



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 12/10/2013 08:57 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 12/10/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 12/10/2013 01:03 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 12/10/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 12/10/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address: [REDACTED]  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: Letter  
 Narrative: This child is not in custody.  
 TFACTS:  
 Family ID: No  
 Open Court Custody/FSS/FCIP No  
 Closed Court Custody No  
 Open CPS - No  
 Indicated No



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

Fatality No

Screened out None

History (not listed above): None

DUPLICATE REFERRAL: No

County: [REDACTED]  
Notification: Letter  
School/ Daycare: N/A  
Native American Descent: Unknown  
Directions: None given

Reporters name/relationship: [REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED]

Reporter states (per initial phone call received): [REDACTED] (DOB [REDACTED] lives with his Mother [REDACTED] [REDACTED]. The child was home at the time of the incident on 12-7-13. The EMS ambulance responded @ 10:49 am on Saturday, 12-7-13. An autopsy should be completed, but no preliminary report is available yet for the investigator. [REDACTED] with the [REDACTED] Sheriff's Department is the lead investigator for this case, phone [REDACTED] Assistant [REDACTED] is the Assistant Director who started the investigation into this child fatality.

There may be another child in the home who is older (unknown information). A SIDS (Sudden Infant Death Syndrome) report was completed. Any information on any other children or adults in the home is not known by the reporter. The status of the home or any known history with the family is unknown at this time.

[REDACTED] Assistant District Attorney for [REDACTED] has also been contacted about this incident.

Reporter faxed in the report Narrative from faxed report (entered as written in the faxed report, which is attached through the "Documents" hyperlink above the narrative of this intake):

C: EMS [REDACTED] responded lights and sirens to a medical call. Arrived at Home/Residence in [REDACTED] to find a 17 day old white male patient in cardiac/respiratory arrest. Parents present stated they had been asleep with the baby and awoke to find him in resp. arrest. A bystander was doing CPR on arrival. Child was lying on the arm of the sofa in the front room. Initially the child had been in the bed per the parents and was found to be in a position other than supine. The child appeared flaccid, mottled skin with cyanosis, and had extremities that were cool to the touch. Core was warmer. Parents reported no distress or illness prior to incident.

H: Past medical history: N/A Allergies N/A and current medications: N/A.

A: Upon arrival PT was unresponsive with a GCS of 3, Eye response-1, Best verbal response-1, Best motor response-1, Pt's airway-patent, Respirations-0 absent, Breath sounds were left: absent, right: absent, with a SPO2 of would not register. Circulation-absent, See notes above for any secondary assessment. Vital signs were Pulse-0 with EKG monitor showing asystole, Blood pressure-0/0, and blood glucose was unable to be assessed due to lack of blood although attempts were made. PT was obviously dead on arrival.

R: Pt transferred to ambulance 851 by [REDACTED] while continuing CPR, Pt's position during transport was supine x three straps, treatment included cardiac monitor at 12/07/2013 11:02, Assessment-pediatric at 12/07/2013 10:54, IO-Pediatric 12/07/2013 11:06 started in the lower extremity-Left with A gauge needle and a tube, pulse oximetry at 12/07/2013 10:58 Airway-BVN at 12/07/2013 10:54, Airway-Oral at 12/07/2013 10:55. The patient was given oxygen 15L/Min bag valve mask Epinephrine 1:10000 0.04



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mg intraosseous Epinephrine 1:10000 0.04 mg intraosseous, intubation attempted one time on scene by [REDACTED] with no insertion. Another intubation attempted en route by [REDACTED]. Air movement could be heard in chest as well as abdomen. Color change present on ETCO<sub>2</sub>, but was sluggish. For this reason tube removed and OPA reinserted with BVM utilized for PPV. Medication dosed off an assumed weight of 4.5 Kg.

T: Patient transported by EMS [REDACTED] lights and sirens, to [REDACTED] Medical Center, destination choice determined by being the closest facility. Pt left in care of hospital staff, [REDACTED] RN. Condition expired.

SSMS: No results.

County group emailed.

Per SDM: Investigative Track, P1, [REDACTED], TL on 12-10-13 @ 10:35 am

Notified Child Death Group: [REDACTED]

[REDACTED] was copied on the notification.



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

**Participant(s)**

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN: [REDACTED]

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:**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race: Unable to

Age: 7 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:** Unknown Participant [REDACTED], Unknown

Gender: Male

Date of Birth:

Partipant 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:**

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

Gender:

Date of Birth:

Partipant 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:** Unknown Participant [REDACTED], Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/10/2013

Assignment Date: 12/10/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: CPSI [REDACTED] investigated this case and found no evidence to substantiate the allegations. CPSI is recommending this case for closure as Allegation Unsubstantiated/Perpetrator Unsubstantiated.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 01/14/2014

Team Leader: [REDACTED]

Date: 01/15/2014

**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:**

CPSI [REDACTED] did a home visit with the family on 12/30/13. CPSI notes that the home was neat and clean with no safety hazards. CPSI did see [REDACTED] and notes that she was neat and clean and dressed appropriately for the weather.

