



Tennessee Department of Children's Services
Notice of Child Fatality/Near Fatality

Case # 2013.059

✓ NC

Investigation #: intake Date of Notification: 8/8/13 Date of Death/ Incident: 8/8/13

Type: (Please check one) FATALITY NEAR FATALITY

Child Name: [REDACTED] DOB: [REDACTED]

Gender: Male: Female: Race/Ethnicity: Black or A County/Region: [REDACTED]

Parent's Name(s): Mother: [REDACTED] Father: Ku [REDACTED]

Was child in custody at time of incident? Yes: No: Adjudication:

If child is in DCS custody, list placement type and name: NA

Describe (in detail) cause or circumstance regarding the death/injury: Autopsy pending. According to [REDACTED] /Coroner [REDACTED] it appears that cause of death is asphyxiation. ACV [REDACTED] was found by his father to be face down in the corner of his bassinette. He was "cold and stiff" according to Det. [REDACTED] when they arrived. According to Det. [REDACTED] ACV [REDACTED] had a "mashed" nose and there was also a small indention in the padding around the basinet that appeared to match where ACV [REDACTED] nose would have been. There was a pacifier found in the corner of the bassinette as well. According to Det. [REDACTED] there were no marks or injuries observed to ACV [REDACTED]

Describe (in detail) interview with family: Det. [REDACTED] with the [REDACTED] Police Department interviewed [REDACTED] ACV [REDACTED] father. Mr. [REDACTED] stated he went to sleep at approximately 3:30 pm or 4:00 pm (due to working 3rd shift). He said prior to going to sleep, he placed ACV [REDACTED] in his basinet next to Mr. [REDACTED] bed. He said he woke up at approximately 7:30 pm. due to his other child crying and when he got up to check on her he noticed that ACV [REDACTED] was face down in the corner of the crib. He said when he tried to turn ACV [REDACTED] over he was cold and he realized something was wrong.

[REDACTED] was at work when the death occurred

If child was hospitalized, describe (in detail) DCS involvement during hospitalization: Child was not hospitalized. The only record of any hospitalization with this child according to [REDACTED] Hospital in [REDACTED] is when he was born.

Describe disposition of body (Fatality): Body found to be face down in a bassinette.

Name of Medical Examiner or Coroner: [REDACTED] Was autopsy requested? Yes No

Did CPS open an investigation on this Fatality/Near Fatality? Open Closed

Was there an open investigation at the time of Fatality/Near Fatality? Yes No

If so, describe (in detail) law enforcement or court involvement: Det. [REDACTED] with the [REDACTED] Police Department in [REDACTED] responded to the scene and conducted the interview with [REDACTED] Det. [REDACTED] took numerous photographs of ACV [REDACTED] body and the location and state his body was found in. Det. [REDACTED] stated Mr. [REDACTED] reenacted with a doll what happened when he found ACV [REDACTED]

Alleged perpetrator and relationship to child: [REDACTED] Biological Father

Describe (in detail) action taken to ensure safety of other children (list names and ages of children) and or victim

This is the current version of this form. Please disregard all previous versions prior to the date listed below.

(Near Fatality) (attach safety plan, if applicable):

Case # 2013.059

[REDACTED], dob [REDACTED]

No action taken with this child due to no concern for her safety at this time.

Prior DCS involvement, include dates, findings, and/or adjudications:

No prior DCS history found for this family.

Has there been any media inquiry or is attention expected?

