



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 06/27/2013 11:13 PM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 06/28/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 06/28/2013 09:19 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 06/28/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 06/28/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

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

Referent Address:

Referent Phone Number:

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: No CPS History

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated No

Fatality No

Screened out 0

History (not listed above):0

County: [REDACTED]

Notification: None

School/ Daycare: None given

Native American Descent: No

Directions: None given



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

Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] (1 yr) and [REDACTED] (2 months) reside with their parents, [REDACTED] and [REDACTED]

[REDACTED] laid [REDACTED] down on her stomach on his bed at 9:15pm. [REDACTED] reported that he checked on her after an hour and 15 minutes, and she was blue. 911 was called and responded. [REDACTED] was also in the home, sleeping in the other room.

[REDACTED] reported that he smoked a cigarette outside after putting [REDACTED] to bed. [REDACTED] has the odor of alcohol on his breath.

[REDACTED] was at work, and she works at the [REDACTED] in [REDACTED]

[REDACTED] was taken to [REDACTED] and the medical examiner is present. It is believed that an autopsy will be completed. The EMS worker reported that [REDACTED] aunt stated that [REDACTED] had shots the day before.

Per SDM: P1/Investigation. Neglect Death

[REDACTED] County was paged on 6/17/13 @ 11:53 P.M.  
[REDACTED] notified at 12:00 am on June 28, 2013 by [REDACTED]

P1, E. Dixon, TL, on 6/28/13 @ 12:18 A.M.

CHILD FATALITY E-MAIL NARRATIVE SENT TO:

[REDACTED]



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

**Participant(s)**

**Name:** [REDACTED]  
Gender: Female Date of Birth: [REDACTED] Participant ID: [REDACTED]  
SSN: Race: Age: 24 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:** Unknown Participant [REDACTED] Unknown  
Gender: Date of Birth: Participant ID: [REDACTED]  
SSN: Race: Age:  
Address:  
Deceased Date:  
School/ ChildCare Comments:

Alleged Perpetrator: Yes  
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]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 1 Yr 8 Mos

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]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 9 Mos

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: Race: Age: 34 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:**



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

**A. Investigation**

Case Name: [REDACTED]  
 Referral Date: 06/27/2013  
 Street Address:  
 City/State/Zip:

Investigation ID: [REDACTED]  
 Assignment Date: 06/28/2013

**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 Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/09/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: This case was assigned as an Investigation case to Case Manager (CM) [REDACTED] on 06/28/2013 at 1am for [REDACTED] County. The response priority was P1 and the allegation is neglect death. The alleged victim is [REDACTED] and the alleged perpetrator was initially listed as unknown but then later changed to [REDACTED] [birth father]. The Juvenile Judge, [REDACTED] was notified on 07/01/2013 by mail. The District Attorney, [REDACTED] was notified by fax. CPIT was convened on 12/12/2013. The ME had listed cause of death for [REDACTED] as "consistent with positional asphyxia". It was found that [REDACTED] had suffocated on the comforter that she was laying on. [REDACTED] was not indicated for neglect death due to the fact that there was no finding of neglect in his actions. CPIT ruled with the finding of AUPU on the allegation of neglect death against [REDACTED]. The CPIT form was completed and signed and the case will be closed as AUPU.

**D. Case Workers**

Case Worker: [REDACTED] Date: 12/09/2013  
 Team Leader: [REDACTED] Date: 12/09/2013

**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:**

No child statements. Child fatality.

06/28/2013 CM observed [REDACTED] brother, [REDACTED] [REDACTED] looked healthy and well cared for.

**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 ME had listed cause of death for [REDACTED] as "consistent with positional asphyxia". CPIT ruled with the finding of AUPU on the allegation of neglect death against [REDACTED].



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

Case Name : ██████████

Investigation ID: ██████████

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

██████████ stated he fed ██████████ and laid her down in their bed around 915pm. He stated he went to check on her around 1030pm, and she was face down and blue. He stated at that point, he called 911. He stated ██████████ met him at the hospital.

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

There were no witnesses.

