present. She reported her great grandmother had assisted her with changing the infant's diaper and feeding. She reported she had laid down and watched television for a while. She reported she had placed the infant in her bassinet around 9:00P.M, located next to her bed.

Ms. [REDACTED] reported she had got up to use the bathroom at 4:00A.M to use the bathroom. She stated she had checked on the infant. Ms. [REDACTED] reported the infant usually wakes up at 2:00A.M, but she did not wake up. She stated she had tapped on her stomach. She reported the infant did not respond. She stated she had listened to her stomach and she did not hear anything. She stated she had immediately got her boyfriend and her great grandmother up. She stated when she had returned to her bedroom. Mr. [REDACTED] had the baby in his arms performing CPR.

On 08/24/2015, the mother, [REDACTED] was interviewed by Detective [REDACTED] with [REDACTED] County Sheriff's Department regarding the allegations of the screened out referral. The mother disclosed she had smothered the alleged child victim. Ms. [REDACTED] reported to law enforcement that the alleged child victim would not stop crying on night of the infant's death.

The father, [REDACTED] stated the following events regarding the alleged child victim:

Mr. [REDACTED] and I discussed the events of 08/08/2015. Mr. [REDACTED] reported that Ms. [REDACTED] had got him up around 4:15A.M. He stated Ms. [REDACTED] advised him that the infant was not moving. He reported he had observed the infant. He reported the infant's lips were purple, and her face was pale. He reported her had observed her lips to be cold. He reported he had performed CPR on the infant.

Mr. [REDACTED] and I discussed his method of CPR. He stated he had placed the infant on his side of the bed. He stated she was placed on her back prior to conducting CPR.

Mr. [REDACTED] stated he had placed his mouth over the infant's mouth. He reported he was breathing into her mouth two times. He stated he had used his right two fingers and pressed down between her breast area. He reported he had continued doing that. He reported the infant's eyes had opened twice and then they had closed again.

He reported he had taken the infant to his car and placed her on his lap. He stated the infant was not responding. He



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

reported her eyes continued to open and close. He reported he had continued to perform CPR until the ambulance had arrived.

The great-grandmother, ██████████ stated the following events regarding the alleged child victim:

Mrs. ██████████ reported on 08/08/2015, that Ms. ██████████ had woke her up and stated something was wrong with the infant., She stated she had immediately went into Ms. ██████████ bedroom and observed Mr. ██████████ performing CPR on the infant. She stated Mr. ██████████ was observed blowing into the infant's mouth. She reported the infant was observed in his arms. She reported that Mr. ██████████ had used two fingers on the infant's chest. She reported he was observed blowing into the infant's mouth. She reported the infant did not respond. She reported she had observed the infant to be cold.

The maternal grandmother, ██████████ stated the following events regarding the alleged child victim:

CPSI interviewed ██████████ (Ms. ██████████ mother). Ms. ██████████ reported she resides at ██████████ Ms. ██████████ stated, her daughter had brought the infant to her home around 8:00A.M. She reported the infant was sleeping and she had fallen asleep. She stated the infant got up around 11:00A.M-12:00P.M. She reported she had changed the infant's diaper. Ms. ██████████ reported the infant's bottles were pre-made by Ms. ██████████ She reported that Ms. ██████████ had given her 2 8oz and 1 4oz bottles. Ms. ██████████ reported the infant was fine. She reported she had played with the infant and she was smiling. She reported that the parents had arrived around 1:00P.M. She reported they had got food. Ms. ██████████ reported while the infant was in her care she had drunk one full 4oz bottle and some of the 8oz bottle. Ms. ██████████ reported the infant had left her care with 1 full 8oz bottle and she was asleep.

The maternal great grandfather, ██████████ stated the following events regarding the alleged child victim:

Mr. ██████████ reported he is employed. He stated he had left the home on 08/07/2015 around 7; 15A.M. He reported he did not return home until 7:30P.M. He reported that Ms. ██████████ Mr. ██████████ and the infant were at the house around 8:00P.M. He stated he had played with the baby for 10-15 minutes. He reported the infant had started to cry. He stated that Ms. ██████████ had fixed the infant a bottle and Mrs. ██████████ had feed the infant. He stated around 9:00P.M., that Ms. ██████████ informed them that she was going to put the infant to bed. He reported that Ms. ██████████ had come into the bedroom to wake up Mrs. ██████████ around 3:30-4:00A.M. He stated Mrs. ██████████ went into Ms. ██████████ bedroom. Mr. ██████████ stated that Mr. ██████████ stated he was going to put the infant into the car. Mr. ██████████ stated Mrs. ██████████ had contacted 9-1-1. He reported the ambulance had arrived to the residence between 6-7 minutes. He reported that Mr. ██████████ had performed CPR on the child in the car. He state he was standing on the porch. He reported he could see Mr. ██████████ doing CPR on the infant. He stated, "It looked like two fingers to him." He reported he had never fixed the infant's bottle. He reported since the infant was released from the hospital he had seen the infant three times due to his work schedule.

This case will be concluded as "Allegation Substantiated Perpetrator Substantiated" due to the mother's admission of smothering the infant. Autopsy report was received on 12/14/2015. The autopsy report indicated the following: Evidence of Injury: External examination reveals no evidence of trauma. Internal examination reveals multiple rib fractures including left lateral 2nd to 6th ribs, and right lateral 3rd to 6th ribs, with associated patchy soft tissue hemorrhage.

According to policy, DCS Policy defines Child death/near death 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 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; any child death that is the result of the caretaker's failure to meet childcare responsibilities. Near death is a serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by any medical personnel or first emergency responder with the report of abuse supported by examination or medical information.

This case is closed and classified as ASPS (Allegation Substantiated Perpetrator Substantiated) for the allegation of Child Abuse Death.

" There is evidence that supports the above allegations according to policy.

Child Protection Investigative Team convened on 09/02/2015. The team agreed with classification of ASPS, based on the following, Ms. ██████████ reported to ██████████ County Sheriff's Department, (Detective ██████████) that the infant was crying the night before. Ms. ██████████ reported to law enforcement that the infant would not stop crying. Ms. ██████████ disclosed to law enforcement she had smothered the infant until the infant had stopped crying. Due to the mother's



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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admission of guilt, there is sufficient evidence to substantiate the allegation.

The CPS Formal File Review and Attachment were mailed to the alleged perpetrator; see copies attached to the file.

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



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**Case Recording Summary**

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/15/2015	Contact Method:	Correspondence
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/15/2015
Completed date:	12/15/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notification of Classification		
Contact Sub Type:	Letter A - Notice of Indication to Perpetrator		

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/15/2015 12:04 PM      Entered By: [REDACTED]  
 Letter A, Notification to Perpetrator attached and due process initiated.  
 (Letter A attached to 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:	12/15/2015	Contact Method:	
Contact Time:	11:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/15/2015
Completed date:	12/15/2015	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: 12/15/2015 11:51 AM      Entered By: [REDACTED]  
 CPSI entered the "Closing Safety Assessment" into TFACTS. The results are " Safe." There are no children likely to be in immediate danger of serious harm.

(Safety Attached to 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:	12/15/2015	Contact Method:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/15/2015
Completed date:	12/15/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Medical Exam		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/15/2015 09:28 AM      Entered By: [REDACTED]

Summary of Case:

Cause of Death: Could not be determined

CPSI received the medical exam for ACV, [REDACTED] (3 month old)

Date and Time of Death: 08/08/2015 at 5:23A.M.

