



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 06/30/2013 02:27 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 06/30/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 07/01/2013 09:08 AM  
First Team Leader Assigned: [REDACTED] Date/Time 07/01/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 07/01/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	[REDACTED]	Birth Father

**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: TFACTS:

Family Case ID: Possible history for the mother as a Juvenile under case ID # [REDACTED] No CPS history found for either parent as an adult.

Open Court Custody/FSS/FCIP None found

Closed Court Custody None found

Open CPS None found

Fatality None found

Indicated: None found

Screened out None found



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

History (not listed above): None found

County: [REDACTED]  
Notification: None  
School: None  
Native American Descent: None  
Directions: none given

Reporters name/relationship: [REDACTED]

Reporter stated: [REDACTED] (DOB [REDACTED]) lived with her brother (unknown male, unknown age) and their mother, [REDACTED] is the father to the children.

Reporter stated that [REDACTED] died today, 6-30-2013, at [REDACTED] Hospital in [REDACTED]. The time of death was 8:34 A.M.

[REDACTED] reported that he laid [REDACTED] on the couch with a bottle last night, 6-29-2013. He was playing cards with friends. [REDACTED] stated that he lay down with [REDACTED] around 2:00 A.M. [REDACTED] stated that around 4:00 A.M. he woke up and he changed her diaper and put a pacifier in her mouth. [REDACTED] then stated that when he woke up around 8:00 A.M. and she was not breathing. He then called 911.

Reporter stated that the father lives way out in the county and left before an ambulance arrived. [REDACTED] County and [REDACTED] County attempted to catch him to finish the transport of [REDACTED] via ambulance but he was driving much too fast for them to catch him.

Law Enforcement has been notified, [REDACTED] County and [REDACTED] County as well. Investigator [REDACTED] with [REDACTED] County Sheriffs Department has been there. Sergeant [REDACTED] with the [REDACTED] Police Department has responded to the hospital.

Reporter stated that no other injuries were noted and medical personnel do not suspect any foul play. The baby has been sent for an autopsy.

It is unknown where the sibling is. It is unknown if the sibling was also with the father or with his mother at the time of the infants death.

The mother has been notified and came to the hospital as well.

Reporter stated that the medical examiner has stated that this death is referred to as an overlying death. This was described as someone lying over the infant who ended up smothering the infant.

Reporter stated that the police were headed to the home to take photographs now.

The referent gave no indication drug use was a factor in the infant's death.

No special needs or disabilities are known.

Per SDM: Investigative Track / P1 - [REDACTED] CM 3 on 6-30-13 at 2:59 P.M.

[REDACTED] County paged at 3:01 P.M. Event [07]Group Started (5458/38350), Status: [07]Group Started, [REDACTED] Work Cell

[REDACTED] responded at 3:04 P.M. CM [REDACTED]

Child Fatality Group and Child Fatality Notification EI DCS Group notified. Email sent to: [REDACTED]



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





**Tennessee Department of Children's Services  
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**Participant(s)**

**Name:** [REDACTED]  
Gender: Female                      Date of Birth: [REDACTED]                      Participant ID: [REDACTED]  
SSN:                                      Race:                                      Age:                      20 Yrs  
Address:  
Deceased Date:  
School/ ChildCare Comments:

Alleged Perpetrator:    No  
DCS Foster Child:        No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]  
Gender: Female                      Date of Birth: [REDACTED]                      Participant ID: [REDACTED]  
SSN:                                      Race:                      White                                      Age:                      0 Yrs  
Address: [REDACTED]  
Deceased Date:  
School/ ChildCare Comments:

Alleged Perpetrator:    No  
DCS Foster Child:        No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 21 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**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: 06/30/2013 Assignment Date: 07/01/2013  
 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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 08/26/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed  
 Comments: Case closed and classified as AUPU

**D. Case Workers**

Case Worker: [REDACTED] Date: 08/26/2013  
 Team Leader: [REDACTED] Date: 08/26/2013

**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:**

FACE TO FACE WITH CHILD-[REDACTED] had a pack and play set up at the relatives home and he was napping when CM first arrived.

[REDACTED] was pronounced dead at the [REDACTED] Hospital on 06-30-13.