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

██████████ was not indicated for neglect death due to the fact that there was no finding of neglect in his actions. He laid down to sleep on his and ██████████ bed as he always had. ██████████ was sleeping alone. According to previous interviews, ██████████ and ██████████ had stated that ██████████ could turn her head on her own. ██████████ then went back to check on ██████████ about an hour later. This is when she was found dead. CPIT ruled with the finding of AUPU on the allegation of neglect death against ██████████. The CPIT form was completed and signed and the case will be closed as AUPU.

Det. ██████████ the responding detective on scene agreed with the finding of AUPU. After initially responding to the scene and discussing with the medical examiner, he stated he believed the death to be an accident and he did not believe there was any foul play.

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                              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: 12/30/2013 Contact Method:  
 Contact Time: 12:29 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/30/2013  
 Completed date: 12/30/2013 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: 12/30/2013 11:30 AM Entered By: [REDACTED]

Case was reviewed and accepted for closure. 740s will be mailed on 1/2/14.



**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: 12/19/2013 Contact Method:  
 Contact Time: 11:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/19/2013  
 Completed date: 12/19/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/19/2013 10:02 PM Entered By: [REDACTED]

## Closing Summary:

This case was assigned as an Investigation case to Case Manager (CM) [REDACTED] on 06/28/2013 at 1am for [REDACTED] County. The response priority was P1 and the allegation is neglect death. The alleged victim is [REDACTED] and the alleged perpetrator was initially listed as unknown but then later changed to [REDACTED] [birth father]. The Juvenile Judge, [REDACTED] was notified on 07/01/2013 by mail. The District Attorney, [REDACTED] was notified by fax. CPIT was convened on 12/12/2013. The ME had listed cause of death for [REDACTED] as "consistent with positional asphyxia". It was found that [REDACTED] had suffocated on the comforter that she was laying on. [REDACTED] was not indicated for neglect death due to the fact that there was no finding of neglect in his actions. He laid [REDACTED] down to sleep on his and [REDACTED] bed as he always had. [REDACTED] was sleeping alone. According to previous interviews, [REDACTED] and [REDACTED] had stated that [REDACTED] could turn her head on her own. [REDACTED] then went back to check on [REDACTED] about an hour later. This is when she was found dead. CPIT ruled with the finding of AUPU on the allegation of neglect death against [REDACTED]. The CPIT form was completed and signed and the case will be closed as AUPU.

## Family Assessment:

## Assessment of Safety -

There are no safety concerns within the home.

## Assessment of Well Being-

The families current functioning is appropriate. The family was seeking counseling for their grief.

## Assessment of Permanence-

The current placement of [REDACTED] [REDACTED] sibling, is stable.

## Assessment of Resources-

The family has a very supportive extended family and the community has also offered the family support as well. Both parents are employed and they receive DHS assistance.



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

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

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The Initial Safety Assessment was completed on 06/28/2013 and rated safe.



**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: 12/12/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/19/2013

Completed date: 12/19/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/19/2013 09:53 PM      Entered By: [REDACTED]

CM brought the case to CPIT where she and Det. [REDACTED] presented it. CPIT ruled with the finding of AUPU on the allegation of neglect death against [REDACTED]. The CPIT form was completed and signed and the case will be closed 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: 12/09/2013 Contact Method:  
 Contact Time: 02:41 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/09/2013  
 Completed date: 12/09/2013 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: 12/09/2013 01:42 PM Entered By: [REDACTED]

Case was staffed with CM today. The autopsy report has come in and the case will be taken to CPIT.



**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: 12/04/2013

Contact Method: Face To Face

Contact Time: 04:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/19/2013

Completed date: 12/19/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact, Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/19/2013 09:51 PM      Entered By: [REDACTED]

CM was contacted by Det. [REDACTED]. He stated the autopsy had come in. CM reviewed the autopsy file. The ME had listed cause of death for [REDACTED] as "consistent with positional asphyxia". It was found that [REDACTED] had suffocated on the comforter that she was laying on. [REDACTED] was not indicated for neglect death due to the fact that there was no finding of neglect in his actions. He laid [REDACTED] down to sleep on his and [REDACTED] bed as he always had. [REDACTED] was sleeping alone. According to previous interviews, [REDACTED] and [REDACTED] had stated that [REDACTED] could turn her head on her own. [REDACTED] then went back to check on [REDACTED] about an hour later. This is when she was found.