Date and Time of Autopsy: 08/09/2015 at 10:00A.M.

3 month old black female infant with history of premature birth was discovered to be not breathing by the parents on 08/08/2015. The father initiated CPR and 911 was called. Ambulance crew arrived and initiated formal resuscitation attempt, and the medic reports that the decedent was in asystole the whole time, and that the airway was difficult to manage. An autopsy was performed on 08/09/2015 at the [REDACTED] County Medical Examiner's request.

Major autopsy findings include a normally developed black female infant with no evidence of trauma upon external examination. Internal examination reveals pulmonary congestion and edema, widely patent foramen ovale and probe patent ductus arteriosus of the heart, multiple rib fractures with associated soft tissue hemorrhage consistent with CPR, and no evidence of congenital anomaly.

Laboratory Report:

Blood Results: Positive for Alcohol- Volatiles, and Isopropanol.

Pathologic Diagnoses:

Widely patent foramen ovale and probe patent ductus arteriosus.  
 Multiple rib fractures with associated patchy soft tissue hemorrhage.  
 Pulmonary congestion and edema  
 No evidence of congenital anomalies



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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No evidence of other trauma  
Postmortem toxicologic studies are noncontributory.

Evidence of Injury: External examination reveals no evidence of trauma. Internal examination reveals multiple rib fractures including left lateral 2nd to 6th ribs, and right lateral 3rd to 6th ribs, with associated patchy soft tissue hemorrhage.

(Attached to 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: 12/08/2015 Contact Method:  
 Contact Time: 03:24 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/08/2015  
 Completed date: 12/08/2015 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: 12/08/2015 03:29 PM Entered By: [REDACTED]

CPSI received a copy of incident report number [REDACTED]. The incident report states that PD responded to the family's home located at [REDACTED] on 08/08/2015 at 0400hrs. The incident report states the infant was not breathing. EMS performed CPR and transported the baby to [REDACTED] ER. At which time, the infant was pronounced deceased.

On call Detective [REDACTED] was notified of the incident. The parents advised Medical Examiners that they had placed the baby in her crib around 9:00P.M. and at 4:00A.M, they found the baby not breathing. Parents reported they had notified EMS and performed CPR on the infant.

Medical Examiner advised the initial findings appear that the child died from Natural Causes.

Attached to 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:	12/08/2015	Contact Method:	
Contact Time:	11:39 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/08/2015
Completed date:	12/08/2015	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: 12/08/2015 11:40 AM      Entered By: [REDACTED]  
 CPSI sent a fax to [REDACTED] County Sheriff's Department. CPSI requested a completed copy of PD report number [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:	12/01/2015	Contact Method:	Phone Call
Contact Time:	11:16 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/01/2015
Completed date:	12/01/2015	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: 12/01/2015 11:19 AM      Entered By: [REDACTED]

CPSI made telephone contact with Detective [REDACTED] from [REDACTED] County Sheriff's Department. Detective [REDACTED] reported the police report is [REDACTED]. He reported the case was sent to the DA's Office due to the mother's confession regarding the ACV's 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:	12/01/2015	Contact Method:	
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/01/2015
Completed date:	12/01/2015	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: 12/01/2015 11:24 AM      Entered By: [REDACTED]

CPSI contacted the Medical Examiner's Office in [REDACTED] CPSI made telephone contact with [REDACTED] from the Medical Examiner's Office. CPSI was informed that the autopsy is complete and it will be sent by the record's department.



**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: 11/27/2015 Contact Method:  
 Contact Time: 08:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/15/2015  
 Completed date: 12/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/15/2015 01:54 PM Entered By: [REDACTED]

The department became involved with this family on 08/08/2015 when a referral was received alleging abuse death perpetrated by an unknown perpetrator against [REDACTED]. Parents reported waking in the middle of the night to find their daughter not breathing and unresponsive. The child was transported to [REDACTED] in [REDACTED] where she was pronounced deceased. Mother and father denied any involvement in the child's death and preliminary autopsy report labeled the cause of the child's death as unknown or unable to determine. Approximately 2 weeks after the investigation began father reported witnessing the mother shake the baby a couple of days before the death and he felt she caused the child's death. Follow up interviews were conducted by law enforcement at which time the mother admitted to smothering the child after the child would not stop crying on the night of the child's death. Law enforcement is speaking with the medical examiners office about mother's new admission and the possibility of changing the autopsy findings. Case has been presented to CPIT and all parties agreed to classify allegations as ASPS for abuse death perpetrated by [REDACTED] against her daughter [REDACTED]. Case will be closed once final autopsy report is made available and provided to the department.



**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:	11/11/2015	Contact Method:	
Contact Time:	12:11 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/12/2015
Completed date:	12/01/2015	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: 12/01/2015 11:16 AM      Entered By: [REDACTED]  
 CPSI contacted Medical Examiner's Office. CPSI was informed that the autopsy is 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:	11/11/2015	Contact Method:	
Contact Time:	12:11 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/12/2015
Completed date:	11/12/2015	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: 11/12/2015 04:44 AM      Entered By: [REDACTED]  
 CPSI contacted Medical Examiners Office to verify status of autopsy report. CPSI was informed that report is still 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:	11/05/2015	Contact Method:	
Contact Time:	11:28 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/05/2015
Completed date:	11/05/2015	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: 11/05/2015 11:29 AM      Entered By: [REDACTED]

This CPSI contacted the Medical Examiner's Office. CPSI was informed that the autopsy report for ACV is still 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: 10/29/2015 Contact Method:  
 Contact Time: 08:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/29/2015  
 Completed date: 10/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/29/2015 03:34 PM Entered By: [REDACTED]

The department became involved with this family on 08/08/2015 when a referral was received alleging abuse death perpetrated by an unknown perpetrator against [REDACTED]. Parents reported waking in the middle of the night to find their daughter not breathing and unresponsive. The child was transported to [REDACTED] in [REDACTED] where she was pronounced deceased. Mother and father denied any involvement in the child's death and preliminary autopsy report labeled the cause of the child's death as unknown or unable to determine. Approximately 2 weeks after the investigation began father reported witnessing the mother shake the baby a couple of days before the death and he felt she caused the child's death. Follow up interviews were conducted by law enforcement at which time the mother admitted to smothering the child after the child would not stop crying on the night of the child's death. Law enforcement is speaking with the medical examiners office about mother's new admission and the possibility of changing the autopsy findings. Case has been presented to CPIT and all parties agreed to classify allegations as ASPS for abuse death perpetrated by [REDACTED] against her daughter [REDACTED]. Case will be closed once final autopsy report is made available and provided to the department.