Yes

No

Contact Person/Phone Number(s) (include CM, TL, and TC):

CM [REDACTED] ([REDACTED]) [REDACTED]
ext. [REDACTED]

TL [REDACTED] ([REDACTED]) [REDACTED]

TC [REDACTED] ([REDACTED]) [REDACTED]

ATTACH CS-0496, SERIOUS INCIDENT REPORT TO THIS NOTICE (If Applicable):

Yes No

FAX TO OFFICE OF CHILD SAFETY @ ([REDACTED]) ([REDACTED])



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 08/08/2013 09:19 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 08/08/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 08/09/2013 09:05 AM
 First Team Leader Assigned: [REDACTED] Date/Time 08/09/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 08/09/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Lack of Supervision	Yes	[REDACTED]	Birth Father
[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: No history found

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated No

Fatality No

Screened out 0

History (not listed above):
None



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

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: The family resides in the [REDACTED] in [REDACTED] located in [REDACTED]

Reporters name/relationship: [REDACTED] On Call CPS Team Leader

Reporter states: Unknown (1 and a half) and [REDACTED] (4 months) reside with their mother, [REDACTED], and father, [REDACTED].

Today at approximately 9:00pm, [REDACTED] an investigator for [REDACTED] Police Department reported that law enforcement had received a call about a child fatality. [REDACTED] stated that according to [REDACTED] [REDACTED] was laying in the bed with his children. It is unknown how long [REDACTED] was asleep; however, [REDACTED] stated that when he woke up [REDACTED] was unresponsive. It is unknown to the referent, if [REDACTED] rolled over on the child.

It is unknown if [REDACTED] attempted CPR on the child; however, it is assumed that 911 was called and it is believed that EMS is still on the scene with the child. According to the referent, the child remained unresponsive and it is believed that this is a child fatality. It was further reported that CPS Case Manager [REDACTED] is in route to the scene.

It was also noted that [REDACTED] was at work at the time of the incident.

It is unknown if either of the children have any special needs or disabilities.

Note: The referent indicated that it is not necessary to page as the on call TL is aware of this referral.

SSMS Check Clear

Per SDM: Investigative Track/ Priority 1 Neglect Death-[REDACTED] TL @ 10:10pm on 08/08/13

At 10:36pm the referent was contacted for an update. The reporter stated the case manager made the scene, the infant is officially deceased. The reporter stated additional information has been obtained. The reporter stated the one and half year old (name still unknown) was actually sleeping in the bed with the father not the infant. The reporter reported that the father stated the infant was in the bassinet asleep. The reporter stated apparently the mother and the father work at the same place of employment, the mom works 2nd shift and the father works 3rd shift. It was reported that apparently there was a doctors appointment earlier in the day and afterwards the father and the children returned home. It was reported that the family arrived home between 3:30pm-4:00pm; the father reported the infant was placed in bassinet and the one and a half year old was in the bed with him. The father reported that he woke up about 7:30pm, the infant was in the bassinet, the father reported he rolled the infant over, the infant was cold. The case manager is currently at the hospital, the infant is being examined to ensure there were no bruises or injuries. ([REDACTED] Team Leader)

Child Fatality Team notified by email, [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

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:

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African 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:

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 1 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral**

A. Investigation

Case Name: [REDACTED]
 Referral Date: 08/08/2013
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 08/09/2013

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/16/2013
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/16/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed
 Comments: Case investigated and closed as AUPU.

D. Case Workers

Case Worker: [REDACTED] Date: 10/16/2013
 Team Leader: [REDACTED] Date: 10/16/2013

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:

ACV [REDACTED] was pronounced deceased on 8/8/13 and therefore was not interviewed and his body was no observed by CPSI [REDACTED]

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

Autopsy results stated cause of death as suffocation and the manner of death as accident.

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

AP [REDACTED] was interviewed by Det. [REDACTED] with the [REDACTED] Police Department. Mr. [REDACTED] stated he went to sleep at approximately 3:30 pm or 4:00 pm (due to working 3rd shift). He said prior to going to sleep, he placed ACV [REDACTED] in his basinet next to Mr. [REDACTED] bed. He said he woke up at approximately 7:



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

30 pm. due to his other child crying and when he got up to check on her he noticed that ACV [REDACTED] was face down in the corner of the crib. He said when he tried to turn ACV [REDACTED] over he was cold and he realized something was wrong.