CM contacted the family and let them know the results of the autopsy.



**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: 10/03/2013

Contact Method:

Contact Time: 02:35 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/03/2013

Completed date: 10/03/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/03/2013 01:38 PM      Entered By: [REDACTED]

CM contacted Det. [REDACTED] There was still no autopsy from the ME.



**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: 09/19/2013

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 10/03/2013

Completed date: 10/03/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2013 01:26 PM Entered By: [REDACTED]

CM met with Det. [REDACTED] at the CPD and discussed the autopsy report. Det. [REDACTED] stated that he had not received it back yet.



**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: 09/04/2013 Contact Method:  
 Contact Time: 11:47 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/04/2013  
 Completed date: 09/04/2013 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: 09/04/2013 10:55 AM Entered By: [REDACTED]

Case was staffed with CM today. CM reports all the case task have been completed, CM is only waiting on the autopsy report.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/31/2013

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/05/2013

Completed date: 08/05/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/05/2013 05:27 PM      Entered By: [REDACTED]

CM [REDACTED] saw [REDACTED] and [REDACTED] at their home. [REDACTED] was taking a nap. He looked healthy. He was sleeping in his crib in his room. CM quietly observed him. CM spoke with [REDACTED] to see how things were going. She stated that her and [REDACTED] just had their first therapy session earlier that morning. She stated that they are not talking very much about what happened and she has noticed they are grieving in different ways. She stated she hoped the grief therapy sessions will help them to communicate their feelings with each other. [REDACTED] looked well, and she stated that getting back to work has been good for her.



**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: 07/21/2013 Contact Method:  
 Contact Time: 02:31 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/22/2013  
 Completed date: 07/22/2013 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: 07/22/2013 01:33 PM Entered By: [REDACTED]

Case dictation was reviewed. CM has completed the majority of the required case task. CM needs to send for medical records and autopsy report will be put in the file once it is received. CM will also follow up with family to see if any other service referrals are needed.



**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: 06/28/2013

Contact Method: Face To Face

Contact Time: 03:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/03/2013

Completed date: 07/22/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/03/2013 09:58 AM      Entered By: [REDACTED]

Date:

Time: 315pm

Primary person(s) to be interviewed and relationship: [REDACTED] and [REDACTED] [ ]

**Content and Observations:**

CM met with the couple at their home and explained the NCPP. [REDACTED] and [REDACTED] both signed the plan. They stated that would not be a problem because [REDACTED] does not sleep with them. They stated they learned early on that he slept through the night if he was in his own bed, so they have him sleep in his own bed every night. CM also explained a co-sleeping pamphlet and had them sign that they had received it.



**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: 06/28/2013 Contact Method:  
 Contact Time: 02:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/03/2013  
 Completed date: 07/22/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/03/2013 09:56 AM Entered By: [REDACTED]

Date: 06/28/2013

Time: 2pm

Primary person(s) to be interviewed and relationship: TL [REDACTED] and TC [REDACTED]

**Content and Observations:**

CM staffed with TL [REDACTED] and TC [REDACTED] regarding the home visit. Both TL [REDACTED] and TC [REDACTED] advised CM to complete a Non-Custodial Permanency Plan with the family regarding co-sleeping with [REDACTED]. CM contacted [REDACTED] and asked if she could meet with them again. In addition to other attempts to locate grief counseling resources, TC [REDACTED] also recommended that CM see if any members of the family attended a church in the area. ([REDACTED] and [REDACTED] stated they do not have a religious affiliation.)