**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:	10/26/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/26/2015
Completed date:	10/26/2015	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: 10/26/2015 10:41 AM      Entered By: [REDACTED]

This CPSI made telephone contact with the Medical Examiner's Office. CPSI was advised that the autopsy report is still 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: 09/30/2015 Contact Method:  
 Contact Time: 08:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/29/2015  
 Completed date: 10/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/29/2015 03:30 PM Entered By: [REDACTED]

The department became involved with this family on 08/08/2015 when a referral was received alleging abuse death perpetrated by an unknown perpetrator against [REDACTED]. Parents reported waking in the middle of the night to find their daughter not breathing and unresponsive. The child was transported to [REDACTED] in [REDACTED] where she was pronounced deceased. Mother and father denied any involvement in the child's death and preliminary autopsy report labeled the cause of the child's death as unknown or unable to determine. Approximately 2 weeks after the investigation began father reported witnessing the mother shake the baby a couple of days before the death and he felt she caused the child's death. Follow up interviews were conducted by law enforcement at which time the mother admitted to smothering the child after the child would not stop crying on the night of the child's death. Law enforcement is speaking with the medical examiners office about mother's new admission and the possibility of changing the autopsy findings. Case has been presented to CPIT and all parties agreed to classify allegations as ASPS for abuse death perpetrated by [REDACTED] against her daughter [REDACTED]. Case will be closed once final autopsy report is made available and provided to the department.



**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:	09/29/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/30/2015
Completed date:	09/30/2015	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: 09/30/2015 06:31 AM      Entered By: [REDACTED]  
 This CPSI contacted the Medical Examiner's Office. CPSI was informed the autopsy is 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:	System Completed
Contact Date:	09/02/2015	Contact Method:	Correspondence
Contact Time:	04:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/02/2015
Completed date:	10/14/2015	Completed By:	System Completed
Purpose(s):			
Contact Type(s):	Notification of Classification		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time:      Entered By:



**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:	09/02/2015	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 04:50 PM      Entered By: [REDACTED]

This CPSI presented this case at CIPIT and the team agreed with classification of ASPS, based on the following, Ms. [REDACTED] reported to [REDACTED] County Sheriff's Department, Detective [REDACTED] that the infant was crying the night before. She reported to PD that the infant would not stop crying. Ms. [REDACTED] disclosed to PD that she had smothered the infant until she had stopped crying. Ms. [REDACTED] stated the story she had given to CPSI and law enforcement was not true. Ms. [REDACTED] reported she is the cause of the infant's death.

Prosecution is pending for this case.

CIPIT form is attached to file.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/31/2015 Contact Method:  
 Contact Time: 08:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/29/2015  
 Completed date: 10/29/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/29/2015 03:23 PM Entered By: [REDACTED]

The department became involved with this family on 08/08/2015 when a referral was received alleging abuse death perpetrated by an unknown perpetrator against [REDACTED]. Parents reported waking in the middle of the night to find their daughter not breathing and unresponsive. The child was transported to [REDACTED] in [REDACTED] where she was pronounced deceased. Mother and father denied any involvement in the child's death and preliminary autopsy report labeled the cause of the child's death as unknown or unable to determine. Approximately 2 weeks after the investigation began father reported witnessing the mother shake the baby a couple of days before the death and he felt she caused the child's death. Follow up interviews were conducted by law enforcement at which time the mother admitted to smothering the child after the child would not stop crying on the night of the child's death. Law enforcement is speaking with the medical examiners office about mother's new admission and the possibility of changing the autopsy findings. Case will be presented to CPIT and closed once final autopsy report is received classification allegations as ASPS for abuse death perpetrated by [REDACTED] against her daughter [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:	08/22/2015	Contact Method:	Phone Call
Contact Time:	01:52 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/22/2015
Completed date:	08/22/2015	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: 08/22/2015 02:39 PM      Entered By: [REDACTED]  
 This CPSI attempted to make telephone contact with SW [REDACTED] from [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:	Created In Error
Contact Date:	08/22/2015	Contact Method:	Phone Call
Contact Time:	01:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/22/2015
Completed date:	09/22/2015	Completed By:	TFACTS, Person Merge
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 08/22/2015 02:38 PM    Entered By: [REDACTED]  
 This CPSI made telephone contact with

Narrative Type: Created In Error    Entry Date/Time: 12/15/2015 01:09 PM    Entered By: [REDACTED]  
 incorrect



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/22/2015	Contact Method:	
Contact Time:	01:13 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/22/2015
Completed date:	08/22/2015	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: 08/22/2015 01:15 PM      Entered By: [REDACTED]

This CPSI attempted to make telephone contact with Detective [REDACTED] from [REDACTED] County Sheriff's Department in regards to the new information received from Central Intake. CPSI was not able to make telephone contact.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/22/2015	Contact Method:	
Contact Time:	02:41 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/22/2015
Completed date:	08/22/2015	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: 08/22/2015 02:42 PM      Entered By: [REDACTED]  
 This CPSI sent an email to [REDACTED], with [REDACTED] to determine if services were received for the family when the infant was discharged.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/21/2015	Contact Method:	
Contact Time:	05:23 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/22/2015
Completed date:	08/22/2015	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: 08/22/2015 01:13 PM      Entered By: [REDACTED]

A screened out referral was received on 08/21/2015 at 5:23P.M. The referral states that the father had observed the mother shaking the child days before she had died. (referral added to file)



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/13/2015 Contact Method: Correspondence  
 Contact Time: 10:37 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/22/2015  
 Completed date: 08/22/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Collateral Contact, Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/22/2015 01:50 PM Entered By: [REDACTED]

This CPSI received medical records from [REDACTED] located at [REDACTED] regarding [REDACTED]. The records indicate that [REDACTED] was diagnosed as Preterm Infant, Retinopathy of prematurity.

On 08/04/2015 at 1:42P.M., [REDACTED] was seen by doctor [REDACTED]. The report indicates that [REDACTED] was discharged from NICU at [REDACTED] four days ago. [REDACTED] was born prematurely at 23 weeks gestation via-C section due to maternal seizures. [REDACTED] did not require a ventilation. [REDACTED] required nasal oxygen after that. [REDACTED] was taking [REDACTED] 4oz eight times a day. The baby's birth weight was 1lb and 2oz. The baby's weight was 4lb and 11oz at discharge. The baby's hearing screen in the hospital was reported as passed.

Nutrition and Elimination is described as the following: The child is currently taking Neosure. She is taking 4 ounces per feeding.

Problem List/ Past Medical [REDACTED] - Preterm infant, Anemia of prematurity. A physical exam was conducted on the infant by Dr. [REDACTED]. Dr. [REDACTED] noted the infant's general appearance as well hydrated, non ill appearing, alert and active; I no acute distress; build and nutrition- petite for age.

The skin exam was performed and there were no rashes or lesions

Head and neck were examined- noted as soft and flat.

Eye exam revealed-bilateral-positive red reflex bilaterally, focuses well and follows past midline and appears to see well.

ENMT- Ears external auditory canal- Bilateral-normal EAC without erythema, edema, or drainage. Middle ear-bilateral-normal exam-good landmarks without erythema or fluid. Assessment of hearing-appears to hear well.

Nose and sinuses- nares without erythema, congestion or discharge.

Oropharynx- oropharynx without lesions, erythema or drainage, tonsils-bilateral-normal; no enlargement, erythema or exudate.

Check and Lung Exam- CTA with no wheezes or crackles, no respiratory distress or increased WOB.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Breast-normal

cardiovascular- regular rate

Abdomen- normal

Female Genitourinary- no tenderness, inflammation, rashes or lesions of external genitalia, normal anus and perineum, no lesions and normal vaginal walls, no lesions.

Musculoskeletal- good strength and tone

Hip- examination of the right hip reveals- no instability, subluxation or laxity.

Impressions: The infant was recently discharged. The infant is gaining weight well. The only current problem is the retinopathy of prematurity. (attached to file).