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

Collateral interview was completed with Medical Examiner [REDACTED] at the time of the death and he stated it appears that cause of death is asphyxiation.

Collaterals for the family were interviewed with no reported concerns for the family.

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

This case does not meet criteria for indication due to not rising to the level of neglect death or lack of supervision. There were no concerns noted during the investigation. The case is 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: 11/05/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/06/2013

Completed date: 11/06/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/06/2013 07:58 AM Entered By: [REDACTED]

This case was reviewed by LI, IC, RID and DDI. It has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/22/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/22/2013
Completed date:	10/22/2013	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: 10/22/2013 03:07 PM Entered By: [REDACTED]

FINAL CASE SUMMARY

DCS policy defines Neglect Death occurs when any unexplained death of a child when the cause of death is unknown or pending autopsy report or any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.

DCS policy defines Lack of Supervision as Failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that: The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability or caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g. the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills). Any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

On 8/8/13, DCS received a referral alleging lack of supervision and Neglect Death and Lack of Supervision on ACV, [REDACTED] 4 months old by AP [REDACTED] Biological Father, 22 years old. The referral stated: Unknown (1 and a half) and [REDACTED] (4 months) reside with their mother, [REDACTED] and father, [REDACTED]. Today at approximately 9:00pm, [REDACTED] an investigator for [REDACTED] Police Department reported that law enforcement had received a call about a child fatality. [REDACTED] stated that according to [REDACTED] was laying in the bed with his children. It is unknown how long [REDACTED] was asleep; however, [REDACTED] stated that when he woke up [REDACTED] was unresponsive. It is unknown to the referent, if [REDACTED] rolled over on the child. It is unknown if [REDACTED] attempted CPR on the child; however, it is assumed that 911 was called and it is believed that EMS is still on the scene with the child. According to the referent, the child remained unresponsive and it is believed that this is a child fatality. It was further reported that CPS Case Manager [REDACTED] is in route to the scene. It was also noted that [REDACTED] was at work at the time of the incident.

ACV [REDACTED] was pronounced deceased on 8/8/13 and therefore was not interviewed and his body was not observed by CPSI [REDACTED]

AP [REDACTED] was interviewed by Det. [REDACTED] with the [REDACTED] Police Department. Mr. [REDACTED] stated he went to sleep at approximately 3:30 pm or 4:00 pm (due to working 3rd shift). He said prior to going to sleep, he placed ACV [REDACTED] in his basinet next to Mr. [REDACTED] bed. He said he woke up at approximately 7:30 pm. due to his other child crying and when he got up to check on her he noticed that ACV [REDACTED] was face down in the corner of the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

crib. He said when he tried to turn ACV [REDACTED] over he was cold and he realized something was wrong. Collateral interview was completed with Medical Examiner [REDACTED] at the time of the death and he stated it appears that cause of death is asphyxiation. Collaterals for the family were interviewed with no reported concerns for the family.

This case does not meet criteria for indication due to not rising to the level of neglect death or lack of supervision. There were no concerns noted during the investigation. The case is 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: 10/21/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 10/22/2013

Completed date: 10/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/22/2013 01:50 PM Entered By: [REDACTED]

CPSI [REDACTED] presented this case to [REDACTED] County CPIT and it was agreed with the decision of AUPU in this case.

CPSI [REDACTED] obtained a copy of the autopsy from law enforcement.



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:	10/16/2013	Contact Method:	Attempted Face To Face
Contact Time:	08:35 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/16/2013
Completed date:	10/16/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/16/2013 10:00 AM Entered By: [REDACTED]

CPSI [REDACTED] conducted an unsuccessful home visit to [REDACTED] in an attempt to follow up with the family regarding possible services. There was a silver [REDACTED] in the driveway of the residence but no one answered the door at the home. CPSI [REDACTED] left a card with contact information asking for the family to contact 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: 10/15/2013