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

COLLATERAL CONTACT-CM spoke to the paternal grandmother, [REDACTED]. She said that [REDACTED] stayed with her the previous night. She said [REDACTED] and [REDACTED] stayed with her the nights before but he wanted to visit with his brother so that is why he took [REDACTED] with him.

After speaking to the father and paternal grandmother, CM wrote down the plan the family had in effect for [REDACTED] and [REDACTED] reported that [REDACTED] and [REDACTED] would stay with her the next couple days because he needed support right now dealing with everything. In the plan CM included the hand written agreement that the parents signed on 06-28-13. Both the father and paternal grandmother signed the safety plan for [REDACTED].



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

Case Name : ██████████

Investigation ID: ██████████

COLLATERAL CONTACT- CM ██████ spoke to Inv. ██████ (██████ Co Sheriff Dept) at 3:28pm. He reported that child was pronounced dead at the ██████ Hospital this morning. He said that he met with the parents at the hospital. He said that the father and ██████ were spending the night with the paternal aunt and uncle in ██████. He said that he went to the home in ██████ and he had no concerns. He said that the home was very clean and he saw the couch where ██████ and the father slept. He said that the father and child went to sleep together at 2am on the couch. He said that father reported that child was between him and back of the couch. He woke up at 4am and gave a bottle and changed her diaper. He reported that the father had no formula for the child so he had half water, half milk, and cereal in the bottle. When he woke up about 8am she was dead. He jumped in the car and drove her straight to ██████ Hospital. She was pronounced dead around 8:30am. He said that the parents do have another child in the home that is around 2yrs old. He said both parents acted appropriately at the hospital. He reported that the other child was with relatives while the parents were at the hospital. He reported that child has been sent to ██████ for an autopsy. Inv. ██████ reported that after speaking to the examiner they believe it could be possibly SIDS or the father could have rolled over on the child while sleeping and suffocated the child. He said no foul play was suspected

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

PERP INTERVIEW- CM ██████ met with the father and his mother at a relatives home. The father was very upset. He was crying and showing CM pictures of ██████ just the day before when they were at a family picnic. He reported that ██████ and ██████ have been with him since June 28th. He said that him and their mother just separated. He showed CM a written agreement that both parents signed on June 28th. The agreement stated that the parents would alternate weeks with the children and split the holidays. This agreement was to start on June 28th. The agreement also stated that when the parents had the children they would be responsible for diapers, food, etc. He said that this was his first week with the children and now ██████ was dead. He said that he blames himself. He said that him and ██████ stayed at his brothers home in ██████ and he laid down with her on the couch about 2am. He said that he woke up at 4am and changed her diaper and fed her. He said that when he woke up about 8am she was dead. He said that they called 911 but he just jumped in the car and took her to the hospital himself. He said that by the way her body was set the examiner told him she had been dead for a couple of hours. He said that he will never get over her being dead in his arms. CM spoke to him about the importance of ██████ having his own sleeping quarters.

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

Reporter stated that ██████ died today, 6-30-2013, at ██████ Hospital in ██████ TN. The time of death was 8:34 A.M.

██████ reported that he laid ██████ on the couch with a bottle last night, 6-29-2013. He was playing cards with friends. ██████ stated that he lay down with ██████ around 2:00 A.M. ██████ stated that around 4:00 A.M. he woke up and he changed her diaper and put a pacifier in her mouth. ██████ then stated that when he woke up around 8:00 A.M. and she was not breathing. He then called 911.

Reporter stated that the father lives way out in the county and left before an ambulance arrived. ██████ County and ██████ County attempted to catch him to finish the transport of ██████ via ambulance but he was driving much too fast for them to catch him.

Law Enforcement has been notified, ██████ County and ██████ County as well. Investigator ██████ with ██████ County Sheriffs Department has been there. Sergeant ██████ with the ██████ Police Department has responded to the hospital.