Records from [REDACTED] Hospital: The SW assigned was [REDACTED]. CPSI received documentation from [REDACTED] Hospital.

On 07/31/2015, The notes state the optical appointment was scheduled on 08/05/2015. A referral was made to [REDACTED] and [REDACTED] [REDACTED] was scheduled to assist the family with transportation to and from doctor's appointments. SW [REDACTED] notes indicate financial difficulties for the family. A referral was sent for [REDACTED] when infant is ready for discharge. 04/29/2015, Ms. [REDACTED] was diagnosed with post partum depression scale 13. The notes indicate that Ms. [REDACTED] did not understand anything on the post partum tool.

records attached to file



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/13/2015 Contact Method: Phone Call  
 Contact Time: 08:16 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/22/2015  
 Completed date: 08/22/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/22/2015 01:12 PM Entered By: [REDACTED]

This CPSI made telephone contact with [REDACTED], paramedic. Mr. [REDACTED] reported he is in charge of the unit in [REDACTED]. Mr. [REDACTED] reported he was on scene at 4:06A.M. He reported the infant was pronounced deceased at 5:15A.M. Mr. [REDACTED] reported he did not observe anything that was suspicious in nature. He reported when he arrived the family was in the driveway of the home. Mr. [REDACTED] stated he had observed the father performing CPR at the time of his arrival. He stated the father had immediately passed the child to him. He reported that the father's CPR looked effective. He stated he had observed the father doing compressions and mouth to mouth on the infant. Mr. [REDACTED] reported the family looked appropriate and acted distraught. Mr. [REDACTED] stated when he had arrived to the ER had observed the father to be distraught. He reported that four attempts were made to revive the infant. He reported he had observed a milky substance from the infant's mouth.



**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: 08/12/2015 Contact Method:  
 Contact Time: 04:07 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/15/2015  
 Completed date: 12/15/2015 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: 12/15/2015 09:17 AM Entered By: [REDACTED]

CPSI received ACV, [REDACTED] medical records from [REDACTED] located at [REDACTED]  
 [REDACTED] The medicals indicate the following information:

08/08/2015 at 4:46A.M, the Mother, [REDACTED] reported to [REDACTED] that she had feed the ACV at 9-9:30 and laid down ACV at 10:00P.M. The mother reported she had got up in the middle of the night and noticed patient to be not breathing with no heart beat. CPR was started by family and resumed by EMS upon their arrival.

The documentation states the exam is negative for obvious evidence of injury or deformity, abrasions, battle signs, contusions, deformity, ecchymosis, erythema, hematoma, lacerations. No obvious signs of skull fracture.

(attached to file)



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/11/2015	Contact Method:	
Contact Time:	04:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/11/2015
Completed date:	08/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/11/2015 04:20 PM      Entered By: [REDACTED]

This CPSI completed the Initial Safety Assessment and the child is Safe. There are no other children residing in the home. Copy attached to file.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/11/2015	Contact Method:	
Contact Time:	01:04 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	08/11/2015
Completed date:	08/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/11/2015 04:43 PM      Entered By: [REDACTED]

This CPSI sent a request to [REDACTED] to obtain a completed autopsy report. Information for ACV forwarded to DCS Safety Nurse.

Work Aid 2: Approved by DCS Safety Nurse to send request.



**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:	08/11/2015	Contact Method:	
Contact Time:	12:47 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/11/2015
Completed date:	08/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/11/2015 12:58 PM      Entered By: [REDACTED]

This CPSI made phone telephone contact with [REDACTED] EMS Chief with [REDACTED] County Emergency Management, [REDACTED]. This CPSI requested to speak with EMT [REDACTED] and EMS [REDACTED] the first responders to the home on 08/08/2015. Mr. [REDACTED] reported that CPSI would have to send a fax with the request, and EMT [REDACTED] and EMS [REDACTED] would be able to make telephone contact with CPSI. CPSI requested a copy of the documentation regarding the reported incident. Mr. [REDACTED] informed CPSI he would advise me if a copy of the report could be given to CPSI. Mr. [REDACTED] requested that CPSI send a fax for request to speak with EMS and EMT first responders to [REDACTED].



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/11/2015	Contact Method:	
Contact Time:	11:16 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/11/2015
Completed date:	08/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/11/2015 11:21 AM      Entered By: [REDACTED]  
This CPSI consulted with DCS Nurse [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:	08/11/2015	Contact Method:	
Contact Time:	10:38 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/11/2015
Completed date:	08/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/11/2015 10:53 AM      Entered By: [REDACTED]

This CPSI made telephone contact with [REDACTED] from Forensic Medical Management located at [REDACTED]. CPSI was informed that CPSI could submit a written request with the child's name, and report number [REDACTED]. CPSI was advised to send the request to fax number [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:	08/11/2015	Contact Method:	
Contact Time:	10:29 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/11/2015
Completed date:	08/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/11/2015 10:50 AM      Entered By: [REDACTED]

This CPSI made phone telephone contact with [REDACTED] Mr. [REDACTED] reported the Forensic staff had completed the observation of the body. He reported the drug toxicology will take two or three weeks to complete. He reported if there is something in the infant's system it will take another 8-12 weeks for the drug toxicology report to be completed. Mr. [REDACTED] reported the body was transported to [REDACTED] at [REDACTED] Mr. [REDACTED] provided the following number to CPS [REDACTED]

Mr. [REDACTED] reported the disposition of the body as follows: CPR was in progress at the time of the infant's arrival to [REDACTED] Mr. [REDACTED] reported the ambulance crew reported the infant's airway was difficult due to formula. Mr. [REDACTED] reported the infant could have experienced an choking episode which could have resulted in her death. Mr. [REDACTED] reported the autopsy could state the cause of death as something different.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/10/2015	Contact Method:
Contact Time: 02:37 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/10/2015
Completed date: 08/11/2015	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: 08/10/2015 02:38 PM      Entered By: [REDACTED]

## Initial Case Summary

## Referral History

The Department of Children's Services received the referral on 08/08/2015 and this CPSI received the referral as a response priority (P1) regarding (Abuse Death). The alleged perpetrator is listed as Unknown Participant-Non Relative and the victim is listed as [REDACTED]. The case was assigned on 08/08/2015 at 9:32A.M to [REDACTED] by Lead Investigator [REDACTED].

## The referral states the following:

Reporter states: [REDACTED] (3 months old) lives with her mother, [REDACTED] (19), her father, [REDACTED] (24), and [REDACTED] grandparents, [REDACTED] (58) and [REDACTED] (66). The referent is not aware of any other children or adults in the home. The child is not in DCS Custody.

[REDACTED] is not in state custody. [REDACTED] was born 3 months prematurely. [REDACTED] was kept at [REDACTED] for the first three months of her life. [REDACTED] was discharged on 8/1/15. [REDACTED] did not have any complications during the week she was home that the referent is aware of.

Last night, around 9pm, [REDACTED] gave [REDACTED] a bottle. [REDACTED] went to bed between 9-10pm. [REDACTED] sleeps in a bassinet beside the bed. [REDACTED] usually wakes up around 2am for a feeding. [REDACTED] did not wake up for her 2am feeding. [REDACTED] and [REDACTED] did not notice that [REDACTED] had not woken up for her 2am feeding, because they were asleep.