**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: 06/28/2013 Contact Method: Face To Face  
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/03/2013  
 Completed date: 07/22/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/03/2013 09:54 AM Entered By: [REDACTED]

Date: 06/28/2013

Time: 10am

Primary person(s) to be interviewed and relationship: [REDACTED] and [REDACTED] [mother and father], [REDACTED] [sibling]

**Content and Observations:**

[REDACTED] contacted CM and stated they could meet at [REDACTED] home. CM agreed. Upon arriving, CM met [REDACTED] appeared to be a normal 15 month old. He did not seem to notice the somber mood and ran around happily playing with his toys. He looks healthy and well cared for. CM played with [REDACTED] for a few minutes. He was fascinated by the sparkles on CMs shoes.

CM sat with [REDACTED] and [REDACTED] at the kitchen table while [REDACTED] ([REDACTED] wife) watched [REDACTED]. CM asked [REDACTED] and [REDACTED] for a timeline of the events the night before. [REDACTED] and [REDACTED] both confirmed that [REDACTED] was at work, and [REDACTED] was watching the children. [REDACTED] stated they have alternating schedules, so they do not have to pay for child care. [REDACTED] stated he fed [REDACTED] and laid her down in their bed around 915pm. He stated he went to check on her around 1030pm, and she was face down and blue. He stated at that point, he called 911. He stated [REDACTED] met him at the hospital.

The family was understandably devastated. It was difficult for [REDACTED] to recount the story. [REDACTED] and [REDACTED] were frequently tearful and at a loss of how to go forward from here. CM advised that she would do her best to provide any information they needed, and she was already looking into grief counseling for the couple.

After completing paperwork, CM requested to see the family home. CM followed [REDACTED] and [REDACTED] over to the apartment. The home was appropriate. It was clean and organized. [REDACTED] had his own room with his bed and toys. Several items that belonged to [REDACTED] could be seen in the home like her bouncy seat and car seat that were still in the living room. The couple showed CM their bedroom. Two pillows were still on the bed where [REDACTED] had placed them around [REDACTED]. A crib was located against one wall. CM asked how often [REDACTED] slept in her crib. [REDACTED] stated [REDACTED] had only slept in it a couple of times. [REDACTED] stated that [REDACTED] usually slept with them at night and on the couch at other times.



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

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

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**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: 06/28/2013 Contact Method: Face To Face  
 Contact Time: 02:24 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/03/2013  
 Completed date: 07/22/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/03/2013 09:46 AM Entered By: [REDACTED]

Date: 06/28/2013

Time: 224am

Primary person(s) to be interviewed and relationship: [REDACTED] [mother], [REDACTED] [father]

**Content and Observations:**

CM arrived at the family home to leave a note on the door. Upon pulling up, CM saw approximately ten people standing around in the front yard of the apartment. CM contacted TL [REDACTED] and made her aware before walking up to the group. CM approach and recognized [REDACTED] (maternal great aunt) from the hospital. [REDACTED] introduced CM to [REDACTED] and [REDACTED]. CM confirmed the [REDACTED] was with his Papaw, [REDACTED] stated her and [REDACTED] would be staying over there for the night as well. CM let [REDACTED] and [REDACTED] know that she would need to meet with them and [REDACTED] sometime tomorrow. Both [REDACTED] and [REDACTED] agreed. CM gave [REDACTED] her phone number and told [REDACTED] to call her tomorrow. [REDACTED] agreed. CM went back to her car and called TL [REDACTED] to let her know what had happened.



**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: 06/28/2013 Contact Method:  
 Contact Time: 02:05 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 07/03/2013  
 Completed date: 07/22/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/03/2013 09:44 AM Entered By: [REDACTED]

Date: 06/28/2013

Time: 205am

Primary person(s) to be interviewed and relationship: TL [REDACTED]

**Content and Observations:**

CM contacted TL [REDACTED] and let her know that the family had already left, but contact with maternal extended family was achieved. TL [REDACTED] advised CM to try to call [REDACTED] cell phone. CM called. There was no answer, so CM left a message and called TL [REDACTED] back and advised that no contact was able to be made. TL [REDACTED] asked CM to go by the family home and leave a note on the door since no one was expected to be there. Also, since law enforcement did not suspect any foul play in [REDACTED] death and believed [REDACTED] to be well cared for, TL [REDACTED] stated that meeting with the family the next day would be acceptable and still within response time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/28/2013 Contact Method: Face To Face  
 Contact Time: 01:35 AM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 07/03/2013  
 Completed date: 07/09/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 07/03/2013 09:42 AM Entered By: [REDACTED]

