



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

Case # 2013.106

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/21/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	12/21/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	unknown		Relationship to Victim:	unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					

Describe (in detail) circumstances surrounding death/near death:

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	██████████	Telephone #	(██████████)
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

12/22/13 @10:35 CM ██████████ met with ██████████ and ██████████ at the ██████████ room ██████████ in ██████████. Mr. and Mrs. ██████████ said they had been staying at maternal grandmother ██████████ home for about 4 days. Mr. and Mrs. ██████████ said that prior to that they had stayed with Mr. ██████████ parents, ██████████ and ██████████. Mrs. ██████████ said that she was expected to help take care of her father in law and she could not do that as well as care for her baby so they left and went to her mother. Mrs. ██████████ said she doesn't understand what happened, ██████████ had been sick a few days earlier and they took her to the ER in ██████████ but they said she was fine and did not even prescribe her medication, just said to keep her hydrated. Mr. and Mrs. ██████████ told CM ██████████ that they woke up around 7:00AM and they as well as Mrs. ██████████ played with ██████████ Mrs. ██████████ said that Mr. (██████████) was at work and got home from work around 9:30am. Mrs. ██████████ said they all hung out and continued to play until about 12:30pm when Mr and Mrs. ██████████ went to do some shopping. Mr. and Mrs. ██████████ reported giving ██████████ a bottle (4oz, Similac-fussiness and gas) at 1:00pm and then laying down with ██████████ about 2:00pm. Mr and Mrs. ██████████ reported they laid ██████████ on their bed between them and Mrs. ██████████ held her on her arm. Mr and Mrs. ██████████ reported feeding her another bottle about 3pm. (4oz-Similac-fussiness and gas w/ rice cereal added to it). Mrs. ██████████ said she remembers Mrs. ██████████ coming home, because she came in the room several times and checked on them and on etime asked oif they were going to sleep all day. Mrs. ██████████ said the last time was about 6:00pm when Mrs. ██████████ began yelling call 911, saying that ██████████ was not breathing. Mrs. ██████████ said he rmother began CPR but it was not working. Mr. ██████████ said that Mr. ██████████ called 911 and then went to the road to meet the ambulance. Mrs. ██████████ said when paramedics arrived they seemed to not be trying as hard and when they got to the hospital it was too late. CM asked Mr. and Mrs. ██████████ where ██████████ normally slept and Mrs. ██████████ said she slept in a cradle swing or a bassinette but if they napped they laid her in between them on the bed. Mrs. ██████████ said she had heard about babies heart stopping and that if they heard yours it wouldn't so she liked to hold her on her arm and sleep. Mrs. ██████████ said she always made she she held her so she would know if ██████████ tried to roll over as she was learning to do that. CM asked Mrs. ██████████ if there was a pillow under ██████████ and Mrs. ██████████ said yes. CM asked Mrs. ██████████ if she remebered the last two times Mrs. ██████████ came in the room to check on them how ██████████ was positioned. Mrs. ██████████ said that ██████████ was on her back on the pillow the first time and on her side, on the pillow, the second time. mr and Mrs. ██████████ were coming to ██████████ later and I asked them to stop by the office to see me so I could give them a resource book to get grief counseling. My visit with the parents ended at this time and I went to the grandparents residence where the incident occurred.

12/22/2013@11:45PM-CM ██████████ met with ██████████ and ██████████ at ██████████, ██████████. Mrs. ██████████ showed CM ██████████ the bedroom where ██████████ and ██████████ shared with their daughter ██████████. The room was occupied by a dresser, a full mattress and boxspring, and an infant cradle swing. CM could see that the two pillows on the bed spanned the width of the head of the bed. CM took a photo of the bed and the swing.

CM asked Mrs. [redacted] who was now joined by her husband Mr. [redacted] to provide details about the days events. Mrs. [redacted] said that [redacted] had not been feeling good and the baby had been sick a few days earlier too and still still had a little runny nose. Mrs. [redacted] told CM [redacted] that the kids, (Mr and Mrs [redacted] laid down with [redacted] and she checked on them several times. CM asked Mrs. [redacted] why she checked on them and Mrs. [redacted] said it was because they were sick and just because [redacted] was a baby. CM [redacted] asked Mr. and Mrs. [redacted] if they could provide CM with details of their day leading up to the incident. Mrs. [redacted] said her husband was at work until around 9:00am and when he got home they all just sat around and played with [redacted] Mrs. [redacted] said she and Mr. [redacted] went to do some Christmas shopping at about 12:00pm. Mrs. [redacted] said she called the house about 2:00pm and Mr. [redacted] 17 year old son [redacted] said that Mr. and Mrs. [redacted] and the baby were all lying down. Mrs. [redacted] said she and her husband got back home around 3:00pm. Mrs. [redacted] said she checked on the kids when she got home and they were all sleeping. Mrs. [redacted] said the first time she checked on [redacted] and her parents she was laying on her side between her parents. Mr. and Mrs. [redacted] Mrs. [redacted] said that the 2nd time she went in the room, [redacted] was still on her side, but the left side of her face was purple and she had pinkish looking saliva under her nose and over her mouth. Mrs. [redacted] said Mrs. [redacted] was sleeping up against the wall and Mr. [redacted] was on the other side of the bed, giving [redacted] plenty of room. Mrs. [redacted] said that the second time she checked [redacted] was facing Mr. [redacted] Mrs. [redacted] said that [redacted] was not on a pillow and there was nothing around or touching her face. Mrs. [redacted] said she yelled for her husband to call 911 and started CPR. Mrs. [redacted] said her yelling woke up Mr. and Mrs. [redacted] Mr. [redacted] said he called 911 and then went to the road to wait for them to arrive. CM asked Mrs. [redacted] if Mr. and Mrs. [redacted] were on any medication and Mrs. [redacted] showed CM some prednisone that she said was prescribed for Mrs. [redacted] knee and stated otherwise there was no medication for either parent or [redacted] CM asked if Mr. or Mrs. [redacted] had any concerns about illegal drug use and both stated no, they would never tolerate it, they would nto allow them to stay there if they did. CM concluded this visit and left the home.

12/22/2013.@1:50pm-[redacted] came to the DCS Office at [redacted]. CM [redacted] provided Mr. and Mrs. [redacted] with resources to obtain grief counseiling. CM [redacted] also explained that CM would request that Mr. and Mrs. [redacted] submit to voluntary drug screens as part of this investigation. CM [redacted] asked if eithe rparent used any medications. Mrs. [redacted] said she had a prescription for hydrocodone and had taken some 3 days ago. Mr. [redacted] asked what a drug screen had to do with any of this. CM explained that it is routine in many investigations and as CM stated voluntary but CM would like to show that this investigation was not drug related. Mr. [redacted] said he was nto going to take a drug test because ehe smoked pot and Mrs. [redacted] said she was also not going to take one because she smoked pot. Mrs. [redacted] said she woul dalso fail for xanax. Mrs. [redacted] said whiel at the hospital last night she was offered a prescription for xanax but declined it because he rmother did nto want her to take it. Mrs. [redacted] said she later got some from a friend.) because she was having a hard time dealing with all of this. CM asked both parents if they used any drugs prior to laying down with [redacted] on the date of incident and both denied. Both parents stated they did not use drugs and care for thier daughter. Mrs > [redacted] she would no lie though "last night she got fucked up" but felt she needed to because of what happened. Mr. and Mrs. [redacted] while at the DCS, office in quired as to if CM [redacted] was going to inform DHS of [redacted] death. CM explained that she had no reason for doing that, this case had nothing to do with DHS. Mrs. [redacted] said she was worried about that because their food stamp benefit would be cut back if DHS knew that [redacted] died. CM asked Mr. and Mrs. [redacted] if they had any more questions for CM and they did not. CM concluded this meeting and told Mr. and Mrs. [redacted] she would be in touch with them as more information was obtained.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

Describe disposition of body (Death):		Body was transported to [redacted].			
Name of Medical Examiner/Coroner:		[redacted]		Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	
Type:	[redacted]		Case #:	[redacted]	

Describe law enforcement or court involvement, if applicable:

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

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

These parents do not have any other children.

Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information:

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

Contact Person:	Telephone Number: () -
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice. No Yes

Email to: [REDACTED]
within forty-eight (48) hours of notification
Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 12/21/2013 08:17 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 12/21/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 12/22/2013 01:35 PM
 First Team Leader Assigned: [REDACTED] Date/Time 12/22/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 12/22/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Neglect Death	Yes	Unknown Participant [REDACTED] [REDACTED]	None

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; [REDACTED] is not in state custody.

Family Case IDs: None

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated No



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

Death No

Screened out No

History (not listed above): No

Special Needs or Disabilities: No

Childs current location/is the child safe at this time: [REDACTED] Hospital

Perpetrators location at this time: At hospital

Any other safety concerns for the child(ren) or worker who may respond: No

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: No

Special Needs or Disabilities: No

Reporters name/relationship: [REDACTED]

[REDACTED] is not in state custody.

Living in the home was [REDACTED] (2months), her mother, [REDACTED] and her father, [REDACTED].

It has been reported that [REDACTED] was rushed to the hospital for being non-responsive at [REDACTED]. [REDACTED] was transported to [REDACTED] Hospital where she was pronounced dead at 18:46. The physician will do an autopsy on [REDACTED] it is unsure as to the date and time. There was no indication of harm or foul play involved. Pictures were taken by the hospital as well as by law enforcement. It was reported on today, 12-21-13 that [REDACTED] had not been feeling good and that she was not eating well. Today, 12-21-13, [REDACTED] was sleeping in the bed with her mother and father, [REDACTED] and [REDACTED]. The grandmother [REDACTED], went check on the child and found [REDACTED] lying face up between the parents at that time and was breathing. Thirty minutes later, [REDACTED] went to go and check on them again and [REDACTED] was lying face down in a pillow on the bed. The grandmother noticed that she was not moving or breathing. It is unknown if CPR was started but by the time law enforcement was called to the home, the ambulance had taken the family to the hospital.

There is no history of abuse or domestic violence with [REDACTED] and the family. Her father, [REDACTED] has a history of theft/burglary, drug abuse (drug of choice unknown) and public intoxication. [REDACTED] has no criminal record at this time. It is unknown if the parents have been interviewed at this time. There are no other children in the home. No other details given at this time

Per [REDACTED] Investigative Track, P 1 . [REDACTED] CM 3@ 10:32pm on 12-21-13

Recipients	Time Issued	Response Received	Devices	Responses	
[REDACTED]	12-21-13 11:06:28 PM	[REDACTED]	12-21-13 11:07:35 PM	[REDACTED]	+ [REDACTED] Received
[REDACTED]	12-21-13 11:06:48 PM	[REDACTED]	[REDACTED]	[REDACTED]	

Email Sent

Child Death/Child Near Death Notification Group Notified @ 11:28pm [REDACTED]
[REDACTED], Child-Fatality-Notification EI-DCS, [REDACTED]



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

[REDACTED] ia

Also CC the RA, [REDACTED] of the Region involved.



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

Participant(s)

Name: [REDACTED]
Gender: Female Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Unable to Age: 1 Yr
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: [REDACTED]
Gender: Male Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Age: 30 Yrs (Est)
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: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: Race: Age: 30 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth:

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]
 Referral Date: 12/21/2013
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 12/22/2013

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]	Neglect Death	[REDACTED]	[REDACTED]	Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			08/01/2014
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			08/01/2014
3	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			08/01/2014

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 08/01/2014

Team Leader: [REDACTED]

Date: 08/03/2014

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:

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



**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]

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

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

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

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: 10/16/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/16/2014

Completed date: 10/16/2014

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: 10/16/2014 03:07 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and [REDACTED]. At this time it has been approved for closure. CM has completed all tasks and the investigative summary.



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:	10/15/2014	Contact Method:	
Contact Time:	02:25 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2014
Completed date:	10/15/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/15/2014 01:25 PM Entered By: [REDACTED]

The Department of Children Services received a referral alleging neglect death on 12/21/2013. The alleged child victim in this investigation (ID# [REDACTED]) was [REDACTED] was 2 months old, her date of birth being [REDACTED] and she resided with her birth parents [REDACTED] and [REDACTED].

On 12/21/2013 [REDACTED] Emergency Medical Services(EMS) responded to a call reporting an unresponsive infant at [REDACTED]. The maternal grandmother, [REDACTED], was instructed to begin CPR while EMS was in route to the home. EMS arrived to the family home and transported [REDACTED] to the [REDACTED] Hospital Emergency Department where [REDACTED] was pronounced dead at 18:46.

It was reported that [REDACTED] had not been feeling good and that she was not eating well. It was also reported that on 12/21/2013 [REDACTED] was sleeping in the bed with her mother and father, [REDACTED] and [REDACTED] reported she went to check on the child and found [REDACTED] lying face up between the parents at that time and was breathing. [REDACTED] reported that about thirty minutes later she went to and check on them again and [REDACTED] was lying face down in a pillow on the bed. The grandmother noticed that she was not moving or breathing and that is when another family member in the home was instructed to call 911.

Detective [REDACTED] of the [REDACTED] Sheriff Department was present at [REDACTED] Hospital Emergency room and was able to obtain photographs of the victim. Detective [REDACTED] interviewed [REDACTED] and [REDACTED] and both provided the same account of the day. Both reported that they along with [REDACTED] had been sick and lay down together in the same bed to nap.

The alleged perpetrators in this case are [REDACTED] and [REDACTED], birth parents. Child Protection Services Investigator [REDACTED] completed interviews with both parents, [REDACTED], on 12/22/2013. Mrs. [REDACTED] said she doesn't understand what happened. [REDACTED] had been sick a few days earlier and they took her to the [REDACTED] Hospital Emergency Department, but they said she was fine and did not even prescribe her medication, just said to keep her hydrated. Mr. and Mrs. [REDACTED] reported they played with [REDACTED] that morning and they fed [REDACTED] a bottle about 1:00pm and then they all laid down together at about 2:00pm. Mrs. [REDACTED] said she fed [REDACTED] another bottle at about 3:00pm while holding [REDACTED] on her arm in the bed. Mrs. [REDACTED] said that they all slept until about 6:00pm when Mrs. [REDACTED] began yelling call 911. Mrs. [REDACTED] said she had always heard about babies hearts stopping and that if you held them close to yours they would hear it and that would not happen. Mr. and Mrs. [REDACTED] were asked to drug screen by Investigator [REDACTED] and both parents refused. Mr. and Mrs. [REDACTED] reported they had obtained some Xanax from a friend after their daughters death and had taken them to help deal with this situation. Investigator [REDACTED] completed an interview with [REDACTED] and she provided the same details as Mr. and Mrs. [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] had. Mrs. [REDACTED] reported [REDACTED] had been sick as well as her parents had been and they had all been taking a nap together. Ms. [REDACTED] reported she checked on [REDACTED] because she had been sick and the first time she saw he breathing and the second time she did not see [REDACTED] breathing. Ms. [REDACTED] reported to Investigator [REDACTED] that she woke her daughter, [REDACTED] and [REDACTED] when she yelled out and then yelled to another household member to call 911.