[REDACTED] woke up at 4am to use the bathroom. [REDACTED] checked on [REDACTED] and noticed that [REDACTED] was not breathing and she felt cold. [REDACTED] performed CPR on [REDACTED] while [REDACTED] woke [REDACTED] and [REDACTED] was going to drive [REDACTED] to the hospital in his car, but [REDACTED] and [REDACTED] told him to call an ambulance.

The police received the call at 4:10am. At 4:14am, they advised that CPR had been in progress for about 5 minutes. At 4:27am, the ambulance service advised that they were en route to [REDACTED] in [REDACTED] with CPR still in progress.



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

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

They were unable to revive [REDACTED]. The medical staff, Unknown, pronounced [REDACTED] deceased. [REDACTED] did not have any trauma or injuries on her. An autopsy is pending.

Child Death/Near Death Report (08/11/2015)

This CPSI completed and submitted the Notice of Child Fatality/Near Fatality; to TI see form attached.

A TFACTS history check was completed and the following was found:

[REDACTED] (ACV) - There was no history in TFACTS regarding the ACV

[REDACTED] (father of ACV): TFACTS history Listed:

Intake History:

Intake ID: [REDACTED]

Date: 06/29/2009

Investigation: [REDACTED]

Screened In: Assigned to Investigation number [REDACTED]

AP: [REDACTED] (Mr. [REDACTED] sister)

ACV: [REDACTED]

OIA: [REDACTED]

Reporter States:

Police responded to a possible death of [REDACTED] ( [REDACTED] days) at address provided.

[REDACTED] had been sleeping with his mother [REDACTED]. When the mother woke up she noticed that [REDACTED] was not breathing.

When the fireman got into the home they noticed there was some blood around [REDACTED] nose and mouth.

[REDACTED] (17) was visiting the home at the time of incident and is currently still that apartment. This is all the information that the referent had to report at this time.

Mr. [REDACTED] was the other adult in the home when the incident occurred:

Mr. [REDACTED] stated that he was asleep in the living room and was awaking by the screams of his sister [REDACTED]. Mr. [REDACTED] stated that he last saw [REDACTED] alive when he came into the apartment about ten the night before [REDACTED] died. Mr. [REDACTED] stated that he went into his sister's bedroom, which she shares with Ms. [REDACTED] who was both in the room to see the baby. Ms. [REDACTED] stated that he never has babysat for the couple; they always have their baby with them. Ms. [REDACTED] stated that he doesn't live with his sister and was just there visiting to get some rest between jobs.

Conclusion: The case was classified as AUPU due to results of Department of Children's Services investigation that do not support the allegation Neglect Death.

Intake ID: [REDACTED]

Investigation: Resource Linkage

Screened In: Assigned to Investigation number: [REDACTED]

OIA: [REDACTED]

The case was involving Mr. [REDACTED] sister.

There are two on-going cases listed in 2013 and 2011. The cases were assigned and closed.

TFACTS history listed for [REDACTED] (Great Grandmother): There is no history listed

TFACTS history listed for [REDACTED] (Grandfather): There is no history listed:

TFACTS history listed for [REDACTED] (Mother). Ms. [REDACTED] has priors with the agency as a child:

Intake ID: [REDACTED]

Investigation: [REDACTED]

Date: 06/21/2008

ACV: [REDACTED]

AP: [REDACTED] (mother of [REDACTED])



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Allegations: Environmental Neglect

Reporter stated the home has maggots on the floor, cock roaches and dog feces all over the floor and beds. There are two toilets that are piled full of human feces. There is trash piled up in the yard. There are open beer can with roaches crawling in and out. Grandmother lives next door and her home seem to be in good condition. Mother states the children live with grandmother. However the oldest child says she lives with grandmother but the two younger children live with mother.

The case was concluded as: No services needed

Intake ID: [REDACTED]

Investigation ID: [REDACTED]

Allegations: Drug Exposed Child

Date: 11/02/2009

ACV: [REDACTED]

AP: [REDACTED]

[REDACTED] (13) and [REDACTED] (10) live with their mother [REDACTED] and her two roommates [REDACTED] and [REDACTED]. The reporter states that Ms. [REDACTED] abuses Cocaine, marijuana, and alcohol. She abuses that marijuana and alcohol on a daily basis but the Cocaine whenever she can get her hands on it. She has had this drug problem for almost 20 years according to this reporter. The reporter states that Ms. [REDACTED] is a poor parent; she does not make the children wash, she does not feed them as she should, and the children roam the neighborhood whenever they want to. Ms. [REDACTED] roommates usually make sure the children eat according to this reporter. [REDACTED] is disabled (disability unknown) and in a special school according to this reporter. This is all the information this reporter had to give.

The case was concluded as "No Services needed"

Intake: [REDACTED]

Investigation ID: [REDACTED]

Allegations: Drug Exposed, Lack of Supervision

ACV: [REDACTED]

AP: [REDACTED]

[REDACTED] (16) and [REDACTED] (12) live with their mother [REDACTED]. [REDACTED] is in special ed, she has a problem with one of her eyes and one of her feet. The mother leaves the children with some family members when she goes to stay with her boyfriend.

Reporter thinks there are drugs in the home, reporter's child has seen the mother and the uncle and some other adults smoking pot in front of the children. Reporter does not know if anyone has been arrested on drug charges or has had positive drug screens. Reporter does not know how the adults' drug use affects the way they take care of the children. Reporter does not know an address or phone number for the children.

The case was concluded as "No services needed"

Family Composition:

[REDACTED] (mother), [REDACTED] (father), and their daughter [REDACTED] (3 month) old resided with the Great Grandmother [REDACTED], and her husband [REDACTED] at [REDACTED].

This family (is or isn't) of Native American Heritage.

CPIT Convened (08/10/2015)

The following were notified:

Detective [REDACTED] - [REDACTED] County Sheriff's Department was assigned to the case on 08/08/2015

[REDACTED] (CAC Forensic Interviewer)

[REDACTED] (Director of CAC)

[REDACTED] (DA'S Office)



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/08/2015	Contact Method: Face To Face
Contact Time: 12:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 08/11/2015
Completed date: 08/11/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 08/11/2015 06:59 AM      Entered By: [REDACTED]

On 08/08/2015 at 12:30P.M, CPSI [REDACTED] and CPSI [REDACTED] arrived to [REDACTED] to meet with the parents.

This CPSI made face to face contact with [REDACTED] (mother of ACV), father, [REDACTED] great grandmother [REDACTED] and her husband [REDACTED] at the home. Also present in the home was Ms. [REDACTED] mother [REDACTED]. Upon initial contact, this CPSI provided the family with community resources and additional supports to assist with the grieving process. Mrs. [REDACTED] invited CPSI into the home. CPSI observed several family relatives occupying the home. It was suggested by the family that the interviews be conducted on the front porch of the home due the home being occupied by family relatives. The family reported that no one would be allowed to enter the front porch of the home unless requested by CPSI. The family reported they wanted to talk to CPSI today regarding the referral.

Upon initial contact Mrs. [REDACTED] declined any Native American lineage or ancestry that may make the child/family eligible for membership in any Native American Tribe. Ms. [REDACTED] and Mr. [REDACTED] signed the CS-0824, Native American Heritage Veto Verification form.