**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 preliminary autopsy report states that the baby died from being smothered.

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

CPSI [REDACTED] spoke with the parents at their home on 12/30/13. Mr. [REDACTED] stated that he fed the baby about 6:00 that morning and then placed him in the bed with him and Mrs. [REDACTED]. Mrs. [REDACTED] stated that she woke up about 10:00 and when she rolled over she saw the baby up against her husband and noticed that his lips were already turning blue. Mrs. [REDACTED] stated that she woke Mr. [REDACTED] up and that he grabbed him and started doing



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

Case Name : ██████████

Investigation ID: ██████████

CPR and she called 911. Mrs. ██████████ stated that their neighbor is a nurse and she heard the call come across the scanner and she ran down to the house and started doing CPR. Mrs. ██████████ stated that he was taken to the hospital and he died. Mrs. ██████████ stated that he had some trouble at the hospital not eating well but that once they got him home he was eating fine. Mr. and Mrs. ██████████ stated that they thought the hospital talked to them about the risk of the baby sleeping in the bed with them but they couldn't remember.

Mrs. ██████████ stated that they have already talked to someone at ██████████ Church in ██████████ and they are helping them with counseling and finding a grief support group.

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

None

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

This case was initially opened due to the allegation of Neglect Death. CPSI ██████████ investigated this case and found no evidence to substantiate the allegation. CPSI ██████████ spoke with Detective ██████████ who stated that what happened was a tragic accident and the Sheriff's Department and District Attorney will not be prosecuting the parents for anything.

CPSI ██████████ is recommending this case for closure as Allegation Unsubstantiated/Perpetrator Unsubstantiated.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/02/2014

Contact Method:

Contact Time: 01:04 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/02/2014

Completed date: 05/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/02/2014 01:06 PM Entered By: [REDACTED]

This case was reviewed by RID [REDACTED] and Deputy Director [REDACTED] and approved for closure after F2F contact with the living child had been entered into TFACTS case recordings. That F2F is reflected in case recording ID [REDACTED] as an addendum. This investigation will now be closed. Juvenile court will be notified according to local protocol.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/29/2014

Contact Method: Phone Call

Contact Time: 09:18 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2014

Completed date: 04/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/29/2014 09:20 AM Entered By: [REDACTED]

04/29/14  
9:18 am

CPSI [REDACTED] phoned [REDACTED] in [REDACTED] on this date to see if [REDACTED] was a patient there and was seen there after his birth. CPSI was advised that he was seen there one time after his birth. CPSI requested a fax number so that CPSI can send a request for those medical records.

CPSI faxed the request to [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: 04/29/2014

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2014

Completed date: 04/29/2014

Completed By: [REDACTED] [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: 04/29/2014 09:15 AM Entered By: [REDACTED] [REDACTED]

04/29/14  
8:45 am

CPSI [REDACTED] made a referral to TEIS on [REDACTED], daughter of [REDACTED] [REDACTED]



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**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/28/2014

Contact Method: Phone Call

Contact Time: 03:46 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/28/2014

Completed date: 04/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/29/2014 09:14 AM Entered By: [REDACTED]

04/28/14  
3:46 pm

CPSI [REDACTED] phoned Detective [REDACTED] on this date to ask him the name of the neighbor that performed CPR on the [REDACTED] baby. Detective [REDACTED] stated that her name is [REDACTED] and her address is [REDACTED] and her number is [REDACTED]. Detective [REDACTED] stated that she used to run a daycare and that she is certified in CPR and when she heard the call come across the scanner she went down there and administered CPR until the ambulance got there. Detective [REDACTED] stated that she owns the house the family lives in and she had nothing but nice things to say about the family. CPSI thanked Detective [REDACTED] for the information.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/14/2014

Contact Method:

Contact Time: 10:33 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/14/2014

Completed date: 04/14/2014

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: 04/14/2014 10:34 AM Entered By: [REDACTED]

Child: [REDACTED]

Documentation/Case Recordings Form

Date of Referral: 12/10/13

Victim (s): [REDACTED]

Victims Mother: [REDACTED]

Victims Father: [REDACTED]

**Allegations and Presenting Problems:**

Reporter states (per initial phone call received): [REDACTED] (DOB [REDACTED] lives with his Mother [REDACTED]. The child was home at the time of the incident on 12-7-13. The EMS ambulance responded @ 10:49 am on Saturday, 12-7-13. An autopsy should be completed, but no preliminary report is available yet for the investigator. [REDACTED] with the [REDACTED] County Sheriff's Department is the lead investigator for this case, phone [REDACTED]. Assistant [REDACTED] is the Assistant Director who started the investigation into this child fatality.