The final autopsy reported was received on 7/15/2014, from Dr. [REDACTED], and the reported cause of death was listed as accidental positional asphyxia due to unsafe sleeping environment.

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. 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.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

This investigation was staffed with the Child Protection Investigation team and it was agreed that the allegations against the alleged perpetrators, [REDACTED] and [REDACTED], would each be classified as allegation unsubstantiated and perpetrator unsubstantiated.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/15/2014

Contact Method:

Contact Time: 06:30 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2014

Completed date: 08/15/2014

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: 08/15/2014 05:30 PM Entered By: [REDACTED]

This case has been reviewed by both LI [REDACTED] and IC [REDACTED] to ensure that all required investigative tasks have been completed. CPSI [REDACTED] has completed all investigative tasks that are required by policy, and the case was presented to CPIT on 8-4-14, with all parties in agreement to classify the case as allegation unsubstantiated/perpetrator unsubstantiated. The case remained open for a very long period of time due to the autopsy report taking such a long time to be finalized. CPSI [REDACTED] met with the father, as well as with the mother and explained the autopsy results to them, and also discussed preventative measures (Safe Sleep) should either of them have children in the future. There was limited contact with the family while the case remained open. At this time, neither parent has other children, so there were not any specific issues or concerns for CPSI to address with them on an ongoing basis. Grief counseling/services were provided to the parents at the onset of the case, and they are also aware of how to contact DCS should they need anything in the future. This case is being sent for review to the Regional Investigations Director (RID), [REDACTED], who will then ask that the case be reviewed by Central Office staff for approval to close, if all required and necessary tasks have been completed.



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: 08/15/2014

Contact Method:

Contact Time: 02:51 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/15/2014

Completed date: 08/15/2014

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: 08/15/2014 01:55 PM Entered By: [REDACTED]

This case is being sent for review before closure. CM has completed investigative tasks and CPIT was in agreement to classify the case as AUPU. The photos have been scanned into the case for viewing as well as other documents. At this time CM is preparing to close the case after final review is completed. At this time CM has completed tasks and updated the FFA. There are no other children 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: 08/04/2014 Contact Method:
 Contact Time: 04:28 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/04/2014
 Completed date: 08/04/2014 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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/04/2014 03:28 PM Entered By: [REDACTED]

This file will be submitted for closure on 08/04/2014 to [REDACTED], Team Leader of [REDACTED] CPS, as all of the investigative assignments have been completed.

The safety assessment, FAST (if applicable) and classification summary have been completed.

Notification of the case closure as well as a copy of classification summary will be submitted to the [REDACTED] Juvenile Court per local protocol.

Classification Detail:

CPSI [REDACTED] was assigned this investigation alleging neglect death toward [REDACTED] on 12/21/2013. All of the individuals were interviewed separately and all gave statements accounting the day with [REDACTED]. An autopsy was completed at [REDACTED] Forensics and completed on 7/1/2014. The final cause of death is determined as "Accidental positional asphyxia due to unsafe sleeping environment". [REDACTED] is stepfather to [REDACTED] and was not present when the incident occurred. [REDACTED] was co sleeping with [REDACTED] and [REDACTED], her parents and was according to the autopsy died face down in a pillow. It is recommended this investigation be classified as AUPU.

FFA was updated on 8/3/2014.



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: 08/04/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/04/2014

Completed date: 08/04/2014

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

Narrative Type: Original Entry Date/Time: 08/04/2014 11:04 AM Entered By: [REDACTED]

This case was staffed with CPIT members. All facts were presented to the team as well as details of investigation. The Team agreed that a classification of AUPU would apply as the autopsy states "accidental" and there is no evidence otherwise.



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: 08/03/2014

Contact Method:

Contact Time: 03:14 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/03/2014

Completed date: 08/03/2014

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: 08/03/2014 02:15 PM Entered By: [REDACTED]

CPSI Received the final autopsy report from Dr [REDACTED] [REDACTED] Medical Examiner. The report states that the cause of [REDACTED] death was "accidental positional asphyxia due to unsafe sleeping environment". This case will be presented to the [REDACTED] CPIT during the August meeting. CM has made contact with the mother in regards to autopsy. The father is currently in a half way house. This case was staffed with IC [REDACTED] when the autopsy came in and will be staffed for a final time after CPIT meets. There are no other children 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: 07/22/2014

Contact Method: Face To Face

Contact Time: 09:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/11/2014

Completed date: 08/11/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/11/2014 06:00 AM Entered By: [REDACTED]

CM [REDACTED] met with [REDACTED] along with his parents [REDACTED]. [REDACTED] reported he is in a program in [REDACTED] for drug rehabilitation. CM asked [REDACTED] if he has used for a long time and [REDACTED] said yes in the past but it got worse after [REDACTED] death. CM asked if he had used the day that [REDACTED] died and [REDACTED] said no.

CM [REDACTED] explained the results of the autopsy to all present. CM [REDACTED] provided information about SAFE Sleep to [REDACTED] and explained that these are prevention methods that could be practiced in the future.

[REDACTED] asked if the report said anything was wrong with [REDACTED] and [REDACTED] explained no there was not her death was a result of accidental asphyxiation due to the co sleeping.

[REDACTED] began to cry and CM gave him tissue, CM asked if there was anything else the family needed and they said no. CM told [REDACTED] if in the future there was anything he had questions about or needed respurces to feel free to call CM or the department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/18/2014 Contact Method:
 Contact Time: 03:37 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/18/2014
 Completed date: 07/18/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/18/2014 02:38 PM Entered By: [REDACTED]
 CPSI [REDACTED] scanned the final autopsy report and inserted into Tfacts under the investigation documents tab.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/17/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/11/2014
 Completed date: 08/11/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Other Persons Living in Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 06:28 AM Entered By: [REDACTED]

CM [REDACTED] met with [REDACTED] and [REDACTED] at the family home on [REDACTED]. CM asked [REDACTED] how things have been going for her. [REDACTED] said things have been pretty rough, she is working at [REDACTED] but she and [REDACTED] are split up and she does not think that they are getting back together. [REDACTED] said that [REDACTED] will not talk to her, he is a rehab in [REDACTED] and he will not even take her calls or tell her why it is they have split up. [REDACTED] said that she thought they were doing better, but suddenly he left for rehab and will not talk to her. CM asked if [REDACTED] or [REDACTED] had a history of using drugs and [REDACTED] said yes, [REDACTED] did. CM asked [REDACTED] if either she or [REDACTED] had used the day of [REDACTED] death and [REDACTED] said they had not.

CM [REDACTED] explained she had the results of the autopsy back. [REDACTED] said again she did not understand what the difference was between what she had gotten and what CM had in regard to the autopsy. CM explained that what [REDACTED] was provided was a preliminary autopsy, however more detailed tests were run after that by [REDACTED] forensics, to determine what caused [REDACTED] death.