Ms. [REDACTED] (mother) and [REDACTED] (father) were informed of their rights and responsibilities (Client Rights Handbook) when CPS is involved with the family. CPSI explained Notification of Equal Access to Programs and Services and Grievance Procedure (CS-0158), and HIPPA Notice of Privacy Practices (CS-0699). Ms. [REDACTED] and Mr. [REDACTED] acknowledged receipt of all forms. (Originals attached to file)

CPSI interviewed [REDACTED] (mother) on the front porch of the home.

Ms. [REDACTED] reported she gave birth to [REDACTED] on [REDACTED] at [REDACTED]. Ms. [REDACTED] stated she was born prematurely at 1lb and 2 ounces at 24 gestation weeks. She stated her expected arrival date was scheduled for 8/16/2015. Ms. [REDACTED] reported complications during her pregnancy. She stated she was experiencing preeclampsia. Ms. [REDACTED] reported [REDACTED] was released from the hospital on 07/31/2015. She stated she when [REDACTED] was released she was not quite 5lbs. She stated she had addressed the concerns of undeveloped lungs, and stomach. Ms. [REDACTED] and I discussed the training prior to the child's release from the hospital. Ms. [REDACTED] reported they were required to watch a 30 minute CPR video. Ms. [REDACTED] reported no additional training was offered.



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

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

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Ms. [REDACTED] and I discussed the events on 08/07/2015. Ms. [REDACTED] stated on 08/07/2015, she had got the infant dressed around 8:00A.M. She reported she had feed the infant ([REDACTED] formula). She stated the infant was in her mother's care she stated she had taken the infant to her mother's home ([REDACTED] at [REDACTED] from 8:10A.M.-1:00P.M.-2:00P.M.

She stated she had gone to [REDACTED] with Mr. [REDACTED] to apply for Social Security Benefits for the infant. Ms. [REDACTED] reported no other participants were present during this time.

She stated after she had left the SSI Office she had got some gas and went back to her mother's home. She reported she had stayed at her mother's home for a few hours. She reported the infant was fine. She stated she had left her mother's house again to pick up some food from [REDACTED] in [REDACTED]. She stated she had gone back to her mother's house and ate. She reported she had played with her child. She reported no concerns during this time. Ms. [REDACTED] reported she had left her mother's home and gone to [REDACTED] located in [REDACTED]. She reported she had picked up a few groceries from the store. She stated she had picked up the infant from her mother's home and she immediately had gone home.

She reported when she had arrived home, her uncle [REDACTED] and her great grandmother [REDACTED] was present. She reported her great grandmother had assisted her with changing the infant's diaper and feeding.

She reported she had laid down and watched television for a while. She reported she had placed the infant in her bassinet around 9:00P.M, located next to her bed.

Ms. [REDACTED] reported she had got up to use the bathroom at 4:00A.M to use the bathroom. She stated she had checked on the infant. Ms. [REDACTED] reported the infant usually wakes up at 2:00A.M, but she did not wake up.

She stated she had tapped on her stomach. She reported the infant did not respond. She stated she had listened to her stomach and she did not hear anything. She stated she had immediately got her boyfriend and her great grandmother up. She stated when she had returned to her bedroom. Mr. [REDACTED] had the baby in his arms performing CPR.

Ms. [REDACTED] and I discussed Mr. [REDACTED] method of CPR: Ms. [REDACTED] reported, " I think he had used two hand to perform CPR". She stated, " I think he had two hands on her chest, but I can't remember". She stated Mr. [REDACTED] had the infant in his arms with one hand on her chest and blowing into the infant's mouth the whole time. She stated Mr. [REDACTED] had used a blue nose thing and placed it into the child's nose. Ms. [REDACTED] stated the child had white substance coming out of her nose and mouth. Ms. [REDACTED] reported that Mr. [REDACTED] had performed CPR for about 15-20 minutes.

Ms. [REDACTED] reported that Mr. [REDACTED] had taken the infant outside because he was going to take her to the hospital. Ms. [REDACTED] stated the ambulance had taken at least ten minutes to arrive. She reported when the ambulance had arrived they had taken over.

Ms. [REDACTED] and CPSI discussed the infant's feeding schedule on 08/07/2015: Ms. [REDACTED] reported the infant was feed at 8:00A.M. She stated her mother and her boyfriend were present during the feeding. She stated at the 1:30P.M, she was the only one present during the feeding. Ms. [REDACTED] stated at the 7:00P.M, her mother and boyfriend were present. She stated at 9:00P.M, that her great grandmother, grandfather were present during the feeding. Ms. [REDACTED] reported that the infant was given an 8oz and 4oz bottles throughout the day.

Ms. [REDACTED] and I discussed her feeding schedule for the infant. Ms. [REDACTED] reported the infant was feed every three hours at the hospital. She reported the feeding scheduled had changed. She stated she would feel the infant only when she would cry. Ms. [REDACTED] reported she would place two scoops of [REDACTED] formula into the bottles with bottle waters. She reported no routine schedule for feeding. Ms. [REDACTED] stated after she would feed the infant she would always burp her by placing her hand on her back. She reported the prior day of the incident that she had no knowledge of what time her mother had feed her while she was in her care.

Ms. [REDACTED] and I discussed her routine schedule for the infant: Ms. [REDACTED] stated she would take up at 7:00A.M. She reported she would change the infant's diaper. She stated she would get the infant dressed. She stated she would feed her two scoops of formula with her bottle water. Ms. [REDACTED] reported the infant takes iron during her morning feeding.



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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Ms. [REDACTED] reported there was nothing added to the bottle of formula and water after her morning feeding. She stated she would change the infant's diaper again. She stated she would feed the infant at 10:00A.M, 12:30P.M, and at 3:00P.M Ms. [REDACTED] stated she would feed the infant at 5:00P.M, and 8:00P.M. She reported the last time the infant was feed was at 11:00P.M. Ms. [REDACTED] stated the next feeding would be at 2:00P.M and 5:00A.M. Ms. [REDACTED] reported the infant is feed 8 bottles a day. Ms. [REDACTED] reported she always burps the infant after the feeding. She stated prior to the feeding she places the bottle into the microwave for ten seconds.

CPSI interviewed [REDACTED] on the front porch of the home. Mr. [REDACTED] reported prior to moving into Ms. [REDACTED] great grandmother's home he was residing with the family at her mother's home. He reported they had recently moved into her grandparent's home about a month ago. He reported [REDACTED] was released from the hospital on 07/31/2015. He reported prior complications with Ms. [REDACTED] prior the arrival of the infant. He stated Ms. [REDACTED] delivered the infant at 24 weeks. He reported since the arrival of [REDACTED] she had been at the hospital the entire time. He stated [REDACTED] digestive system was not fully developed and she was released at 4lbs and 12 ounces. He stated he had requested that [REDACTED] remain at [REDACTED] until Ms. [REDACTED] scheduled due date of 08/16/2015.

Mr. [REDACTED] and I discussed the events of 08/07/2015: Mr. [REDACTED] stated he had got up around 7:30A.M. He stated he had taken the infant to Ms. [REDACTED] mother's home. He reported he had gone to the SSI Office to apply for benefits for the infant. He reported the infant was feed at 2:00P.M at Ms. [REDACTED] mother's home. He stated they had left the home around 7:30P.M., and the baby had gone with them to [REDACTED] He reported they had picked up food and went back to Ms. [REDACTED] home. He reported they had got back to Ms. [REDACTED] grandmother's home around 9:00P.M. Mr. [REDACTED] stated the infant was feed. He reported he had gone to sleep around 10:00P.M.