Contact Method: Phone Call

Contact Time: 01:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/15/2013

Completed date: 10/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2013 03:46 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted the property management office to the apartment complex the family resides in. CPSI [REDACTED] was told that the family no longer lives in the apartment complex. CPSI [REDACTED] was told that Ms. [REDACTED] listed her mother's address of [REDACTED] as the location she was planning on moving to. CPSI [REDACTED] was told that the only contact number for Ms. [REDACTED] is [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: 10/15/2013

Contact Method: Phone Call

Contact Time: 01:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/15/2013

Completed date: 10/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2013 03:43 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted Det. [REDACTED] with the [REDACTED] Police Department by phone. Det. [REDACTED] stated that the autopsy results were back and the cause of death is accidental suffocation and there would be no charges filed in this case. He stated he would get a copy of the autopsy results but would not be able to do this today but would be later in the week. He stated that this was discussed at their last CPIT meeting that I was unable to attend due to [REDACTED] CPIT being at the same time. Det. [REDACTED] said the District Attorney was aware of the autopsy results and was in agreement with this being an accidental death and stated they could sign paperwork at the next CPIT which is scheduled for 10/21/13.



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: 10/15/2013

Contact Method: Attempted Phone Call

Contact Time: 01:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/15/2013

Completed date: 10/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2013 03:35 PM Entered By: [REDACTED]

CPSI [REDACTED] left a voicemail message for [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: 09/30/2013

Contact Method: Attempted Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/15/2013

Completed date: 10/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2013 03:48 PM

Entered By: [REDACTED]

CPSI [REDACTED] attempted to contact [REDACTED] by phone but was unsuccessful.



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:	08/30/2013	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:	10/03/2013
Completed date:	10/03/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/03/2013 06:30 AM Entered By: [REDACTED]

CPSI [REDACTED] presented this case to [REDACTED] County CPIT and it was requested that this case be kept open to wait on the results for the autopsy or verbal from Medical Examiners office. Det. [REDACTED] stated he would follow up on the results.



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: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/09/2013

Completed date: 09/09/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

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

Case conference was held on this date with CPSI. Child fatality in [REDACTED] County. The incident seems purely accidently. CPSI has tried to follow up with the family to see if they would be willing to participate in grief counseling. Autopsy is still pending at this time. CPSI will present to CPIT after autopsy is obtained.



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:	08/21/2013	Contact Method:	Attempted Face To Face
Contact Time:	11:55 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/03/2013
Completed date:	10/03/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/03/2013 06:33 AM Entered By: [REDACTED]

CPSI [REDACTED] conducted an unsuccessful home visit to this family's residence. While at the residence CPSI [REDACTED] attempted to contact Ms. [REDACTED] by phone but was unsuccessful.



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: 08/09/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 08/13/2013 09:36 AM

Entered By: [REDACTED]

An administrative review was held on this date regarding the child fatality of [REDACTED] 5 month old child. Dad states he put him in the bassinette to sleep and went to sleep himself before work. When he woke up, the baby had rolled over into the corner of the bassinette and died. Dad called 911. Preliminary cause of death is believed to be asphyxiation and the police stated the position of the body is consistent with the child rolling over and smothering. No marks or bruises on child's body. There is no previous history on this family and currently no suspicion of abuse. Refer the parents for grief counseling.



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: 08/09/2013

Contact Method:

Contact Time: 09:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 10/15/2013

Completed date: 10/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2013 03:52 PM Entered By: [REDACTED]

CPSI [REDACTED] completed and submitted notice 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:	08/09/2013	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Provider Office	Created Date:	10/15/2013
Completed date:	10/15/2013	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: 10/15/2013 04:01 PM Entered By: [REDACTED]

Case Summary:

On 8/8/13, at 9:19 pm, a P1 referral was called into Central Intake. The referral was screened into [REDACTED] County at 10:10 pm with allegation(s) of Lack of Supervision and Neglect Death of alleged victim [REDACTED] by [REDACTED]. The referral was assessed and assigned by TL [REDACTED] on 8/8/13 to CPSI [REDACTED]. Response is due on: 8/9/13 at 9:19 pm. It is unknown at this time if the children are of Native American descent. CPSI [REDACTED] will contact the referent within 30 days.