CM explained the death was caused by "accidental positional asphyxiation due to unsafe sleep environment" and what that meant. CM explained that while this is deemed an accident, there are things that can be practiced to perhaps prevent this from happening in the future with any other children. CM provided SAFE Sleep information (documentation) to [REDACTED]. CM asked [REDACTED] and [REDACTED] if there was anything else that they had questions about or needed and both said no. CM told [REDACTED] if in the future she did she could call CM or the department. CM left the family home at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2014

Contact Method: Correspondence

Contact Time: 03:16 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/18/2014

Completed date: 07/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/18/2014 02:36 PM Entered By: [REDACTED]

CPSI Received the final autopsy report from Dr. [REDACTED] [REDACTED] Medical Examiner. The report states that the cause of [REDACTED] death was "accidental positional asphyxia due to unsafe sleeping environment".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/26/2014 Contact Method: Phone Call
 Contact Time: 09:01 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/26/2014
 Completed date: 06/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/26/2014 08:02 AM Entered By: [REDACTED]
 CPSI [REDACTED] called [REDACTED] Forensics and spoke with [REDACTED] the autopsy is still not complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/10/2014	Contact Method:	Phone Call
Contact Time:	01:13 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/10/2014
Completed date:	06/10/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/10/2014 12:15 PM Entered By: [REDACTED]
 CPSI [REDACTED] spoke with [REDACTED] at [REDACTED] Forensics and the autopsy for [REDACTED] is still not completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/03/2014	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/03/2014
Completed date:	06/03/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2014 09:05 AM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] Forensics and spoke with [REDACTED]. Autopsy results are not completed at this time. CPSI will check again next week.



**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: 05/23/2014

Contact Method:

Contact Time: 05:01 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/23/2014

Completed date: 05/23/2014

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: 05/23/2014 04:03 PM Entered By: [REDACTED]

CM attended fatality review board and needs to document it as this case was presented. CM has continued to check on he autopsy status and it is still not ready. All records from he hospital are 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:	05/22/2014	Contact Method:	Phone Call
Contact Time:	11:43 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/22/2014
Completed date:	05/22/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2014 10:44 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] Forensics. The autopsy report is still not finalized.



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: 05/13/2014 Contact Method: Phone Call
 Contact Time: 10:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/15/2014
 Completed date: 05/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2014 03:30 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at [REDACTED] Forensics and was informed that the autopsy is still waiting toxicology reports, therefore is incomplete still.



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:	05/06/2014	Contact Method:	Phone Call
Contact Time:	12:26 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/06/2014
Completed date:	05/06/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/06/2014 11:27 AM Entered By: [REDACTED]

lv [REDACTED] spoke with [REDACTED] at [REDACTED] Forensics and [REDACTED] reported the autopsy is still not complete. Inv [REDACTED] will continue to check status of completion.



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:	05/01/2014	Contact Method:	Correspondence
Contact Time:	02:23 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2014
Completed date:	05/01/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/01/2014 01:43 PM Entered By: [REDACTED]

Inv [REDACTED] received an arrest report from [REDACTED] Sheriff Department In Re: [REDACTED] arrested on 04/17/2014 and charged with burglary:aggravated. Mr. [REDACTED] was released on 4/20/14 on 10,000 bond.



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:	05/01/2014	Contact Method:	Phone Call
Contact Time:	02:02 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2014
Completed date:	05/01/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2014 01:04 PM Entered By: [REDACTED]

Inv [REDACTED] called [REDACTED] Forensics and spoke with [REDACTED] Inv [REDACTED] inquired as tot he status of the autopsy. [REDACTED] reported that it isstill not complete, she is unsure of what kind of tests they were waiting on but it was still not done.



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: 04/30/2014

Contact Method:

Contact Time: 03:27 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/30/2014

Completed date: 04/30/2014

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: 04/30/2014 02:29 PM Entered By: [REDACTED]

CM is still waiting on the autopsy report and is being assisted with this through [REDACTED]. Parents were recently arrested for burglary and CM is going to enter that. CM will continue to check on autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/23/2014 Contact Method: Phone Call
 Contact Time: 09:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/01/2014
 Completed date: 05/01/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2014 01:16 PM Entered By: [REDACTED]

Inv [REDACTED] contacted [REDACTED] Forensics to ionquire as to status of the autopsy and it is still not complete.



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: 04/08/2014 Contact Method: Phone Call
 Contact Time: 09:11 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/08/2014
 Completed date: 04/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/08/2014 08:13 AM Entered By: [REDACTED]

CM [REDACTED] called [REDACTED] Forensics and spoke with [REDACTED] [REDACTED] reported that the autopsy was still not complete but it was on Dr. [REDACTED] desk. [REDACTED] said she does not know what still had to be done but hopefully it will be done in the next week or two.



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: 04/02/2014 Contact Method: Phone Call
 Contact Time: 09:13 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/02/2014
 Completed date: 04/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2014 08:16 AM Entered By: [REDACTED]

CM [REDACTED] called [REDACTED] at [REDACTED] Forensics and [REDACTED] reported the autopsy is not complete. [REDACTED] said that if she sees it come through his week however she would call CM and get a fax number to send CM a copy.



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: 03/24/2014 Contact Method: Phone Call
 Contact Time: 02:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/24/2014
 Completed date: 03/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2014 04:18 PM Entered By: [REDACTED]

CM spoke with [REDACTED] on the phone. CM asked how she and [REDACTED] was doing. [REDACTED] said they were doing ok. CM asked [REDACTED] if she and [REDACTED] had sought out any type of grief counseling or if they felt they needed it. [REDACTED] said that she and [REDACTED] were both being seen at [REDACTED] were getting medication and opnce a month counseling. [REDACTED] said it is still hard but the counseling is expensive. CM asked [REDACTED] if she still had the resource booklet that CM had sent her and [REDACTED] said she had called the places in it and [REDACTED] was about the cheapest. [REDACTED] said she thinks its just goign to take time. [REDACTED] said she has a lot of flashbacks to when she woke up and [REDACTED] was not breathing. CM told [REDACTED] to please not hesitate to call if CM can assist her and [REDACTED] in referrals.

Narrative Type: Addendum 1 Entry Date/Time: 03/24/2014 04:19 PM Entered By: [REDACTED]

[REDACTED] said that her medication is Zoloft 50mg and Rimaron 30mg and that [REDACTED] takes 15mg Rimaron.



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:	03/18/2014	Contact Method:	Phone Call
Contact Time:	11:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/18/2014
Completed date:	03/18/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2014 06:47 PM Entered By: [REDACTED]

CM called [REDACTED] Forensics and spoke with [REDACTED] Cm was informed that autopsy is still not complete. [REDACTED] said that they are very backed up, they have been very busy, but CM could call again next week to check.



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: 03/17/2014

Contact Method:

Contact Time: 03:18 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/17/2014

Completed date: 03/17/2014

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: 03/17/2014 02:20 PM Entered By: [REDACTED]

At this time this case will be returned to CM [REDACTED] to maintain. WE are still awaiting autopsy results on this case. Cm will continue to follow up with the examiner and 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: 03/11/2014

Contact Method: Phone Call

Contact Time: 10:35 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2014

Completed date: 03/11/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2014 09:38 AM Entered By: [REDACTED]

3/11/2014

CM [REDACTED] contacted [REDACTED] Forensics and spoke with [REDACTED] about the status of the autopsy report for [REDACTED]. CM was informed it was not completed yet.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/27/2014

Contact Method: Phone Call

Contact Time: 11:44 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/27/2014

Completed date: 02/27/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/27/2014 10:46 AM Entered By: [REDACTED]

2/27/2014

CM [REDACTED] contacted [REDACTED] Forensics and spoke with [REDACTED] about the status of the autopsy report for [REDACTED]. CM was informed it was not completed at this time. [REDACTED] reported CM could check weekly or bi-weekly on the status as it takes approximately 90 days for the report to be complete, sometimes more and sometimes less. CM [REDACTED] thanked [REDACTED] for her time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/21/2014	Contact Method:	Correspondence
Contact Time:	01:38 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/27/2014
Completed date:	02/27/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/27/2014 10:42 AM Entered By: [REDACTED]

2/21/2014

Received [REDACTED] prenatal records and ER records from [REDACTED] Hospital Association on this date. The record shows she had a urine drug screen on 10/8/2013 which was negative for all substances.