Mr. [REDACTED] and I discussed the events of 08/08/2015. Mr. [REDACTED] reported that Ms. [REDACTED] had got him up around 4:15A.M. He stated Ms. [REDACTED] advised him that the infant was not moving. He reported he had observed the infant. He reported the infant's lips were purple, and her face was pale. He reported her had observed her lips to be cold. He reported he had performed CPR on the infant.

Mr. [REDACTED] and I discussed his method of CPR. He stated he had placed the infant on his side of the bed. He stated she was placed on her back prior to conducting CPR.

Mr. [REDACTED] stated he had placed his mouth over the infant's mouth. He reported he was breathing into her mouth two times. He stated he had used his right two fingers and pressed down between her breast area. He reported he had continued doing that. He reported the infant's eyes had opened twice and then they had closed again.

He reported he had taken the infant to his car and placed her on his lap. He stated the infant was not responding. He reported her eyes continued to open and close. He reported he had continued to perform CPR until the ambulance had arrived.

Mr. [REDACTED] and I discussed the infant's routine schedule. He reported when he wakes up the infant's diaper is changed. He reported the infant is feed and burped. He reported the infant sleeps on her back only.

Mr. [REDACTED] and I discussed the routine feeding schedule for the infant. Mr. [REDACTED] stated the infant is feed at 8:00A.M., 12:00P.M., and 3:00P.M. He reported she is feed every three hours since she was discharged from the hospital.

Mr. [REDACTED] the infant was feed five bottles on 08/07/2015. He reported the last feeding was at 8:00P.M. He reported the infant uses small and big bottles. He reported he had made the infant's bottle one time.

CPSI interviewed [REDACTED] (great-grandmother). Mrs. [REDACTED] reported that Mr. [REDACTED] and Ms. [REDACTED] and the infant moved into her home when the infant was released from the hospital. She reported that she wanted the family to move into her home so she could assist them with the child. Ms. [REDACTED] reported the infant was feed on 08/07/2015 in the morning.

Mrs. [REDACTED] stated she went therapy. She stated she had come back home. She reported she was not sure if the infant was feed at 7:00-7:30P.M. She reported that Ms. [REDACTED] had made the infant's bottle. She reported the small bottle was used to feed the infant. She reported that Ms. [REDACTED] makes the bottle and she helps her with the feeding.



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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Mrs. [REDACTED] then stated, "[REDACTED] is a little slow." She stated she had no knowledge of [REDACTED] diagnosis but she was in Special Education classes when she was in school. Mrs. [REDACTED] stated, "[REDACTED] loved her baby to death." She reported Ms. [REDACTED] had feed and burped the infant. She reported Ms. [REDACTED] Mr. [REDACTED] and the infant had arrived home between 7-7:30P.M. Mrs. [REDACTED] recanted and reported she had feed the infant between 7:00P.M.-7:30P.M. She reported the infant was given half of a bottle. She reported she had burped the infant and Ms. [REDACTED] had placed her in her bassinet.

Mrs. [REDACTED] reported on 08/08/2015, that Ms. [REDACTED] had woke her up and stated something was wrong with the infant., She stated she had immediately went into Ms. [REDACTED] bedroom and observed Mr. [REDACTED] performing CPR on the infant. She stated Mr. [REDACTED] was observed blowing into the infant's mouth. She reported the infant was observed in his arms. She reported that Mr. [REDACTED] had used two fingers on the infant's chest. She reported he was observed blowing into the infant's mouth. She reported the infant did not respond. She reported she had observed the infant to be cold.

Mrs. [REDACTED] reported the parents would always place the infant on her back for sleeping. Mrs. [REDACTED] stated she would place the infant on her stomach but the parents had told her not to do that anymore. Mrs. [REDACTED] reported when the child was released from the hospital she was being feed every three hours. Mrs. [REDACTED] reported shortly after the child's arrival home her feeding scheduled had changed. Mrs. [REDACTED] reported the parents would wake the infant up and feed her. Mrs. [REDACTED] reported she had told the parents not to wake the infant up and allow her to sleep prior to feeding her.

Mrs. [REDACTED] reported no knowledge of the infant's feeding schedule. She stated she had told the parents to slow down on the feeding the infant. Mrs. [REDACTED] informed me that she had no knowledge of the infant's feeding schedule.

CPSI interviewed [REDACTED] (Ms. [REDACTED] mother). Ms. [REDACTED] reported she resides at [REDACTED]. Ms. [REDACTED] stated, her daughter had brought the infant to her home around 8:00A.M. She reported the infant was sleeping and she had fallen asleep. She stated the infant got up around 11:00A.M-12:00P.M. She reported she had changed the infant's diaper. Ms. [REDACTED] reported the infant's bottles were pre-made by Ms. [REDACTED]. She reported that Ms. [REDACTED] had given her 2 8oz and 1 4oz bottles. Ms. [REDACTED] reported the infant was fine. She reported she had played with the infant and she was smiling. She reported that the parents had arrived around 1:00P.M. She reported they had got food. Ms. [REDACTED] reported while the infant was in her care she had drunk one full 4oz bottle and some of the 8oz bottle. Ms. [REDACTED] reported the infant had left her care with 1 full 8oz bottle and she was asleep.

CPSI interviewed [REDACTED] (great grandfather) at the home. Mr. [REDACTED] reported he is employed. He stated he had left the home on 08/07/2015 around 7:15A.M. He reported he did not return home until 7:30P.M. He reported that Ms. [REDACTED] Mr. [REDACTED] and the infant were at the house around 8:00P.M. He stated he had played with the baby for 10-15 minutes. He reported the infant had started to cry. He stated that Ms. [REDACTED] had fixed the infant a bottle and Mrs. [REDACTED] had feed the infant. He stated around 9:00P.M., that Ms. [REDACTED] informed them that she was going to put the infant to bed. He reported that Ms. [REDACTED] had come into the bedroom to wake up Mrs. [REDACTED] around 3:30-4:00A.M. He stated Mrs. [REDACTED] went into Ms. [REDACTED] bedroom. Mr. [REDACTED] stated that Mr. [REDACTED] stated he was going to put the infant into the car. Mr. [REDACTED] stated Mrs. [REDACTED] had contacted 9-1-1. He reported the ambulance had arrived to the residence between 6-7 minutes.

He reported that Mr. [REDACTED] had performed CPR on the child in the car. He state he was standing on the porch. He reported he could see Mr. [REDACTED] doing CPR on the infant. He stated, "It looked like two fingers to him." He reported he had never fixed the infant's bottle. He reported since the infant was released from the hospital he had seen the infant three times due to his work schedule.

CPSI spoke with Ms. [REDACTED] and Mr. [REDACTED]. CPSI discussed the hospital recommendations prior to the infant's release on 07/31/2015 from [REDACTED]. Mr. [REDACTED] and Mrs. [REDACTED] provided CPSI with the infant's discharge instructions from [REDACTED].

The following was documented: Feeding schedule: Diet: [REDACTED] 22cal, every three hours as baby desires.  
 Education Provided: Nothing documented.

Follow-up Plan: Pediatrician: [REDACTED] MD. Follow-up date was scheduled on 08/04/2015 at 1:15P.M. The infant was scheduled on 08/05/2015 at 2:30P.M. to see Dr. [REDACTED].