**Tennessee Department of Children's Services**  
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Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

CLOSING SUMMARY- This MRS case was received on 06/30/2013. The allegation was NGD (neglect death) due to the child being deceased. Interviews were conducted and case was investigated. At this time the family declines further assistance from DCS. DCS has offered counseling services to the family. Both parents have family support. The signs of safety include: the oldest child appears healthy. Well Being issues include: the both parents have been offered counseling thru the hospital and have great family support. Permanence issues include: both parents get along well and [REDACTED] is bonded to both parents. The 740 has been sent to the juvenile court and the SDM form is in the case file. Case has been submitted for closure 08/26/2013. There is minimal risk at this time. The case was classified as AUPU.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2013

Contact Method:

Contact Time: 03:42 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/12/2013

Completed date: 09/12/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/12/2013 03:43 PM      Entered By: [REDACTED]

Administrative Review for closure completed on this date. This MRS CPS case is approved closed effective 09-12-13. Notification of classification and closure forwarded to [REDACTED] County Juvenile Court and [REDACTED] County D.A. per region protocol.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/05/2013

Contact Method:

Contact Time: 10:51 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/09/2013

Completed date: 09/09/2013

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: 09/09/2013 12:33 PM      Entered By: [REDACTED]

TC [REDACTED] and TL [REDACTED] reviewed case for closure. CM [REDACTED] to address the following: complete the initial Safety Assessment (it is still "in progress" status), complete the final Safety Assessment, complete background checks on APs, DCS history check, document requested autopsy, include any pictures taken by CM or PD of the location of death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2013

Contact Method:

Contact Time: 12:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/09/2013

Completed date: 09/09/2013

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: 09/09/2013 12:25 PM Entered By: [REDACTED]

TL [REDACTED] consulted TC [REDACTED] regarding pending case closure due to child fatality.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2013

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2013

Completed date: 08/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/26/2013 10:13 AM      Entered By: [REDACTED]

CLOSING SUMMARY- This MRS case was received on 06/30/2013. The allegation was NGD (neglect death) due to the child being deceased. Interviews were conducted and case was investigated. At this time the family declines further assistance from DCS. DCS has offered counseling services to the family. Both parents have family support. The signs of safety include: the oldest child appears healthy. Well Being issues include: the both parents have been offered counseling thru the hospital and have great family support. Permanence issues include: both parents get along well and [REDACTED] is bonded to both parents. The 740 has been sent to the juvenile court and the SDM form is in the case file. Case has been submitted for closure 08/26/2013. There is minimal risk at this time. The case was classified as AUPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/23/2013

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2013

Completed date: 08/26/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/26/2013 10:01 AM      Entered By: [REDACTED]

NOTATION- CM received medical records from [REDACTED] for [REDACTED] on this day.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/19/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/26/2013

Completed date: 08/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2013 10:07 AM Entered By: [REDACTED]

CPIT- Case was staffed with the [REDACTED] Co. CPIT team. The team made the decision that the case was classified as AUPU.

Narrative Type: Addendum 1 Entry Date/Time: 09/10/2013 03:07 PM Entered By: [REDACTED]

Inv. [REDACTED] [REDACTED] Co Sheriff Dept) reported that he will get a copy of the autopsy when it is completed. He reported that he will then give a copy to DCS.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/16/2013 Contact Method: Face To Face  
 Contact Time: 09:30 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/29/2013  
 Completed date: 07/29/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Well Being  
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/29/2013 04:03 PM Entered By: [REDACTED]

HOME VISIT-CM met with [REDACTED], and Ms. [REDACTED] (maternal grandmother) at the maternal grandmother's home in [REDACTED]. The home was very clean and nicely furnished. [REDACTED] was in the living room playing with his toys. He is too young to interview but appeared healthy and happy.

CM spoke to the mother. She showed CM some poetry that was wrote for her daughter. She said that she is trying to deal with it everyday. She said that she has moved home with her mom for support. She said that it makes her feel better when she is around family. CM spoke to her about counseling services to help her cope with the grieving process. She reported that she has phone numbers for the services but right now the best thing she can have is family. She said that her mother helps her alot. She says that she has siblings that also help. She said that she has the numbers if she thinks she needs them. She said that [REDACTED] is having a tough time dealing but he has called a few numbers for counseling but says that is hurts more to talk about it to strangers so he is also using family. She said that he has moved in with his family. She said that he still is visiting with [REDACTED]. She said that her and [REDACTED] talk everyday. She said that it makes him feel better when he knows that [REDACTED] is okay everyday.