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: 02/14/2014

Contact Method: Phone Call

Contact Time: 12:01 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/14/2014

Completed date: 02/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/14/2014 11:05 AM Entered By: [REDACTED]

2/14/2014

CM [REDACTED] contacted [REDACTED] Forensics and spoke with [REDACTED] about the status of the autopsy report for [REDACTED]. CM was informed it was not completed at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/05/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/09/2014

Completed date: 02/09/2014

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: 02/09/2014 09:11 PM Entered By: [REDACTED]

Effective 2-5-2014 this case is being reassigned to CM [REDACTED]. There are no other children in the home. At this time an extension has been requested to IC [REDACTED] for an extension due to the autopsy not being back yet. CM will check weekly on status and review case.

Narrative Type: Addendum 1 Entry Date/Time: 02/20/2014 12:10 PM Entered By: [REDACTED]

Case has been staffed with IC [REDACTED] and the extension has been approved as the autopsy has still not been completed. CM will continue to follow up.



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: 01/23/2014 Contact Method: Phone Call
 Contact Time: 03:15 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/24/2014
 Completed date: 01/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/24/2014 06:15 AM Entered By: [REDACTED]

CM contacted Dr. [REDACTED] Office (medical examiner, [REDACTED]). CM spoke with [REDACTED] who identified herself as Dr. [REDACTED] medical asst. CM explained she had gotten a prelim autopsy report and some photos of [REDACTED] and not having a lot knowledge in this area had some questions and wondered oif CM could speak with Dr. [REDACTED] at some time. [REDACTED] said she would relay the message to the Dr and either she or the Dr would return CM's back and reported that she had spoken with Dr. [REDACTED] and until the final report has been completed he would prefer not to comment or give opinion.



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:	01/23/2014	Contact Method:	Phone Call
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/24/2014
Completed date:	01/24/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/24/2014 06:08 AM Entered By: [REDACTED]

CM called [REDACTED] Forensics and Spoke with [REDACTED] CM told [REDACTED] CM just wanted to check the status of final autopsy report. [REDACTED] reported that the toxicology report was still not complete on the autopsy. [REDACTED] informed CM that the final report would be released to the [REDACTED] Medical examiner and [REDACTED] Forensics would not release it to CM. [REDACTED] said CM would have to obtain it from the [REDACTED] Medical Examiner when it was complete. CM thanked [REDACTED] for that 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: 01/08/2014

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/14/2014

Completed date: 02/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/14/2014 11:04 AM Entered By: [REDACTED]

1/8/2014

CM [REDACTED] contacted [REDACTED] Forensics to check on the status of the autopsy report. CM informed the report was not done yet.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/03/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/03/2014
Completed date:	01/03/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/03/2014 12:31 PM Entered By: [REDACTED]

CM received a copy of the [REDACTED] [REDACTED] Ambulance Service report. This report states that the EMT arrived to find grandmother doing cpr on the kitchen floor on the 2 month old child. EMT immediately took over and carried the child to the ambulance. The report states that upon picking the child up EMT noticed obvious rigor. The EMT makes observations in the report about the family being very upset and distressed, pleading to save the child. EMT reports that the family said the child was sleeping in the prone position and the grandmother checked on the child an hour prior and the child was asleep and would not wake. Grandmother stated she went back in few moments before calling 911 and found the child not breathing and without a pulse. The grandmother was instructed to start cpr when she called 911. Further assessment revealed very stiff rigor, cyanosis around the mouth and in the upper leg areas. Asystole present in all leads. Stiff rigor in the airway would not admit airway to be opened and placement of adjunct airway. Very stiff rigor present all over arms would not flex and was not able to bend a lot with the legs. Left arm was bent and raised across head, right arm down at side. Right leg crossed over left. CPR continued and pt ventilated throughout. EMT Notified hospital of the situation prior to arrival. EMT noted that the family was in obvious distress and many people onscene requesting efforts to continue.

CM has scanned this report into Tfacts documents.



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:	Correspondence
Contact Time:	03:31 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/14/2014
Completed date:	02/14/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/14/2014 11:11 AM Entered By: [REDACTED]
 12/30/2013
 Autopsy Provisional Report received for [REDACTED].

Provisional Anatomic Diagnosis:

1. Residual anterior lividity with focal facial blanching
 - A. Pulmonary congestion and edema, severe (hand written: fluid in lungs)
 - B. Visceral congestion with congestive organomegaly (hand written: heart failure)
 - C. Cerebral edema, severe
 1. Cerebral anoxia and ischemia, incipient
 - D. Pending further studies and investigation

The report was electronically signed by [REDACTED], M.D., Ph.D.



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: 12/26/2013 Contact Method:
 Contact Time: 12:22 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/26/2013
 Completed date: 12/26/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/26/2013 11:28 AM Entered By: [REDACTED]

CM did internet registry (meth, health abuse and sex abuse) searches for [REDACTED] and [REDACTED]. CM [REDACTED] did not find any records. CM [REDACTED] searched felony offender records as well and located a record for [REDACTED] that ended on 5/30/2010.

CM [REDACTED] called [REDACTED] Sheriff Dept. and spoke with Officer [REDACTED] Officer [REDACTED] checked local arrest records for [REDACTED] and [REDACTED] and stated he did not locate any records.



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:	System Completed
Contact Date:	12/26/2013	Contact Method:	Phone Call
Contact Time:	10:05 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/26/2013
Completed date:	01/26/2014	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/26/2013 10:13 AM Entered By: [REDACTED]

CM [REDACTED] contacted [REDACTED] [REDACTED] today (12/26/13) and spoke with Nurse [REDACTED]. CM asked what specifically the parents are instructed in as far as sleep when their babies are discharged to home with them. Nurse [REDACTED] said that a teaching video is shown to the parents of all newborns about placing the baby on their back or side to sleep and never longer than 4 hours. CM asked if co-sleeping was addressed. Nurse [REDACTED] said the nursery staff always instructs parents not to sleep with their children.



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:	Correspondence
Contact Time:	04:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/26/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/26/2013 10:29 AM Entered By: [REDACTED]

CM received a fax from [REDACTED] Sheriff Department. There are no local arrest records for [REDACTED] however there are for [REDACTED].

[REDACTED] local arrest records include: 1/14/07 possession of marijuana, 9/28/07 v.o.p, 12/20/07 possession of schedule vi, 3/25/08 possession of marijuana, 6/16/08 v.o.p-simple possession, 6/17/08 forgery 4 counts forgery, 1/13/09 v.o.p, 9/29/09 forgery of up to 10,000, 1/14/12 driving on suspended license and 1/30/12 driving on a suspended license.