Notice of Report was sent to Juvenile Court.

Notice of Case Assignment was sent.

A TFacts search was completed by CPSI [REDACTED]. The history is as follows:

No History Found

Referral Information:

Today at approximately 9:00pm, [REDACTED] an investigator for [REDACTED] Police Department reported that law enforcement had received a call about a child fatality. [REDACTED] stated that according to [REDACTED] was laying in the bed with his children. It is unknown how long [REDACTED] was asleep; however, [REDACTED] stated that when he woke up [REDACTED] was unresponsive. It is unknown to the referent, if [REDACTED] rolled over on the child.

It is unknown if [REDACTED] attempted CPR on the child; however, it is assumed that 911 was called and it is believed that EMS is still on the scene with the child. According to the referent, the child remained unresponsive and it is believed that this is a child fatality. It was further reported that CPS Case Manager [REDACTED] is in route to the scene.

It was also noted that [REDACTED] was at work at the time of the incident.

It is unknown if either of the children have any special needs or disabilities.

Note: The referent indicated that it is not necessary to page as the on call TL is aware of this referral.

SSMS Check Clear

Per SDM: Investigative Track/ Priority 1 Neglect Death- [REDACTED] TL @ 10:10pm on 08/08/13

At 10:36pm the referent was contacted for an update. The reporter stated the case manager made the scene, the infant is officially deceased. The reporter stated additional information has been obtained. The reporter stated the one and half year old (name still unknown) was actually sleeping in the bed with the father not the infant. The reporter



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

reported that the father stated the infant was in the bassinet asleep. The reporter stated apparently the mother and the father work at the same place of employment, the mom works 2nd shift and the father works 3rd shift. It was reported that apparently there was a doctors appointment earlier in the day and afterwards the father and the children returned home. It was reported that the family arrived home between 3:30pm-4:00pm; the father reported the infant was placed in bassinet and the one and a half year old was in the bed with him. The father reported that he woke up about 7:30pm, the infant was in the bassinet, the father reported he rolled the infant over, the infant was cold. The case manager is currently at the hospital, the infant is being examined to ensure there were no bruises or injuries.

The household composition is as follows:

[REDACTED] DOB [REDACTED] ACV
 [REDACTED], DOB [REDACTED], ACVs mother
 [REDACTED] DOB [REDACTED] ACVs father
 [REDACTED] DOB [REDACTED] ACVs sister

CPSI [REDACTED] completed Initial Safety SDM and placed it in case file.
 SDM Safety Score: 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: 08/08/2013

Contact Method: Face To Face

Contact Time: 11:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/03/2013

Completed date: 10/03/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2013 06:35 AM Entered By: [REDACTED]

11:00 pm. CPSI [REDACTED] went to [REDACTED] Hospital and spoke with Medical Examiner [REDACTED] and he stated ACV [REDACTED] body was being sent for an autopsy. He stated that he had observed the body and he did not observe any visible physical injuries to the body. CPSI [REDACTED] spoke with staff at the hospital to ask if there was any prior hospital visits for ACV [REDACTED]. CPSI [REDACTED] was told the only time ACV [REDACTED] had been a patient at their hospital was when he was born.