There may be another child in the home who is older (unknown information). A SIDS (Sudden Infant Death Syndrome) report was completed. Any information on any other children or adults in the home is not known by the reporter. The status of the home or any known history with the family is unknown at this time.

[REDACTED], Assistant District Attorney for [REDACTED] County, has also been contacted about this incident.

Reporter faxed in the report Narrative from faxed report (entered as written in the faxed report, which is attached through the "Documents" hyperlink above the narrative of this intake):

C: EMS Unit [REDACTED] responded lights and sirens to a medical call. Arrived at Home/Residence in [REDACTED] to find a 17 day old white male patient in cardiac/respiratory arrest. Parents present stated they had been asleep with the baby and awoke to find him in resp. arrest. A bystander was doing CPR on arrival. Child was lying on the arm of the sofa in the



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

front room. Initially the child had been in the bed per the parents and was found to be in a position other than supine. The child appeared flaccid, mottled skin with cyanosis, and had extremities that were cool to the touch. Core was warmer. Parents reported no distress or illness prior to incident.

H: Past medical history: N/A Allergies N/A and current medications: N/A.

A: Upon arrival PT was unresponsive with a GCS of 3, Eye response-1, Best verbal response-1, Best motor response-1, Pt's airway-patent, Respirations-0 absent, Breath sounds were left: absent, right: absent, with a SPO2 of would not register. Circulation-absent, See notes above for any secondary assessment. Vital signs were Pulse-0 with EKG monitor showing asystole, Blood pressure-0/0, and blood glucose was unable to be assessed due to lack of blood although attempts were made. PT was obviously dead on arrival.

R: Pt transferred to ambulance [REDACTED] by [REDACTED] while continuing CPR, Pt's position during transport was supine x three straps, treatment included cardiac monitor at 12/07/2013 11:02, Assessment-pediatric at 12/07/2013 10:54, IO-Pediatric 12/07/2013 11:06 started in the lower extremity-Left with A gauge needle and a tube, pulse oximetry at 12/07/2013 10:58 Airway-BVN at 12/07/2013 10:54, Airway-Oral at 12/07/2013 10:55. The patient was given oxygen 15L/Min bag valve mask Epinephrine 1:10000 0.04 mg intraosseous Epinephrine 1:10000 0.04 mg intraosseous, intubation attempted one time on scene by [REDACTED] with no insertion. Another intubation attempted en route by [REDACTED]. Air movement could be heard in chest as well as abdomen. Color change present on ETCO2, but was sluggish. For this reason tube removed and OPA reinserted with BVM utilized for PPV. Medication dosed off an assumed weight of 4.5 Kg.

T: Patient transported by EMS [REDACTED], lights and sirens, to [REDACTED] Medical Center, destination choice determined by being the closest facility. Pt left in care of hospital staff, [REDACTED] RN. Condition expired.

CPS/DCS History: There has been no previous history on this family.

Family Composition: [REDACTED] Mother  
 [REDACTED] Father  
 [REDACTED], Half sibling to [REDACTED]

Family Story: CPSI [REDACTED] spoke with the family at their home on 12/30/13. Mr. [REDACTED] stated that he woke up about 6:00 am and gave the baby a bottle and then placed him back in the bed with him and his wife. Mrs. [REDACTED] stated that she woke up around 10:00 and when she rolled over she saw the baby up against her husband. Mrs. [REDACTED] stated that she immediately knew something was wrong and when she looked at him she saw that his lips were already starting to turn blue. Mrs. [REDACTED] stated that she woke her husband up and he grabbed the baby and started trying to do CPR. Mrs. [REDACTED] stated that she called 911 and their neighbor who is a nurse ran over to the home and started doing CPR on the baby until the ambulance got there. Mrs. [REDACTED] stated that he was dead at the hospital.

Mr. and Mrs. [REDACTED] reported that he seemed to have some problems eating when he was in the hospital right after birth but he was eating fine when he got home. Mr. and Mrs. [REDACTED] reported that [REDACTED] health appeared to be fine and they had no concerns.

Mr. and Mrs. [REDACTED] stated that they were putting the baby in the bed with them. Mr. and Mrs. [REDACTED] stated that they believed that the hospital did talk to them about the dangers of co sleeping but they really could not remember.

Mrs. [REDACTED] stated that they have already been in touch with someone at [REDACTED] Church in [REDACTED] and they are helping them get set up with counseling and with a grief support group.

Safety Assessment Score:  
 Initial-Safe  
 Ending-Safe  
 Fast Assessment Score: Low

Permanency: [REDACTED] was a 17 day old baby boy that died at his family home.

Family Support: Mr. and Mrs. [REDACTED] reported that they have good family support from both their families who have



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

been with them through the ordeal. Mr. and Mrs. [REDACTED] reported that they have talked to some at [REDACTED] Church about counseling and a grief support group.