**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:	System Completed
Contact Date:	12/23/2013	Contact Method:	Correspondence
Contact Time:	03:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	12/26/2013
Completed date:	01/23/2014	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/26/2013 09:18 AM Entered By: [REDACTED]

CM picked up medical records from [REDACTED] hospital patient information office on 12/23/2013. These records include newborn/discharge summary and instructions from 10/10/2013, pediatrician visits from Dr [REDACTED] for 10/11/13, 11/11/13 and 12/09/13. These records also included Photos taken of [REDACTED] on 12/21/2013 at [REDACTED] Hospital after her death.

On 10/10/2013 discharge instructions included instruction on sleep as well as other topics of newborn care. The instruction sheet was signed by [REDACTED] and Nurse [REDACTED] on 10/10/2013. The newborn discharge summary does not state there are any complications or problems identified at discharge in regard to [REDACTED] weight at birth was 8lbs 4 oz and at discharge was 7lbs 15 oz.

Pediatric Visits to [REDACTED]

10/11/13- Newborn checkup

Development-report states raises head slightly to prone position, blinks in reaction to light. weight 7lbs 15.5 oz.

There were no problems noted with [REDACTED] this visit other than jaundice and was advised if it worsened to return.

11/04/13

[REDACTED] was seen with a complaint of thrush. [REDACTED] was eating well with no fever, no diaper rash, mild congestion and cough, not fussy, thick stools.

Weight today is 10lb, 4.5 oz. There is no respiratory distress reported this visit and normal breath sounds. Report states [REDACTED] had good positive air movement today.

Treatment: boil nipples and pacifiers and administer prescribed Nystatin.

11/11/13

1 Month Wellcheck

reported that [REDACTED] still has thrush.

Weight today- 10lbs, 8 oz. Continue with Nystatin and boiling nipples. No other problems this visit, instructed to return in 1 month.

12/09/13

Saw this visit for complaint of vomiting. [REDACTED] had been seen in the ER the previous day. There was no fever reported and it was reported she had been fine after ER visit. [REDACTED] now weighs 11lbs, 11.5 oz. There is no



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

respiratory distress today and normal breathing sounds.
Instructions were to continue pedalyte X 12 hrs and then 1/2 strength formula for 12 hrs. Follow up in one week.

All of these records/photos have been uploaded in Tfacts documents.



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:	01:05 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/23/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 12:15 PM Entered By: [REDACTED]

CM [REDACTED] spoke with Officer [REDACTED] Sheriff Department. Officer [REDACTED] told CM that he responded to [REDACTED] Hospital in reference to a 2 month old infant brought in unresponsive.

Officer [REDACTED] told CM that it was reported the parents and the child had been sleeping in a bed together. Officer [REDACTED] said the grandmother [REDACTED] reported to him she went in to check on the family and the baby was observed on its back, she went in thirty minutes later to check again and the baby was face down on its stomach and not moving or breathing. Officer [REDACTED] said the grandmother told him she started CPR and instructed someone else to call 911.



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:	12:50 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/23/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 12:09 PM Entered By: [REDACTED]

CM [REDACTED] spoke with referent. Referents statement to CM [REDACTED] was consistent with what was stated in the referral. Referent did not add any other 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: 12/23/2013 Contact Method: Phone Call
 Contact Time: 12:38 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/23/2013
 Completed date: 12/26/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 11:43 AM Entered By: [REDACTED]

CM spoke with Detective [REDACTED]. Detective [REDACTED] reported she responded to [REDACTED] Hospital the night of [REDACTED] death. Detective [REDACTED] said she was told the baby was sleeping with its parents when it died. Detective [REDACTED] told CM that the [REDACTED] and [REDACTED] did not appear to be under the influence or impaired when she met with them at [REDACTED] Hospital. Detective [REDACTED] stated she took photos of [REDACTED] at the hospital and will provide those to CM on disc. CM will upload to Tfacts documents when they are recieved.



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:

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/25/2013

Completed date: 12/25/2013

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: 12/25/2013 11:56 PM Entered By: [REDACTED]

I met IC [REDACTED] RID [REDACTED] and the LI on-call to debrief this case. We met in the [REDACTED] Regional office. Prior to arriving at the office for the debrief I spoke with investigator [REDACTED]. CM has completed the required paperwork and submitted it as per policy 20.27. LI [REDACTED] was on call with CM [REDACTED] and all initial work was completed while on call. There are no other children residing in the home and the family has no other living children. CM took photos, interviewed collaterals and visited the home. CM spoke with the investigator who met with the family at the hospital and has requested the photos. Detective [REDACTED] will put them on a disk for CM. CM provided the family with grief counseling information and asked the family if there were any other needs the department could assist them with at this time. CM will continue her investigation with law enforcement. CM has contacted the hospital in regards to the autopsy and it has been completed. However the report will not be complete for a maximum of 90 days. Next steps as per debrief: request birth records for the child

CM is scanning medical records into the file as she obtains them as well as any other pertinent information in regards to the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/23/2013	Contact Method:	Phone Call
Contact Time:	11:56 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/23/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 11:14 AM Entered By: [REDACTED]

CM [REDACTED] spoke with [REDACTED], paternal grandfather. CM [REDACTED] extended her condolences for Mr. and Mrs. [REDACTED] loss. Mr. [REDACTED] thanked CM. CM asked Mr. [REDACTED] if she could just ask him a few questions and Mr. [REDACTED] said that would be fine. CM asked how [REDACTED] and [REDACTED] lived with he and his wife prior to moving to the [REDACTED] home. Mr. [REDACTED] said they lived there for 17 months. CM asked what prompted the couple to move. Mr. [REDACTED] said he really did not know except that [REDACTED] "got mad at him one day, she had asked him to fill up the car "his car mind you" with gas. Mr. [REDACTED] said he asked what had happened to [REDACTED] check and [REDACTED] got mad and told [REDACTED] that he (Mr. [REDACTED] spoke unkindly to her and she cried and the next thing he knew they were moving. CM asked about how he felt [REDACTED] and [REDACTED] did as parents. Mr. [REDACTED] said they treated one another horribly but they treated that baby great, they loved her more than anything. Mr. [REDACTED] said he feels so bad for his son, [REDACTED] and he is worried about him. CM asked Mr. [REDACTED] what sleeping arrangements [REDACTED] had while at their home and Mr. [REDACTED] said that she slept in a bassinette. CM asked if the bassinette was still at their home and Mr. [REDACTED] said no they took it to [REDACTED] mothers home but it's not really a bassinette they just call it that, it's more like a swing that the bay lays in and they keep it next to the bed. CM asked if the baby ever slept in the bed with the parents at their home and Mr. [REDACTED] said he could not answer that because he did not know.



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:	
Contact Time:	11:54 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/23/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 10:57 AM Entered By: [REDACTED]

CM [REDACTED] uploaded photos of cradle swing and parents bed into Tfacts documents.



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:	09:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/23/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 11:23 AM Entered By: [REDACTED]

CM [REDACTED] spoke with [REDACTED] at [REDACTED] Forensics ([REDACTED]) and CM's release and request for records has been recieved. [REDACTED] stated that Dr. [REDACTED] has completed the autopsy but the report will not be completed for as many as 90 days. [REDACTED] said that CM can call periodically to check, as it could be done earlier than 90 days.