-CPSI [REDACTED] contacted TL [REDACTED] and it was agreed that there was no further assistance DCS could be for the family tonight and CPSI [REDACTED] could follow up at a later time with the family to discuss possible counseling.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method:

Contact Time: 10:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/03/2013

Completed date: 10/03/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2013 06:28 AM Entered By: [REDACTED]

-CPSI [REDACTED] contacted TL [REDACTED] by phone and informed her of the interviews completed in this case. CPSI [REDACTED] explained that there were numerous family members at this location for support to both parents and ACV [REDACTED] sister was being cared for at this time. TL [REDACTED] contacted TC [REDACTED] by phone. TL [REDACTED] contacted CPSI [REDACTED] and informed her that she could leave the scene due to no safety concerns at this time for the remaining child in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method: Face To Face

Contact Time: 10:50 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/04/2013

Completed date: 11/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2013 10:45 AM Entered By: [REDACTED]

When CPSI [REDACTED] met with AP [REDACTED] at his apartment there were three members of his family present with him to try to console him and ACV [REDACTED] mother [REDACTED]

CPSI [REDACTED] spoke with ACV [REDACTED] maternal grandmother, who was waiting outside the apartment on the first floor of the apartment complex caring for ACV [REDACTED] sister [REDACTED]. She said they were a little in shock at this time. CPSI [REDACTED] asked if there was anything they needed help with tonight and she said no. There were several other maternal family members also waiting outside the apartment ready to be a support for ACV [REDACTED] parents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/08/2013	Contact Method:	Face To Face
Contact Time:	10:35 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/03/2013
Completed date:	10/03/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview, Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/03/2013 06:25 AM Entered By: [REDACTED]

CPSI [REDACTED] and Det. [REDACTED] spoke f2f with [REDACTED] and [REDACTED]. Both were visibly upset and had been crying extensively. Ms. [REDACTED] kept stating she just did not know what to do and shaking her head. CPSI [REDACTED] asked if there was anything DCS could help them with tonight or any assistance they needed at this time and both said no. CPSI [REDACTED] gave them her contact information and asked them to call if there was anything they needed. CPSI [REDACTED] stated that she would follow up with them for possible counseling services. The family's home appeared to be clean with some small cluttered areas with toys and children's items. No visible safety concerns were observed at this initial home visit.

CPSI [REDACTED] saw ACV [REDACTED] sister, [REDACTED] outside the apartment complex. She was being cared for by a family member (believed to be maternal grandmother). She appeared as though she may have been crying due to observing watery eyes. There were numerous family members present as a support for the family. [REDACTED] appeared to be clean and wearing pajamas. She was unable to be interviewed due to her age.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method:

Contact Time: 10:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/03/2013

Completed date: 10/03/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2013 06:22 AM Entered By: [REDACTED]

CPSI [REDACTED] called TL [REDACTED] and told about the interviews so far in this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method: Face To Face

Contact Time: 10:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/22/2013

Completed date: 09/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/22/2013 01:44 PM Entered By: [REDACTED]

ACV [REDACTED] body had been removed from the residence when CPSI [REDACTED] arrived.
 This is a child fatality case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	08/08/2013	Contact Method:	Face To Face
Contact Time:	10:10 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/03/2013
Completed date:	10/03/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/03/2013 06:21 AM Entered By: [REDACTED]

10:10 pm. CPSI [REDACTED] met with Det. [REDACTED] and Medical Examiner on scene [REDACTED]. Det. [REDACTED] with the [REDACTED] Police Department interviewed [REDACTED], ACV [REDACTED] father. Mr. [REDACTED] stated he went to sleep at approximately 3:30 pm or 4:00 pm (due to working 3rd shift). He said prior to going to sleep, he placed ACV [REDACTED] in his basinet next to Mr. [REDACTED] bed. He said he woke up at approximately 7:30 pm. due to his other child crying and when he got up to check on her he noticed that ACV [REDACTED] was face down in the corner of the crib. He said when he tried to turn ACV [REDACTED] over he was cold and he realized something was wrong. ACV [REDACTED] mother was at work at [REDACTED] in [REDACTED] at the time of death. According to Medical Examiner [REDACTED] it appears that cause of death is asphyxiation. Det. [REDACTED] said ACV [REDACTED] was "cold and stiff" when they arrived and their call came in at approximately 7:40 pm. tonight. According to Det. [REDACTED] ACV [REDACTED] had a "mashed" nose and there was also a small indentation in the padding around the basinet that appeared to match where ACV [REDACTED] nose would have been. There was a pacifier found in the corner of the bassinette as well. According to Det. [REDACTED] there were no marks or injuries observed to ACV [REDACTED]. Det. [REDACTED] took numerous photographs of ACV [REDACTED] body and the location and state his body was found in. Det. [REDACTED] stated Mr. [REDACTED] reenacted with a doll what happened when he found ACV [REDACTED] and his story appears consistent with where ACV [REDACTED] was found. Det. [REDACTED] stated that preliminary this appears to be accidental.