CM spoke to Ms. [REDACTED]. She said that she loves having [REDACTED] and [REDACTED] back at the home. She said that she thinks that it is therapy for the whole family being back together again. She said that she is very proud of her daughter and [REDACTED]. She said that they have really got along during this process. She said that they communicate very well and she is proud that they are young and getting along better than most adults. She has no concerns about the parents or [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2013

Contact Method: Attempted Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/29/2013

Completed date: 07/29/2013

Completed By: [REDACTED]

Purpose(s): Permanency, Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/29/2013 03:17 PM      Entered By: [REDACTED]

ATTEMPTED HOME VISIT- CM attempted to make a home visit at the mother's address in [REDACTED]. The resident reported that [REDACTED] has not stayed there since her daughter died. She reported that she has moved in with her mother in [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/05/2013

Contact Method:

Contact Time: 10:35 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/05/2013

Completed date: 07/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/05/2013 10:36 AM      Entered By: [REDACTED]

TL [REDACTED] offered debriefing/grief counseling through the EAP to involved DCS staff per DCS Policy 14.20.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/05/2013

Contact Method:

Contact Time: 10:02 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/29/2013

Completed date: 08/29/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/29/2013 11:54 AM      Entered By: [REDACTED]

Notification of Child Fatality provided to DCS Regional Counsel [REDACTED] and [REDACTED] again as follow up (via email correspondence).



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2013

Contact Method: Face To Face

Contact Time: 04:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/10/2013

Completed date: 09/10/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/10/2013 03:12 PM      Entered By: [REDACTED]

COLLATERAL CONTACT- CM spoke to Inv. [REDACTED]. He reported that he spoke to Dr. [REDACTED] at the [REDACTED] Forensic Center and he stated that there was no trauma to the child and toxicology would follow in several weeks.

Inv. [REDACTED] gave CM copy of the police report and all photos taken of the home where the incident occurred. Photos were filed in the family's chart.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2013

Contact Method: Correspondence

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/05/2013

Completed date: 07/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/05/2013 10:14 AM      Entered By: [REDACTED]

Notice of Child Fatality/Near Fatality (CS-0635) faxed to Office of Child Safety by CM [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2013

Contact Method: Correspondence

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/05/2013

Completed date: 07/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/05/2013 10:22 AM      Entered By: [REDACTED]

Notification of referral forwarded to [REDACTED] County Juvenile Court and [REDACTED] County D.A. per region protocol.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2013

Contact Method: Correspondence

Contact Time: 05:12 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/05/2013

Completed date: 07/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/05/2013 10:20 AM      Entered By: [REDACTED]

TL [REDACTED] notified legal [REDACTED] of child fatality.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2013

Contact Method:

Contact Time: 04:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2013

Completed date: 08/26/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/26/2013 10:11 AM      Entered By: [REDACTED]

Case history was not found in TFACTS. Notification of the report was given to the reporter. Notification of the report was given to the juvenile court.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2013

Contact Method: Phone Call

Contact Time: 04:34 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/05/2013

Completed date: 07/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/05/2013 10:07 AM      Entered By: [REDACTED]

TL [REDACTED] contacted referent. TL notified referent that DCS will work with LE to investigate the allegation Neglect Death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/30/2013	Contact Method:	Phone Call
Contact Time:	04:34 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/05/2013
Completed date:	07/05/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 07/05/2013 10:12 AM      Entered By: [REDACTED]

TL [REDACTED] spoke with [REDACTED], nurse at ER where ACV [REDACTED] was taken. [REDACTED] TL inquired as to the disposition of ACV. TL was informed that ACV was sent to [REDACTED] at 1:30PM for an autopsy. Ms. [REDACTED] stated that the child's father was staying at his girlfriend's brother's house and sleeping on the couch with the child. Ms. [REDACTED] stated that the family did not wait for the ambulance but rushed the ACV to the ER. The child's father brought the child to the ER. TL inquired as to the ACV's appearance. TL was informed that the ACV is "chubby" with no visible signs of trauma. No pictures were taken. According to Ms. [REDACTED] the ME is preliminarily determining this incident to be "overlying".