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:

Contact Time: 08:19 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/26/2013

Completed date: 12/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/26/2013 08:52 AM Entered By: [REDACTED]

Per Policy CM [REDACTED] emailed forms CS-496 and notice of child death to: [REDACTED] and copied [REDACTED],
[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:	12/23/2013	Contact Method:	Correspondence
Contact Time:	08:01 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/23/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 10:21 AM Entered By: [REDACTED]

CM [REDACTED] received an incident report via fax from [REDACTED] Sheriff Department. The report states that Officer [REDACTED] responded tot he [REDACTED] Hospital Emergency room in reference to a death of a 2 month old child. The report states that upon arrival the Officer spoke with [REDACTED], maternal grandmother who advised that the mother and father, [REDACTED] and [REDACTED] were asleep in the bed with [REDACTED] their 2 month old baby girl. Mrs. [REDACTED] advised that she went back to check on the family and [REDACTED] was sleeping on her back. Mrs. [REDACTED] advised Officer [REDACTED] she went back to check on them 30 minutes later and [REDACTED] was on her stomach face down in her pillow. The report states that Mrs. [REDACTED] advised she woke up Mrs. [REDACTED] at that time and Mrs. [REDACTED] started CPR and had someone call 911. [REDACTED] was pronounced dead at the hospital.

This report has been uploaded in Tfacts documents.



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:	
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/23/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 10:14 AM Entered By: [REDACTED]

CM [REDACTED] faxed a release to [REDACTED] Forensics requesting records when autopsy is completed.



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: 12/22/2013 Contact Method: Attempted Face To Face
 Contact Time: 08:17 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/01/2014
 Completed date: 08/01/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/01/2014 04:09 PM Entered By: [REDACTED]

CPSI [REDACTED] is unable to make a face to face initial visit with ACV as ACV is deceased at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/22/2013	Contact Method:	Correspondence
Contact Time:	05:35 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2013
Completed date:	12/22/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/22/2013 04:40 PM Entered By: [REDACTED]
 CPIT Convened

CPIT was convened on 12/22/2013.

[REDACTED] with the DAs office was notified on 12/22/2013 via email. Detectives [REDACTED] and [REDACTED] were notified on 12/22/2013 via email.

Juvenile Court will be notified via monthly report of assigned cases per local protocol by [REDACTED], Team Leader of [REDACTED] CPS.

Next Steps: obtain all records and reports from medical and outside agencies, complete all reports per DCS policy #20.27 within 48 hrs.



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: 12/22/2013 Contact Method:
 Contact Time: 02:10 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/23/2013
 Completed date: 12/26/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 10:12 AM Entered By: [REDACTED]

CM [REDACTED] faxed a release to [REDACTED] [REDACTED] Sheriffs Department requesting the incident report and to [REDACTED] Hospital Medical Records requesting ER records for 12/21/2013 and also records of Dr [REDACTED] pediatrician for [REDACTED] that are stored at [REDACTED] Hospital.



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: 12/22/2013

Contact Method: Face To Face

Contact Time: 01:50 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/23/2013

Completed date: 12/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/23/2013 10:05 AM Entered By: [REDACTED]

[REDACTED] and [REDACTED] came to the DCS Office at [REDACTED]. CM [REDACTED] provided Mr. and Mrs. [REDACTED] with resources to obtain grief counseling. CM [REDACTED] also explained that CM would request that Mr. and Mrs. [REDACTED] submit to voluntary drug screens as part of this investigation. CM [REDACTED] asked if either parent used any medications. Mrs. [REDACTED] said she had a prescription for hydrocodone and had taken some 3 days ago. Mr. [REDACTED] asked what a drug screen had to do with any of this. CM explained that it is routine in many investigations and as CM stated voluntary but CM would like to show that this investigation was not drug related. Mr. [REDACTED] said he was not going to take a drug test because he smoked pot and Mrs. [REDACTED] said she was also not going to take one because she smoked pot. Mrs. [REDACTED] said she would also fail for xanax. Mrs. [REDACTED] said while at the hospital last night she was offered a prescription for xanax but declined it because her mother did not want her to take it. Mrs. [REDACTED] said she later got some from a friend because she was having a hard time dealing with all of this. CM asked both parents if they used any drugs prior to laying down with [REDACTED] on the date of incident and both denied. Both parents stated they did not use drugs and care for their daughter. Mrs. [REDACTED] said she would not lie but "last night she got fucked up" but felt she needed to because of what happened. Mr. and Mrs. [REDACTED] while at the DCS, office inquired as to if CM [REDACTED] was going to inform DHS of [REDACTED] death. CM explained that she had no reason for doing that, this case had nothing to do with DHS. Mrs. [REDACTED] said she was worried about that because their food stamp benefit would be cut back if DHS knew that [REDACTED] died. CM asked Mr. and Mrs. [REDACTED] if they had any more questions for CM and they did not. CM concluded this meeting and told Mr. and Mrs. [REDACTED] she would be in touch with them as more information was 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:	12/22/2013	Contact Method:	Face To Face
Contact Time:	11:45 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/23/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/23/2013 09:47 AM Entered By: [REDACTED]

CM [REDACTED] met with [REDACTED] and [REDACTED] at [REDACTED]. Mrs. [REDACTED] showed CM [REDACTED] the bedroom where [REDACTED] and [REDACTED] shared with their daughter [REDACTED]. The room was occupied by a dresser, a full mattress and boxspring, and an infant cradle swing. CM could see that the two pillows on the bed spanned the width of the head of the bed. CM took a photo of the bed and the swing. CM asked Mrs. [REDACTED] who was now joined by her husband Mr. [REDACTED] to provide details about the days events. Mrs. [REDACTED] said that [REDACTED] had not been feeling good and the baby had been sick a few days earlier too and still had a little runny nose. Mrs. [REDACTED] told CM [REDACTED] that the kids, (Mr and Mrs [REDACTED] laid down with [REDACTED] and she checked on them several times. CM asked Mrs. [REDACTED] why she checked on them and Mrs. [REDACTED] said it was because they were sick and just because [REDACTED] was a baby. CM [REDACTED] asked Mr. and Mrs. [REDACTED] if they could provide CM with details of their day leading up to the incident. Mrs. [REDACTED] said her husband was at work until around 9:00am and when he got home they all just sat around and played with [REDACTED]. Mrs. [REDACTED] said she and Mr. [REDACTED] went to do some Christmas shopping at about 12:00pm. Mrs. [REDACTED] said she called the house about 2:00pm and Mr. [REDACTED] 17 year old son [REDACTED] said that Mr. and Mrs. [REDACTED] and the baby were all lying down. Mrs. [REDACTED] said she and her husband got back home around 3:00pm. Mrs. [REDACTED] said she checked on the kids when she got home and they were all sleeping. Mrs. [REDACTED] said the first time she checked on [REDACTED] and her parents she was laying on her side between her parents. Mr. and Mrs. [REDACTED]. Mrs. [REDACTED] said that the 2nd time she went in the room, [REDACTED] was still on her side, but the left side of her face was purple and she had pinkish looking saliva under her nose and over her mouth. Mrs. [REDACTED] said Mrs. [REDACTED] was sleeping up against the wall and Mr. [REDACTED] was on the other side of the bed, giving [REDACTED] plenty of room. Mrs. [REDACTED] said that the second time she checked [REDACTED] was facing Mr. [REDACTED]. Mrs. [REDACTED] said that [REDACTED] was not on a pillow and there was nothing around or touching her face. Mrs. [REDACTED] said she yelled for her husband to call 911 and started CPR. Mrs. [REDACTED] said her yelling woke up Mr. and Mrs. [REDACTED]. Mr. [REDACTED] said he called 911 and then went to the road to wait for them to arrive. CM asked Mrs. [REDACTED] if Mr. and Mrs. [REDACTED] were on any medication and Mrs. [REDACTED] showed CM some prednisone that she said was prescribed for Mrs. [REDACTED] knee and stated otherwise there was no medication for either parent or [REDACTED]. CM asked if Mr. or Mrs. [REDACTED] had any concerns about illegal drug use and both stated no, they would never tolerate it, they would not allow them to stay there if they did. CM concluded this visit and left the home.