The parents provided documentation from [REDACTED]. The documentation stated



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Case Status: Close

Organization: [REDACTED]

the infant was excused from WIC clinic due to the infant's physical status/diagnosis: prematurely. The infant will be excused for three months, at which time the infant can appear in the clinic as requested.

The parents provided CPSI with instructions for safety, behavior, and bottle feeding for the infant. The documentation stated the infant should be feed every three to four hours. A feeding should be completed within thirty minutes. The infant should be taking at least one ounce every feeding. The infant was prescribed multivitamin w/ iron. The dose was 1ml. The multivitamin is taken daily in the AM by mouth.

CPSI was provided with documentation from [REDACTED] Hospital. The infant diagnoses are documented as follows: ELBW, Apnea of preon. Precautions: GA 23.3 weeks, CA 37.3 weeks. A scheduled appointment for occupational therapy to evaluate the threat was scheduled on 08/14/2015 at 10:00A.M. with [REDACTED]. The frequency is 1-2 week for 8 weeks.

Photographs were taken to supplement documentation, and attached to file.

This CPSI spoke with Ms. [REDACTED] and Mr. [REDACTED]. CPSI requested to observe the home. CPSI observed the parent's bedroom. CPSI observed a bassinet placed next to the bed. CPSI observed the infant's formula and bottles used for feeding on 08/07/2015 and 08/08/2015.

CPSI observed the sleeping arrangements for the parents and infants. Photographs were taken to supplement documentation.

CPSI consulted with LI.

Next Step: CS-0635 Notification of Child Death/Near Death 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:	08/08/2015	Contact Method:	
Contact Time:	12:11 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/11/2015
Completed date:	08/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/11/2015 09:46 AM      Entered By: [REDACTED]

Detective [REDACTED] 08/08/2015 at 12:11P.M, This CPSI made telephone contact with [REDACTED] with [REDACTED] County Sheriff's Department. Detective [REDACTED] reported he had made contact with [REDACTED] Medical Examiner. Detective [REDACTED] stated there was no visible trauma observed. He reported the ACV could have choked on vomit from spit up from earlier that evening. Detective [REDACTED] reported the autopsy is pending. Detective [REDACTED] stated Medical Examiner [REDACTED] reported the preliminary cause of death is the infant choked from spit-up. Detective [REDACTED] informed CPSI that he had completed all interviews and had made a home visit to the home. He reported the investigation is pending the autopsy report from the Medical Examiner.

Consulted with LI.

Next Step: Home visit and interview all participants in the home, and obtain Authorization of Release for the 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: Completed  
 Contact Date: 08/08/2015 Contact Method:  
 Contact Time: 12:09 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/11/2015  
 Completed date: 08/11/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/11/2015 10:42 AM Entered By: [REDACTED]  
 This CPSI attempted to make telephone contact with [REDACTED] Medical Examiner [REDACTED] at [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: 08/08/2015 Contact Method: Face To Face  
 Contact Time: 10:52 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 08/11/2015  
 Completed date: 08/11/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Well Being  
 Contact Type(s): Collateral Contact, Initial ACV Face To Face  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2015 06:53 AM Entered By: [REDACTED]

Collateral Contact/Initial ACV Contact:

On 08/08/2015 at 10:52A.M, This CPSI arrived to [REDACTED] located at [REDACTED]. This CSPI made face to face contact with [REDACTED] (Charge Nurse) in the Emergency Room. [REDACTED] reported the night shift was off at 7:00A.M. He stated the night shift had direct contact with the family and the victim child [REDACTED]. Nurse [REDACTED] informed CPSI that [REDACTED] was a 3month old premature infant. He stated CPR had been administered several times in an attempt to revive the infant. He reported the child had been transported to the funeral home prior to CPSI arrival.

He reported [REDACTED] (ACV) was transported to [REDACTED] by Firefighter and First Responder [REDACTED]. He reported that [REDACTED] had also informed [REDACTED] that the child was in route to the hospital.

Nurse [REDACTED] reported the assigned EMS was [REDACTED]. Nurse [REDACTED] reported the primary nurse who had direct contact with the family and ACV is [REDACTED] and [REDACTED]. Mr. [REDACTED] reported he would request that Nurse [REDACTED] and Nurse [REDACTED] make telephone contact with CPSI. Mr. [REDACTED] informed CPSI that the responding EMT was [REDACTED].

Nurse [REDACTED] informed CPSI of the report from the responding EMS and EMT regarding the ACV. Nurse [REDACTED] reported dispatch had received a call that the three month old was not breathing.

The ambulance arrived to [REDACTED] at 4:19A.M. The first respiratory cardiac arrest was applied at 4:20A.M to [REDACTED]. When the ambulance arrived on scene the family and parents were administering CPR on ACV. The child was observed in the drivers' seat with the father [REDACTED] in a white SUV. Nurse [REDACTED] reported the child was not in rigor mortis. The child was observed to be warm to the touch during the initial contact with ACV. EMS and EMT reported the ACV was unresponsive.

The parents reported to the responding EMT and EMS that the ACV was awake and alive and feeding from 9-9:30 that evening. The parents put the ACV into the bassinet around 10:00P.M and that was the last time the child was seen



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

alive. The mother [REDACTED] woke up at 4:00A.M, this morning and the child was lifeless. The mother hollered for the dad [REDACTED]. Mr. [REDACTED] did CPR on the child until EMS had arrived on scene.

The following was documented to revive ACV by WEMA:

The Brachial Pulse check was performed. No pulse placed LT [REDACTED] airway in the child and AEMT [REDACTED] took over CPR compressions. They placed a pulse OX on the infant toe and placed the patient on the cardiac monitor. Ready monitor Asystole three leads. A defib pads on COT due to the patients size. The pads would not fit on the child, gathered the equipment to perform intubation on ACV. Went to visualize the cord but was unable to visualize the cord due to a white milky substance coming from the child's nose and mouth. Suctioned the airway, continued CPR and continued to bag the infant. Made another attempt to establish airway and noted that there was still vomit and milky substance and was not able to visualize the cords. Continued to suction the airway, and attempted again to intubate the infant and was unable to visualize cords due to vomit and milky substance. The infant was suctioned again, the fourth attempt to get the tube inside the mouth track to lungs and confirmation of the tube placement via-occultation of the lungs fields- noted rise and fall of the chest, noted a yellow indication on the end title CO2 (through lungs).

Nurse [REDACTED] reported the assigned [REDACTED] Medical Examiner is [REDACTED].

CPSI consulted with LI.

Next Step:

Contact assigned Detective [REDACTED] ([REDACTED] County Sherriff's Department) to determine whereabouts in the investigation  
 Contact medical examiner for preliminary cause of death regarding ACV

Per Work Aid 2: It is not required for the DCS case manager to observe the deceased child.



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**Case Recording Summary**

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/08/2015	Contact Method:	Phone Call
Contact Time:	09:46 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/11/2015
Completed date:	08/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/11/2015 07:12 AM      Entered By: [REDACTED]

08/08/2015 at 9:46A.M, This CPSI made telephone contact with the referent. The referent reported the family was at [REDACTED]. The referent reported the child was not observed. The referent reported the child was being transported to [REDACTED] prior to arrival.



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 8/8/15 8:00 AM

Date of Assessment: 8/8/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



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

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

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

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

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

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