## Well Being (of either child or parent/caretaker presenting with concern):

Medical: The child [REDACTED] [REDACTED] passed away at his home due to respiratory arrest.

Mental/Behavioral Health: No issues or concerns.

Substance Abuse: No issues.

Education: N/A

Developmental: The child passed away at 17 days old.

Workers Observation of the Child: CPSI [REDACTED] did not see [REDACTED] due to [REDACTED] passing away. CPSI did a home visit with the parents and Mrs. [REDACTED] daughter [REDACTED] on 12/30/13. CPSI notes that the home was neat and clean with no safety hazards.

Ending Summary to include assessment of progress and long-term view: This case was initially opened due to the allegation of Neglect Death. [REDACTED] [REDACTED] passed away at his family home on 12/07/13 due to respiratory arrest. The parents reported that they had placed [REDACTED] in the bed with them and when Mrs. [REDACTED] awoke she noticed that he was turned towards his father.

The preliminary autopsy report states that the child died from respiratory arrest. Detective [REDACTED] along with District Attorney [REDACTED] have stated that they will not be pursuing any legal charges against the parents as what happened was a tragic accident.

CPSI [REDACTED] has not received the final autopsy report at this time but the preliminary report states that the baby died from respiratory arrest. The final report will be placed in the file once the Department receives a copy of the report.

CPSI [REDACTED] is recommending this case for closure as Allegation Unsubstantiated/Perpetrator Unsubstantiated.



**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: 03/05/2014

Contact Method: Phone Call

Contact Time: 03:28 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/05/2014

Completed date: 03/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/05/2014 03:33 PM Entered By: [REDACTED]

03/05/14  
3:28 pm

CPSI [REDACTED] phoned Detective [REDACTED] on this date to see if the final autopsy report is back on [REDACTED] yet. Detective [REDACTED] stated that he talked to the medical director [REDACTED] today and that he called the medical examiners office and they stated that they are planning to type it up within the next week or so and get it sent out. Detective [REDACTED] stated that he would let CPSI know when he receives the 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: 03/05/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2014

Completed date: 04/29/2014

Completed By: [REDACTED] [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: 04/29/2014 09:16 AM      Entered By: [REDACTED] [REDACTED]

03/05/14  
2:00 pm

CPSI [REDACTED] requested medical records on [REDACTED] [REDACTED] on this date.



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**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/28/2014

Completed date: 04/28/2014

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**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/28/2014 03:52 PM Entered By: [REDACTED]

01/23/14

2:00 pm

[REDACTED] County CPIT met on this date. CPSI [REDACTED] presented the [REDACTED] case to CPIT. CPSI [REDACTED] advised the CPIT team of the referral and what the notes from the ambulance and sheriff's department said. The decision was made that the case would be closed as Unsubstantiated as law enforcement felt that the child's death was a tragic accident.



**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: Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/03/2014

Completed date: 03/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/03/2014 03:44 PM Entered By: [REDACTED]

Critical documentation format.

Date: 12/30/13

Time: 11:30 am

Type of Contact: Initial Face to Face with the family.

Reason for Contact: Initial Face to Face with the family.

-Assess the allegations of Neglect Death.

-Ensure that children are not at imminent risk of harm

-Interview all adults in the home

-Observe the family's residence

This CM contacted the family at the following address: [REDACTED]

Household Composition: [REDACTED] Mother

[REDACTED] Father

[REDACTED] Child

[REDACTED] Deceased child

In order to engage the family, this CM explained the current report made to the [REDACTED] Services and the MRS/Investigative/Assessment process.

CM thoroughly explained and provided [REDACTED] with the following forms:

Notice of Privacy Practices

Notification of Equal Access to Programs

Parent's Bill of Rights

Client's Rights Handbook

Native American Heritage Veto Verification

Signed acknowledgements can be found in the CPS case file.

Present at the home were all of the above.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Safety/well-being/permanency needs at this time.

Safety: Safe

Permanence: Children resided with the parents.

Well Being:

1. Medical- [REDACTED] was found unresponsive in his parents bed on 12/07/13. [REDACTED] was later pronounced dead at [REDACTED] Medical Center.

2. Mental Health/Behavioral- No issues or concerns.

3. Education-Children are not school age.

Worker Observance of the home: CPSI notes that the home was clean with no safety hazards.

Individual Behavior: Mr. and Mrs. [REDACTED] were talkative and cooperative with CPSI but were visibly upset about the death of their child.

Interaction between Client/Family/DCS: CPSI expressed condolences to Mr. and Mrs. [REDACTED] on the loss of their son. CPSI asked Mr. and Mrs. [REDACTED] if there is anything CPSI can do such as put them in touch with a grief counseling group or anything like that. Mrs. [REDACTED] stated that they have already been in touch with someone at [REDACTED] which is a church in [REDACTED] and they are going to get them into a group.