**CM will upload the photos taken in to Tfacts documents.



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: 12/22/2013 Contact Method: Face To Face
 Contact Time: 10:35 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 12/23/2013
 Completed date: 12/26/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/23/2013 09:40 AM Entered By: [REDACTED]
 Initial Family F2F

Date: 12/22/13
 Time: 10:35 AM

Present: CM [REDACTED] (twin sister of [REDACTED] and [REDACTED] (paramour of [REDACTED]
 Location: [REDACTED]

Safety: The ACV in this case is deceased and there are no these parents have no other children.

Permanence: The ACV in this case is deceased and there are no these parents have no other children.

Well-Being: The ACV in this case is deceased and there are no these parents have no other children.

Household Composition and Relationship to ACV:

- maternal grandmother
- maternal step grandfather
- maternal step uncle-age 17

Documentation of Contact:

CM [REDACTED] met with [REDACTED] and [REDACTED] at the [REDACTED] in [REDACTED]. Mr. and Mrs. [REDACTED] said they had been staying at maternal grandmother [REDACTED] home for about 4 days. Mr. and Mrs. [REDACTED] said that prior to that they had stayed with Mr. [REDACTED] parents, [REDACTED] and [REDACTED]. Mrs. [REDACTED] said that she was expected to help take care of her father in law and she could not do that as well as care for her baby so they left and went to her mother. Mrs. [REDACTED] said she doesnt understand what happened, [REDACTED] had been sick a few days earlier and they took her to the ER in [REDACTED], but they said she was fine and did not even prescribe her medication, just said to keep her hydrated. Mr. and Mrs. [REDACTED] told CM [REDACTED] that they woke up around 7:00AM and they as well as Mrs. [REDACTED] played with [REDACTED]. Mrs. [REDACTED] said that Mr. [REDACTED] was at work and got home from work around 9:30am. Mrs. [REDACTED] said they all hung out and continued to play until about 12:30pm when Mr and Mrs. [REDACTED] went to



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

do some shopping. Mr. and Mrs. [REDACTED] reported giving [REDACTED] a bottle (4oz, Similac-fussiness and gas) at 1:00pm and then laying down with [REDACTED] about 2:00pm. Mr. and Mrs. [REDACTED] reported they laid [REDACTED] on their bed between them and Mrs. [REDACTED] held her on her arm. Mr. and Mrs. [REDACTED] reported feeding her another bottle about 3pm. (4oz-Similac-fussiness and gas w/rice cereal added to it). Mrs. [REDACTED] said she remembers Mrs. [REDACTED] coming home, because she came in the room several times and checked on them and one time asked if they were going to sleep all day. Mrs. [REDACTED] said the last time was about 6:00pm when Mrs. [REDACTED] began yelling call 911, saying that [REDACTED] was not breathing. Mrs. [REDACTED] said her mother began CPR but it was not working. Mr. [REDACTED] said that Mr. [REDACTED] called 911 and then went to the road to meet the ambulance. Mrs. [REDACTED] said when paramedics arrived they seemed to not be trying as hard and when they got to the hospital it was too late. CM asked Mr. and Mrs. [REDACTED] where [REDACTED] normally slept and Mrs. [REDACTED] said she slept in a cradle swing or a bassinette but if they napped they laid her in between them on the bed. Mrs. [REDACTED] said she had heard about babies heart stopping and that if they heard yours it wouldnt so she liked to hold her on her arm and sleep. Mrs. [REDACTED] said she always made sure she held [REDACTED] on her arm when they slept so she would know if [REDACTED] tried to roll over because [REDACTED] was learning to do that. Then CM asked Mrs. [REDACTED] if there was a pillow under [REDACTED] and Mrs. [REDACTED] said yes. CM asked Mrs. [REDACTED] if she remembered the last two times Mrs. [REDACTED] came in the room to check on them how [REDACTED] was positioned. Mrs. [REDACTED] said that [REDACTED] was on her back on the pillow the first time and on her side, on the pillow, the second time. Also present in the room while CM spoke with the [REDACTED] was [REDACTED] and her boyfriend [REDACTED]. Both were in from [REDACTED] due to this incident. Neither offered any information but was here to support their family. Mr. and Mrs. [REDACTED] were coming to [REDACTED] later and I asked them to stop by the office to see me so I could give them a resource book to get grief counseling.

My visit with the parents ended at this time and I went to the grandparents residence where the incident occurred.

This worker thoroughly explained and obtained the birth parents signature on the following forms. The parents communicated understanding of these forms by signing them.

Authorization for Release of Information to DCS/HIPAA
 Notice of Privacy Practices
 Native American Heritage Veto Verification/Confirmation of Native American Heritage
 Equal Access to Programs and Services (Title IV)
 Client's Rights Handbook
 Family was also provided a copy of the Multiple Response Pamphlet.

Worker Observations: CM Florey observed the parents to be obviously upset and crying at times. CM observed the parents to offer support to one another.



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: 12/22/2013 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/23/2013
 Completed date: 12/23/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/23/2013 09:01 AM Entered By: [REDACTED]
 Initial Case Summary

This case was assigned to caseworker [REDACTED] by [REDACTED]. The ACV is [REDACTED]. The allegation is neglect death. The alleged perpetrators are unknown. The response is due on 12/22/2013 at 8:17PM. The case was assigned to the Investigative track.

[REDACTED] is not in state custody. Living in the home was [REDACTED] (2months), her mother, [REDACTED] and her father, [REDACTED]. It has been reported that [REDACTED] was rushed to the hospital for being non-responsive at [REDACTED]. [REDACTED] was transported to [REDACTED] Hospital where she was pronounced dead at 18:46. The physician will do an autopsy on [REDACTED] it is unsure as to the date and time. There was no indication of harm or foul play involved. Pictures were taken by the hospital as well as by law enforcement. It was reported on today, 12-21-13 that [REDACTED] had not been feeling good and that she was not eating well. Today, 12-21-13, [REDACTED] was sleeping in the bed with her mother and father, [REDACTED] and [REDACTED]. The grandmother, [REDACTED], went check on the child and found [REDACTED] lying face up between the parents at that time and was breathing. Thirty minutes later, [REDACTED] went to go and check on them again and [REDACTED] was lying face down in a pillow on the bed. The grandmother noticed that she was not moving or breathing. It is unknown if CPR was started but by the time law enforcement was called to the home, the ambulance had taken the family to the hospital. There is no history of abuse or domestic violence with [REDACTED] and the family. Her father, [REDACTED] has a history of theft/burglary, drug abuse (drug of choice unknown) and public intoxication. [REDACTED] has no criminal record at this time. It is unknown if the parents have been interviewed at this time. There are no other children in the home.

DCS and/or other history: There is no history in Tfacts for this 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:	12/22/2013	Contact Method:	Attempted Phone Call
Contact Time:	09:40 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/23/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 11:25 AM Entered By: [REDACTED]

CM [REDACTED] called referent but there was no answer. CM left a voicemail to call CM back and CM left contact information.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 12/21/13 8:17 PM Date of Assessment: 12/22/13 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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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): child is deceased

Protective Custody Interventions:

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



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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: _____