TL [REDACTED] notified TC [REDACTED] of above information.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/30/2013 Contact Method: Face To Face  
 Contact Time: 03:28 PM Contact Duration: Less than 04 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/01/2013  
 Completed date: 07/01/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2013 02:24 PM Entered By: [REDACTED]

COLLATERAL CONTACT- CM [REDACTED] spoke to Inv. [REDACTED] (Co Sheriff Dept) at 3:28pm. He reported that child was pronounced dead at the [REDACTED] Hospital this morning. He said that he met with the parents at the hospital. He said that the father and [REDACTED] were spending the night with the paternal aunt and uncle in [REDACTED]. He said that he went to the home in [REDACTED] and he had no concerns. He said that the home was very clean and he saw the couch where [REDACTED] and the father slept. He said that the father and child went to sleep together at 2am on the couch. He said that father reported that child was between him and back of the couch. He woke up at 4am and gave a bottle and changed her diaper. He reported that the father had no formula for the child so he had half water, half milk, and cereal in the bottle. When he woke up about 8am she was dead. He jumped in the car and drove her straight to [REDACTED] Hospital. She was pronounced dead around 8:30am. He said that the parents do have another child in the home that is around 2yrs old. He said both parents acted appropriately at the hospital. He reported that the other child was with relatives while the parents were at the hospital. He reported that child has been sent to [REDACTED] for an autopsy. Inv. [REDACTED] reported that after speaking to the examiner they believe it could be possibly SIDS or the father could have rolled over on the child while sleeping and suffocated the child. He said no foul play was suspected.

PARENT INTERVIEW-CM [REDACTED] spoke to the mother, [REDACTED], by phone. She reported that [REDACTED] and [REDACTED] (sibling) were staying with their dad from June 28th till July 4th. She reported that [REDACTED] was currently with his father [REDACTED] and the paternal grandmother [REDACTED]. She said that she needs time to think and figure out what to do. She was not with [REDACTED] or the father when [REDACTED] died.

PERP INTERVIEW- CM [REDACTED] met with the father and his mother at a relatives home. The father was very upset. He was crying and showing CM pictures of [REDACTED] just the day before when they were at a family picnic. He reported that [REDACTED] and [REDACTED] have been with him since June 28th. He said that him and their mother just separated. He showed CM a written agreement that both parents signed on June 28th. The agreement stated that the parents would alternate weeks with the children and split the holidays. This agreement was to start on June 28th. The agreement also stated that when the parents had the children they would be responsible for diapers, food, etc. He said that this was his first week with the children and now [REDACTED] was dead. He said that he blames himself. He said that him and [REDACTED] stayed at his brothers home in [REDACTED] and he laid down with her on the couch about 2am. He said that he woke



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

up at 4am and changed her diaper and fed her. He said that when he woke up about 8am she was dead. He said that they called 911 but he just jumped in the car and took her to the hospital himself. He said that by the way her body was set the examiner told him she had been dead for a couple of hours. He said that he will never get over her being dead in his arms. CM spoke to him about the importance of [REDACTED] having his own sleeping quarters. [REDACTED] had a pack and play set up at the relatives home and he was napping when CM first arrived.

COLLATERAL CONTACT-CM spoke to the paternal grandmother, [REDACTED]. She said that [REDACTED] stayed with her the previous night. She said [REDACTED] stayed with her the nights before but he wanted to visit with his brother so that is why he took [REDACTED] with him.

After speaking to the father and paternal grandmother, CM wrote down the plan the family had in effect for [REDACTED] [REDACTED] and [REDACTED] reported that [REDACTED] and [REDACTED] would stay with her the next couple days because he needed support right now dealing with everything. In the plan CM included the hand written agreement that the parents signed on 06-28-13. Both the father and paternal grandmother signed the safety plan for [REDACTED]

She said that [REDACTED] and [REDACTED] are going to be staying with her for the next couple of days.

CM went to the paternal grandmothers home in [REDACTED] to ensure the home was safe for [REDACTED] CM had no concerns and [REDACTED] had his own bed at the paternal grandmothers home.

CM spoke to [REDACTED] grandmothers live in boyfriend. He reported that [REDACTED] has had [REDACTED] in her care the majority of his life. He said that [REDACTED] always stayed with [REDACTED] and [REDACTED] until they separated a couple weeks ago.

CM staffed case with TL [REDACTED] and TC [REDACTED] TL [REDACTED] reported that TC [REDACTED] wanted an IPA completed stating that the father only have supervised contact with the other child, [REDACTED] TL [REDACTED] also requested that a home study be completed as part of the IPA. CM contacted legal for approval of the IPA and the IPA was denied by legal because no foul play was suspected by the father.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2013

Contact Method: Phone Call

Contact Time: 03:21 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/05/2013

Completed date: 07/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/05/2013 10:21 AM      Entered By: [REDACTED]

TL [REDACTED] notified TC [REDACTED] of child fatality. Service planning discussed.