Mrs. [REDACTED] asked why the Department was called when they were not abusing their son and he died in his sleep. CPSI explained to Mrs. [REDACTED] that anytime there is a child death in the state of [REDACTED] it has to be reported to the Department. Mrs. [REDACTED] stated that she guesses she can understand that but that it is hard enough having to live with the death of their child and then add to that the Department coming to investigate them and it is just very difficult for them. CPSI advised her that CPSI is sure it is difficult for them and that CPSI is sorry for their loss.

CPSI advised Mr. and Mrs. [REDACTED] that CPSI needs to hear from them what happened with their son. Ms. [REDACTED] stated that she woke up around 10:00 that morning and when she rolled over she saw the baby turned with his face against his dad's shoulder. Mrs. [REDACTED] stated that she could see that he was a little blue around his mouth so she woke her husband up and he immediately grabbed him up out of the bed and took him to the living room to start CPR. Mrs. [REDACTED] stated that she called 911 and that when they put it across the scanner their neighbor who was a nurse came running down to the house and she started doing CPR on him. Mrs. [REDACTED] stated that the ambulance got there and they took him to the hospital but it was too late.

CPSI asked Mrs. [REDACTED] if the baby had any medical problems or issues. Mrs. [REDACTED] stated that he didn't have and his last check up he was fine but since his death they have been thinking about everything and what could have possibly caused something like this to happen. Mrs. [REDACTED] stated that they got to thinking about when they were at the hospital that he didn't want to eat. CPSI asked if they kept him in the hospital any extra days because of it and she stated no. CPSI asked Mrs. [REDACTED] how he was eating once they brought him home and she stated that he was eating fine.

CPSI asked Mr. and Mrs. [REDACTED] if they noticed anything about him that morning that was a concern and they stated no. Mr. [REDACTED] stated that he fed him about 6:00 that morning and then he put him in the bed with them and she woke up about 10:00 and found him like that. CPSI asked Mr. and Mrs. [REDACTED] if the hospital talked to them before they left advising them about the concerns of putting the baby in the bed with them and they both stated that they could not remember but thought that they did. CPSI asked Mr. and Mrs. [REDACTED] why they made the decision to place the baby in the bed with them and Mr. [REDACTED] stated that he just wanted him close to them and he just thought it would be easier for when they were feeding him.

CPSI asked Mr. and Mrs. [REDACTED] if CPSI can help put them in touch with a grief support group or any counseling and Mrs. [REDACTED] stated that they have already talked to someone at [REDACTED] a church in [REDACTED] and they are going to set them up with counseling and a support group.

Mrs. [REDACTED] asked if CPSI knows if the autopsy report is back yet on the baby and CPSI advised her that CPSI spoke with Detective [REDACTED] earlier and he did advise that the preliminary report is back. Mrs. [REDACTED] asked if CPSI could give her contact information for Detective [REDACTED] and CPSI provided her with the phone number for the Sheriff's Department. Mrs. [REDACTED] asked CPSI if CPSI knows what the report says and CPSI advised her that CPSI does not know for sure what the report says.

Mrs. [REDACTED] asked what is going to happen now and CPSI advised her that CPSI will be closing the case on the family once the Department receives the final autopsy report on [REDACTED]. Mrs. [REDACTED] stated that they did not do anything to intentionally hurt their baby and CPSI advised her that CPSI does not believe that they did.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CPSI advised Mr. and Mrs. [REDACTED] that if they need anything to let CPSI know and CPSI will help in any way that CPSI can. Mr. and Mrs. [REDACTED] stated that they would.

Assessment of Progress: Initial HV with the family.

Family Plan: The family reports that they have already talked to someone about a grief support group and counseling.

- Complete background checks- Done
- Speak with collaterals- Done
- AP interview- Done

Narrative Type: Addendum 1    Entry Date/Time: 04/30/2014 03:27 PM    Entered By: [REDACTED]

CPSI [REDACTED] saw Mrs. [REDACTED] older daughter [REDACTED] while at the home. [REDACTED] was asleep when CPSI initially arrived at the home but woke up while CPSI was there. [REDACTED] was dressed in pajamas and her mom stated that she is having a lazy day. [REDACTED] played with toys in the living room during the visit and also ate while CPSI was there. [REDACTED] interacted well with her mom and stepfather and would go sit in their lap while they were talking to CPSI. [REDACTED] would take toys to her mom and stepfather for them to play with her.

CPSI did attempt to talk to [REDACTED] but she was busy playing and did not want to talk to CPSI. [REDACTED] did come to sit next to CPSI at one point so that she could show CPSI her cat.

CPSI observed [REDACTED] room which was small but adequately furnished. Mrs. [REDACTED] stated that they were planning to move to a bigger house as they knew that as [REDACTED] got older he would need his own space. Mrs. [REDACTED] stated that they are probably going to go ahead and move anyway as she really doesn't want to stay in this house.