Date: 06/28/2013

Time: 135am

Primary person(s) to be interviewed and relationship: Det. [REDACTED] [LE]

**Content and Observations:**

CM met Det. [REDACTED] at [REDACTED] Hospital and gathered information regarding the case. Det. [REDACTED] stated that there was a 911 call that came in around 1030pm and officers and EMTs responded to [REDACTED]. Det. [REDACTED] relayed the story according to [REDACTED] (father). [REDACTED] (mother) was at work at [REDACTED] [REDACTED] was watching both [REDACTED] (2mos) and [REDACTED] (15mos). [REDACTED] stated that he fed [REDACTED] and then laid her down on his and [REDACTED] bed at 915pm. He stated he put pillows on either side of her to ensure her safety. [REDACTED] stated that he laid her on her stomach. He stated he watched T.V. and went outside to smoke a cigarette and then came back in and checked on her about an hour to an hour and a half later (around 1015-1030pm.) [REDACTED] told law enforcement that she had turned blue and at that time he immediately called 911. Det. [REDACTED] stated he arrived at the home around 11pm. He stated [REDACTED] had already been transferred to [REDACTED] at that time and he was notified that she did not survive. He stated he believes that she actually died in the home. He stated it appears that [REDACTED] died from suffocation from the comforter that was on the bed. He stated an outline of her face could be seen on the comforter and there was a saliva spot where her mouth had been. Det. [REDACTED] stated he left the family home and came to the hospital around midnight. CM asked Det. [REDACTED] to see [REDACTED]. CM did not observe any abnormality with [REDACTED]. Det. [REDACTED] stated the medical examiner, [REDACTED], examined [REDACTED] and stated that the time of death was consistent with the fathers story. Det. [REDACTED] told CM that at this point, he believed the death to be an accident and did not believe there was any foul play. When asked about the other child, Det. [REDACTED] stated [REDACTED] had been sleeping in the next room. He stated [REDACTED] looks healthy and well taken care of. He also stated [REDACTED] has two other children who live in [REDACTED] with their father.

CM called TL [REDACTED] and advised her of the situation. TL [REDACTED] asked for clarification of the timeline. CM consulted Det. [REDACTED] and answered questions from TL [REDACTED] regarding the times listed above.

CM asked Det. [REDACTED] if he would introduce her to the family. Det. [REDACTED] advised that he believed the family had already left the hospital. CM clarified the time line. Det. [REDACTED] stated they had received the call around 1030pm. He



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

responded to family home around 11pm and then left for the hospital around 12 midnight. He stated that is when DCS was called. (DCS received the referral at 1213am EST and CM received the page at 1am.) Det. [REDACTED] brought CM to the room where the family had been waiting. The family had left.

As CM and Det. [REDACTED] were leaving the hospital, Det. [REDACTED] saw the maternal grandparents ([REDACTED]), maternal great grandmother ([REDACTED]), and maternal great aunt ([REDACTED]). Det. [REDACTED] introduced CM.

CM spoke with the family. [REDACTED] and [REDACTED] provided both their phone number and also [REDACTED] cell phone number. [REDACTED] stated that [REDACTED] and [REDACTED] had gone to their Papaws house for the night. She stated their papaw is [REDACTED] and [REDACTED] stated that [REDACTED] was her ex-husband and they had been divorced for several years. [REDACTED] and [REDACTED] stated that all of [REDACTED] family is in [REDACTED] and he had not been able to get a hold of any of them to let them know what had happened. CM asked [REDACTED] about [REDACTED] and [REDACTED] parenting. [REDACTED] stated that they were good parents and they took good care of all of the children. She stated that [REDACTED] had two girls who lived with their father in [REDACTED]. Their names are [REDACTED] and [REDACTED]. She said they come frequently to spend time with their mother and [REDACTED] did ask if CM could get resources for grief counseling. She stated that [REDACTED] is beating himself up about [REDACTED] death, and she is worried about him. CM stated she would find a grief counselor.