Case assigned to CM [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/30/2013 Contact Method: Phone Call  
 Contact Time: 03:04 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 07/05/2013  
 Completed date: 07/05/2013 Completed By: [REDACTED]  
 Purpose(s): Service Planning  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/05/2013 03:30 PM Entered By: [REDACTED]

## TELEPHONE CONTACT:

CM, [REDACTED] responded to the Child Abuse Hotline approximately 5 minutes after being paged. CM, [REDACTED] was the on call CPS worker for [REDACTED] and [REDACTED] Counties.

CM took information from the Hotline as this case has P-1 status.

## TELEPHONE CONTACT:

CM, [REDACTED] contacted [REDACTED] County Sheriff's Department Investigator [REDACTED] to CPIT case and obtain additional information and for case planning. Investigator [REDACTED] noted that he had already responded to the case and he observed the ACV. He noted that the infant appeared to have no visible injuries. He stated that the infant had already been sent for an autopsy. He stated that the father had called 911, but left before responders could reach the home to transport the infant. Police had been to the home and had taken pictures. He stated that the father stated that he had been playing cards with friends. He laid on the couch with his daughter around 2:00 am. He woke up around 4:00 am, he changed her diaper and gave her a pacifier. He woke up at 8:00 am and found her not breathing. He dialed 911 but left before the first responders came to the home. He reportedly transported the child to the ER.

## TELEPHONE CONTACT:

CM, [REDACTED] called TL, [REDACTED] and staffed case with her. It was noted that our CM III, [REDACTED] would work the case.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/30/2013 Contact Method:  
 Contact Time: 03:21 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/26/2013  
 Completed date: 08/26/2013 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: 08/26/2013 10:09 AM Entered By: [REDACTED]

REFERRAL- Reporter stated: [REDACTED] (DOB: [REDACTED] lived with her brother (unknown male, unknown age) and their mother, [REDACTED] [REDACTED] is the father to the children.

Reporter stated that [REDACTED] died today, 6-30-2013, at [REDACTED] Hospital in [REDACTED] TN. The time of death was 8:34 A.M.

[REDACTED] reported that he laid [REDACTED] on the couch with a bottle last night, 6-29-2013. He was playing cards with friends. [REDACTED] stated that he lay down with [REDACTED] around 2:00 A.M. [REDACTED] stated that around 4:00 A.M. he woke up and he changed her diaper and put a pacifier in her mouth. [REDACTED] then stated that when he woke up around 8:00 A.M. and she was not breathing. He then called 911.

Reporter stated that the father lives way out in the county and left before an ambulance arrived. [REDACTED] County and [REDACTED] County attempted to catch him to finish the transport of [REDACTED] via ambulance but he was driving much too fast for them to catch him.

Law Enforcement has been notified, [REDACTED] County and [REDACTED] County as well. Investigator [REDACTED] with [REDACTED] County Sheriffs Department has been there. Sergeant [REDACTED] with the [REDACTED] Police Department has responded to the hospital.

Reporter stated that no other injuries were noted and medical personnel do not suspect any foul play. The baby has been sent for an autopsy.

It is unknown where the sibling is. It is unknown if the sibling was also with the father or with his mother at the time of the infants death.

The mother has been notified and came to the hospital as well.

Reporter stated that the medical examiner has stated that this death is referred to as an overlying death. This was described as someone lying over the infant who ended up smothering the infant.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Reporter stated that the police were headed to the home to take photographs now.

The referent gave no indication drug use was a factor in the infant's death.

No special needs or disabilities are known.

Per SDM: Investigative Track / P1 - [REDACTED] CM 3 on 6-30-13 at 2:59 P.M.

[REDACTED] County paged at 3:01 P.M. Event [07]Group Started (5458/38350), Status: [07]Group Started, [REDACTED] [REDACTED]  
Work Cell

[REDACTED] responded at 3:04 P.M. CM [REDACTED]

Child Fatality Group and Child Fatality Notification EI DCS Group notified. Email sent to: [REDACTED]  
[REDACTED]