**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: 12/27/2013

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/05/2014

Completed date: 03/05/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/05/2014 03:43 PM Entered By: [REDACTED]

12/27/13  
12:00 pm

CPSI [REDACTED] phoned [REDACTED] [REDACTED] to advise her that CPSI is working a referral and is not going to be able to get to the home at 12:30 and can CPSI come later in the day. Ms. [REDACTED] stated that they cannot do it later in the day but that they can do it on Monday and CPSI advised her that is fine and that CPSI will come Monday.



**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: 12/23/2013

Contact Method: Phone Call

Contact Time: 01:46 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/05/2014

Completed date: 03/05/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/05/2014 03:41 PM Entered By: [REDACTED]

12/23/13  
1:46 pm

CPSI [REDACTED] phoned [REDACTED] [REDACTED] on this date. CPSI explained to Ms. [REDACTED] who CPSI is and why CPSI is calling. Ms. [REDACTED] asked why the Department is investigating her son's death. CPSI explained to her that any child death in [REDACTED] is supposed to be investigated by the Department. CPSI advised Ms. [REDACTED] that CPSI is sorry for her loss and that CPSI understands this is a difficult time for her and her family but CPSI needs to come and sit down and talk to her and her husband. Ms. [REDACTED] stated that is fine and asked when CPSI wants to come. CPSI advised her that CPSI can come any time that is convenient for her and her husband. Ms. [REDACTED] asked if CPSI can come on Friday around 12:30 pm. CPSI advised her that is fine.



**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: Attempted Face To Face

Contact Time: 12:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/03/2014

Completed date: 03/03/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/03/2014 03:50 PM Entered By: [REDACTED]

12/19/13  
12:40 pm

CPSi [REDACTED] attempted another home visit on this date with the family. No one was 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: 12/17/2013

Contact Method: Attempted Face To Face

Contact Time: 01:22 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/03/2014

Completed date: 03/03/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/03/2014 03:48 PM Entered By: [REDACTED]

12/17/13

1:22 pm

CPSI [REDACTED] attempted a home visit on this date with the family. No one was 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: 12/12/2013

Contact Method: Attempted Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 05:41 PM Entered By: [REDACTED] [REDACTED]

12/12/13  
11:30 am

CPSI [REDACTED] attempted a home visit on this date with the family. No one was 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: 12/11/2013

Contact Method: Phone Call

Contact Time: 08:41 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 05:37 PM Entered By: [REDACTED]

12/11/13  
8:41 am

CPSI [REDACTED] missed a phone call from Detective [REDACTED] and returned his phone call. Detective [REDACTED] stated that he had talked to the landlord about the family and that they had advised him that the little girls name is [REDACTED]. Detective [REDACTED] stated that the landlord advised him that they had talked to the family he assumed last night and that the father was still extremely upset and crying. The landlord reported to Detective [REDACTED] that the father had stated that when they woke up that morning his arm was across the baby.

CPSI advised Detective [REDACTED] that CPSI was able to obtain the funeral arrangements of the baby and that they are having the funeral today and that CPSI will not be coming to [REDACTED] today to see the family but would be coming tomorrow. Detective [REDACTED] stated that is fine and that he will be happy to go with CPSI to talk to the family.

Detective [REDACTED] stated that he will call CPSI if he receives any news concerning the autopsy. CPSI thanked him.



**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: 12/11/2013

Contact Method: Phone Call

Contact Time: 08:01 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 05:36 PM Entered By: [REDACTED] [REDACTED]

8:01 am

CPSI [REDACTED] phoned TL [REDACTED] on this date and advised her that CPSI has found the child's obituary and that they are burying him today. The decision was made that CPSI would wait till tomorrow to go back to [REDACTED] to see the family.



**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: 12/11/2013

Contact Method:

Contact Time: 07:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED] [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: 01/14/2014 05:35 PM Entered By: [REDACTED] [REDACTED]

12/11/13  
7:00 am

CPSI [REDACTED] conducted another search of funeral homes in [REDACTED] and found [REDACTED] [REDACTED] obituary at [REDACTED] Funeral Home.

A copy of the obituary is located in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2013

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED] [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: 01/14/2014 05:35 PM Entered By: [REDACTED] [REDACTED]

12/10/13  
5:30 pm

CPSI [REDACTED] searched funeral homes in [REDACTED] on this date to see if there was an obituary for [REDACTED]  
 [REDACTED] CPSI was not able to locate one.



**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: 12/10/2013

Contact Method: Phone Call

Contact Time: 05:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 05:34 PM Entered By: [REDACTED]

12/10/13  
5:20 pm

CPSI [REDACTED] phoned Detective [REDACTED] to see if he has heard anything about the autopsy and to see if he knows what the name of the other child is. Detective [REDACTED] stated that he has not heard anything results yet and he is not sure what the other childs name is but that he will see if he can contact one of the deputies that was there and see if they got that information.