Narrative Type: Created In Error Entry Date/Time: 10/23/2013 09:53 AM Entered By: [REDACTED]

Mr. [REDACTED] was wrongfully referred to in this case recording as Mr. [REDACTED]. New dictation reflecting his correct name will be made.

Narrative Type: Addendum 1 Entry Date/Time: 10/22/2013 02:58 PM Entered By: [REDACTED]

AP is wrongfully referred to as Mr. [REDACTED] throughout this case recording. This should have been documented as Mr. [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: 08/08/2013

Contact Method: Face To Face

Contact Time: 10:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/03/2013

Completed date: 10/03/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2013 06:10 AM Entered By: [REDACTED]

10:05 pm. CPSI [REDACTED] spoke with the property manager for the apartment complex upon arriving to the scene. She stated that she has not had any concerns about this family. She said they have lived here for a while now. She said prior to ACV [REDACTED] being born the family lived in a smaller two bedroom apartment but after he was born they moved to a bigger apartment which is the one they currently are in.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/08/2013	Contact Method:	Face To Face
Contact Time:	10:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/23/2013
Completed date:	10/23/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2013 09:54 AM Entered By: [REDACTED]

10:10 pm. CPSI [REDACTED] met with Det. [REDACTED] and Medical Examiner on scene [REDACTED]. Det. [REDACTED] with the [REDACTED] Police Department interviewed [REDACTED], ACV [REDACTED] father. Mr. [REDACTED] stated he went to sleep at approximately 3:30 pm or 4:00 pm (due to working 3rd shift). He said prior to going to sleep, he placed ACV [REDACTED] in his basinet next to Mr. [REDACTED] bed. He said he woke up at approximately 7:30 pm. due to his other child crying and when he got up to check on her he noticed that ACV [REDACTED] was face down in the corner of the crib. He said when he tried to turn ACV [REDACTED] over he was cold and he realized something was wrong. ACV [REDACTED] mother was at work at [REDACTED] in [REDACTED] at the time of death. According to Medical Examiner [REDACTED] it appears that cause of death is asphyxiation. Det. [REDACTED] said ACV [REDACTED] was "cold and stiff" when they arrived and their call came in at approximately 7:40 pm. tonight. According to Det. [REDACTED] ACV [REDACTED] had a "mashed" nose and there was also a small indentation in the padding around the basinet that appeared to match where ACV [REDACTED] nose would have been. There was a pacifier found in the corner of the bassinette as well. According to Det. [REDACTED] there were no marks or injuries observed to ACV [REDACTED]. Det. [REDACTED] took numerous photographs of ACV [REDACTED] body and the location and state his body was found in. Det. [REDACTED] stated Mr. [REDACTED] reenacted with a doll what happened when he found ACV [REDACTED] and his story appears consistent with where ACV [REDACTED] was found. Det. [REDACTED] stated that preliminary this appears to be accidental.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method: Phone Call

Contact Time: 09:25 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/03/2013

Completed date: 10/03/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/03/2013 06:08 AM Entered By: [REDACTED]

CPSI [REDACTED] convened CPIT immediately upon receiving this case on call by contacting Det. [REDACTED] with the [REDACTED] County Police Department by phone.

He informed CPSI [REDACTED] of the location they were on the scene at, which is the family residence. Det. [REDACTED] stated that this death appears to be accidental at this time but it is still under investigation and would request immediate response to the scene.