**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: 06/28/2013

Contact Method:

Contact Time: 01:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/03/2013

Completed date: 07/22/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/03/2013 09:38 AM      Entered By: [REDACTED]

Date: 06/27/2013

Time: 1am

**Content and Observations:**

CM received a page from Central Intake and called in to get information on the referral. CM was given the Intake number and told it was a neglect death. CM pulled up the referral on TFACTS. CM read through the referral. CM did a search in TFACTS for the family. There was no history. CM contacted TL [REDACTED] and CM advised her that she was on her way to the hospital.



**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: 06/27/2013 Contact Method:  
 Contact Time: 11:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/22/2013  
 Completed date: 07/22/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/22/2013 01:54 PM Entered By: [REDACTED]

CASE NAME: [REDACTED]  
 INTAKE NUMBER: [REDACTED]  
 INTAKE DATE & TIME: 06/27/2013 1113pm CST

This case was assigned as an Investigation case to Case Manager (CM) [REDACTED] on 06/28/2013 at 1am for [REDACTED] County. All times are recorded in [REDACTED] Standard Time. The response priority was P1 and the allegation is neglect death. The alleged victim is [REDACTED] and the alleged perpetrator is Unknown. Referent was contacted on 06/28/2013. The Juvenile Judge, [REDACTED] was notified on 07/01/2013 by mail. The District Attorney, [REDACTED] was notified by fax. Response was met on 06/28/2013 at 130am.

**DEMOGRAPHICS:**

CHILD: [REDACTED]  
 DOB: [REDACTED]  
 SSN: [REDACTED]  
 ADDRESS: [REDACTED]

SIBLING: [REDACTED]  
 DOB: [REDACTED]  
 SSN: [REDACTED]  
 ADDRESS: [REDACTED]

PARENT: [REDACTED]  
 DOB: [REDACTED]  
 SSN: [REDACTED]  
 ADDRESS: [REDACTED]  
 HOME PHONE: [REDACTED]  
 CELL PHONE: [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

PARENT: [REDACTED]  
 DOB: [REDACTED]  
 SSN: [REDACTED]  
 ADDRESS: [REDACTED]  
 HOME PHONE: [REDACTED]  
 CELL PHONE: [REDACTED]

**Presenting and Past Circumstances:****TFACTS history:**

CM [REDACTED] reviewed case history of the family on 06/28/2013.  
 There was no history.

**CURRENT REFERRAL:**

[REDACTED] (1 yr) and [REDACTED] (2 months) reside with their parents, [REDACTED] and [REDACTED]. [REDACTED] laid [REDACTED] down on her stomach on his bed at 9:15pm. [REDACTED] reported that he checked on her after an hour and 15 minutes, and she was blue. 911 was called and responded. [REDACTED] was also in the home, sleeping in the other room. [REDACTED] reported that he smoked a cigarette outside after putting [REDACTED] to bed. [REDACTED] has the odor of alcohol on his breath. [REDACTED] was at work, and she works at the [REDACTED] in [REDACTED]. [REDACTED] was taken to [REDACTED] and the medical examiner is present. It is believed that an autopsy will be completed. The EMS worker reported that [REDACTED] aunt stated that [REDACTED] had shots the day before.

**Investigation Narrative/Family Story:**

CM [REDACTED] explained MRS, the Clients Rights Handbook to include the Parents Bill of Rights and HIPPA and provided the family with copies of each and kept copies of signature pages for the HIPPA and Clients Rights Handbook. CM asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification. CM obtained demographic information and completed the pictorial tool. CM obtained all appropriate releases of information and consent to enter the home at that time.



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

**Assessment**

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]  
 County: [REDACTED] Worker:  
 Date of Referral: 6/27/13 11:13 PM Date of Assessment: 6/28/13 12:00 AM  
 Assessment Type:  Initial  Closing  Other Number of Children in the Household: 2

**Section 1: Immediate Harm Factors**

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

Yes No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



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

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

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

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

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

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