CPSI advised Detective [REDACTED] that CPSI will be back in [REDACTED] tomorrow to try and locate the family again. Detective [REDACTED] stated that he would go by the familys home in the morning on his way to work and see if they are there. CPSI thanked him.



**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: 12/10/2013

Contact Method:

Contact Time: 05:16 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED] [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: 01/14/2014 05:32 PM      Entered By: [REDACTED] [REDACTED]

12/10/13  
5:16 pm

TL [REDACTED] sent the child fatality 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: 12/10/2013

Contact Method:

Contact Time: 02:35 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED] [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: 01/14/2014 05:31 PM Entered By: [REDACTED] [REDACTED]

12/10/13  
2:35 pm

CPSI [REDACTED] reviewed all of the reports that CPSI had received from Detective [REDACTED]. A copy of the reports are located in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/10/2013 Contact Method: Attempted Face To Face  
 Contact Time: 12:55 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 01/14/2014  
 Completed date: 01/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 05:31 PM Entered By: [REDACTED]

12/10/13  
12:55 pm

CPSI [REDACTED] along with Detective [REDACTED] went to the family home in [REDACTED]. CPSI notes that there were no vehicles in the driveway. No one answered the door when Detective [REDACTED] knocked. Detective [REDACTED] stated that he would go next door to the neighbors house to see if she has seen or talked to them. Detective [REDACTED] stated that the neighbor is the one that was doing CPR on the baby when law enforcement and EMS arrived at the home.

Detective [REDACTED] went next door to the neighbors house and briefly spoke with her about the family. Detective [REDACTED] reported to CPSI that the neighbor stated that the fathers family had came in from [REDACTED] and that they were at the house yesterday but that she had not seen anyone over there today. The neighbor reported to Detective [REDACTED] that the mothers family is from [REDACTED] and she believed that they would probably have the funeral in [REDACTED].

Detective [REDACTED] reported to CPSI that the neighbor advised him that she had taken some food to the family on Sunday night and tried to get them to eat as they had not eaten anything since Saturday.

As CPSI [REDACTED] and Detective [REDACTED] were driving back to the Sheriffs Department Detective [REDACTED] advised CPSI that when he was at the hospital on Saturday that they allowed the parents to see the baby and hold the baby before he was sent for the autopsy. Detective [REDACTED] stated that he had to stay in the room with them and that the father was sobbing uncontrollably and saying to the baby Im sorry. CPSI asked Detective [REDACTED] if he feels that the babys death was anything other than an accident and he stated that he does not. Detective [REDACTED] stated that he believes that it was a horrible and tragic accident.



**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: 12/10/2013

Contact Method: Face To Face

Contact Time: 12:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 01/14/2014

Completed date: 01/14/2014

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**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 05:29 PM Entered By: [REDACTED]

12/10/13  
12:20 pm

CPSI [REDACTED] arrived at the [REDACTED] County Sheriffs Department and spoke with Detective [REDACTED] Detective [REDACTED] stated that based on what the parents told the coroner and the deputy that responded to the home they feel that the death is an accidental death due to the parents having the baby in the bed with them.

CPSI asked Detective [REDACTED] if the family has another child and he stated that they do and that she is a little girl that will be 2 years old this month. CPSI asked Detective [REDACTED] if he saw the child and he stated yes.

Detective [REDACTED] provided CPSI [REDACTED] with copies of all the reports. Detective [REDACTED] stated that he has talked to [REDACTED] who is the medical death investigator for [REDACTED] County and that he has not received the preliminary autopsy report yet but they are hoping to get the results in the next day or so.

Detective [REDACTED] stated that he would go with CPSI to the home to see the family.



**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: 12/10/2013

Contact Method: Phone Call

Contact Time: 10:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

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**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 05:28 PM Entered By: [REDACTED]

12/10/13  
10:50 am

CPSI [REDACTED] phoned [REDACTED] County Sheriffs Detective [REDACTED] and advised him that CPSI had received a referral concerning a child death that happened over the weekend. Detective [REDACTED] stated that he was not the one that initially responded to the call and that Deputy [REDACTED] initially responded to the home when the 911 call came in.

Detective [REDACTED] stated that he was called to the hospital to sign the autopsy authorization form and that from what Deputy [REDACTED] advised him the child had been sleeping in the bed with the parents when the mother woke open and noticed that something wasn't right with the baby. Detective [REDACTED] stated that he has copies of Deputy [REDACTED] reports as well as the reports from the EMTs that responded to the call.

CPSI [REDACTED] advised Detective [REDACTED] that CPSI will have to come and see the family today. Detective [REDACTED] stated that he would go with CPSI to the home. CPSI thanked Detective [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: 12/10/2013

Contact Method: Phone Call

Contact Time: 10:46 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 05:26 PM Entered By: [REDACTED]

12/10/13  
10:46 am

CPSI [REDACTED] received a phone call from TL [REDACTED] advising CPSI that there is a P1 child fatality in [REDACTED] County that happened on Saturday and just came in today. TL [REDACTED] advised CPSI that CPSI will need to get with law enforcement and go see the family today.



**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: 12/10/2013

Contact Method:

Contact Time: 10:40 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/10/2013

Completed date: 12/10/2013

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: 12/10/2013 01:16 PM Entered By: [REDACTED]

Case assigned to CM [REDACTED] with a P1 response.

Notice to DA and Judge per local protocol

Notice to reporter mailed.

TL [REDACTED] spoke to IC [REDACTED] and informed of report.

TL [REDACTED] spoke to CM [REDACTED] and discussed initial steps. CM will contact LE and see what they have completed on this case as the child died on 12-7-13 and LE responded on this date. Once information is gained today the child fatality report will be completed and sent in today.

Reporter states (per initial phone call received): [REDACTED] (DOB [REDACTED]) lives with his Mother [REDACTED]. The child was home at the time of the incident on 12-7-13. The EMS ambulance responded @ 10:49 am on Saturday, 12-7-13. An autopsy should be completed, but no preliminary report is available yet for the investigator. [REDACTED] with the [REDACTED] County Sheriff's Department is the lead investigator for this case, phone [REDACTED]. Assistant [REDACTED] is the Assistant Director who started the investigation into this child fatality.

There may be another child in the home who is older (unknown information). A SIDS (Sudden Infant Death Syndrome) report was completed. Any information on any other children or adults in the home is not known by the reporter. The status of the home or any known history with the family is unknown at this time.

[REDACTED], Assistant District Attorney for [REDACTED], has also been contacted about this incident.

Reporter faxed in the report Narrative from faxed report (entered as written in the faxed report, which is attached through the "Documents" hyperlink above the narrative of this intake):

C: EMS Unit [REDACTED] responded lights and sirens to a medical call. Arrived at Home/Residence in [REDACTED] to find a 17 day old white male patient in cardiac/respiratory arrest. Parents present stated they had been asleep with the baby and awoke to find him in resp. arrest. A bystander was doing CPR on arrival. Child was lying on the arm of the sofa in the front room. Initially the child had been in the bed per the parents and was found to be in a position other than supine. The child appeared flaccid, mottled skin with cyanosis, and had extremities that were cool to the touch. Core was warmer. Parents reported no distress or illness prior to incident.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

H: Past medical history: N/A Allergies N/A and current medications: N/A.

A: Upon arrival PT was unresponsive with a GCS of 3, Eye response-1, Best verbal response-1, Best motor response-1, Pt's airway-patent, Respirations-0 absent, Breath sounds were left: absent, right: absent, with a SPO2 of would not register. Circulation-absent, See notes above for any secondary assessment. Vital signs were Pulse-0 with EKG monitor showing asystole, Blood pressure-0/0, and blood glucose was unable to be assessed due to lack of blood although attempts were made. PT was obviously dead on arrival.

R: Pt transferred to ambulance 851 by [REDACTED] while continuing CPR, Pt's position during transport was supine x three straps, treatment included cardiac monitor at 12/07/2013 11:02, Assessment-pediatric at 12/07/2013 10:54, IO-Pediatric 12/07/2013 11:06 started in the lower extremity-Left with A gauge needle and a tube, pulse oximetry at 12/07/2013 10:58 Airway-BVN at 12/07/2013 10:54, Airway-Oral at 12/07/2013 10:55. The patient was given oxygen 15L/Min bag valve mask Epinephrine 1:10000 0.04 mg intraosseous Epinephrine 1:10000 0.04 mg intraosseous, intubation attempted one time on scene by [REDACTED] with no insertion. Another intubation attempted en route by [REDACTED]. Air movement could be heard in chest as well as abdomen. Color change present on ETCO2, but was sluggish. For this reason tube removed and OPA reinserted with BVM utilized for PPV. Medication dosed off an assumed weight of 4.5 Kg.

T: Patient transported by EMS [REDACTED], lights and sirens, to [REDACTED] Medical Center, destination choice determined by being the closest facility. Pt left in care of hospital staff, [REDACTED] RN. Condition expired.

SSMS: No results.

County group emailed.

Per SDM: Investigative Track, P1, [REDACTED], TL on 12-10-13 @ 10:35 am

Notified Child Death Group: [REDACTED]

[REDACTED] was copied on the notification.



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

**Assessment**

Family Name: [REDACTED]  
 County: [REDACTED]  
 Date of Referral: 12/10/13 8:57 AM  
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]  
 Worker:  
 Date of Assessment: 12/11/13 12:00 AM  
 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:** \_\_\_\_\_