



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

Case # 2013.124ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/06/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	12/06/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Hispanic or Latino	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████		Relationship to Victim:	Mother		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

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

The mother, ██████████, woke up at approximately 4:00 am on 12/6/13 and found the baby unresponsive. The family contacted 911, while the mother performed CPR per the operator's instructions. The baby, ██████████, was taken to ██████████ Center where he was pronounced deceased. The autopsy is scheduled for 12/7/13.

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:

CPSI ██████████ arrived at ██████████ hospital on 12/6/13. CPSI spoke with ██████████ PD officer, who stated that the deceased child was 1 month old and was found unresponsive by his mother this morning. There was possibly blood on the child's face upon Law Enforcement's arrival. CPSI was informed that Det. ██████████ and Det. ██████████ were speaking with the mother. CPSI observed the end of the mother's interview with the Detectives. Ms. ██████████ stated that the child had been gasping for air off and on, since he was left the hospital after his birth. She reported that she took him to the ER for this issue. The mother reported that the child displayed the same behaviors when she took him to the ER at ██████████ and the doctors observed the behaviors. The mother stated that the child was admitted to ██████████ overnight for observation. The mother reported that the doctors said that it was probably acid reflux. The mother said that they told her to put him on her chest and pat his back and to prop him up when feeding him. The baby continued to gasp for air after the ER visit and he also coughed occasionally. The child's father is ██████████. In the home last night were the parents, the mother's four children, and the homeowner/family friends. The child slept with the parents.

CPSI ██████████ accompanied Law Enforcement to the home to complete a reenactment. The mother stated that she went to bed around 12:00am and the baby was in the baby swing sleeping. She fed the baby at approximately 1:30am. The mother reported that she sat on the edge of the bed and the baby was on a pillow while feeding. Afterwards, she propped the baby on a pillow on the inside corner of the bed and went back to sleep. The baby was on the far right of the bed, she was in the middle, and ██████████ was on the left side of the bed. The mother reported that she covered the baby's body with a small baby blanket. Her other children slept on the floor. The parents used a separate blanket from the baby. Around 4:00am, she woke up and found the baby was not breathing. The mother reported that he was lying face up on the pillow; in the same position that she had put him in earlier. She picked him up and yelled for ██████████ who put the baby on his chest and patted his back. They called 911 and she performed CPR on the baby. The mother stated that the baby didn't gasp after they went to bed that night. The father, ██████████, stated that he went to bed around 11:30pm and the baby was lying on a pillow with a blanket. He woke up at 1:00am to use the bathroom and the baby was lying down on the bed. The father reported that the mother woke him up that morning screaming that the baby was not breathing, so they called 911.

Law Enforcement interviewed ██████████, homeowner and friend, privately. Ms. ██████████ stated that the older kids slept on the floor or on the couch in the living room. Last night, the children slept on the couch in the living room with her.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Intake #:		Investigation #:		Date of Report:	11/15/2013
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The bedroom door was open. After the baby was born, [REDACTED] offered for the family to move in with her because they were homeless. The family has been living with her since the baby came home from the hospital. She stated that last night, she went to bed around 9:30 or 10:00pm. The older children were in bed about 8:30pm because it was a school night. [REDACTED] was in his swing and was fine last night when she went to bed. She held him last night and he was fine. This morning she heard crying and screaming. The father came out of the room saying something was wrong with the baby. They called 911. Ms. [REDACTED] stated that the baby was not gasping for air yesterday. Ms. [REDACTED] paramour was interviewed. He stated that the father came in the living room saying something was wrong with the baby, the baby was not breathing. He said that the mother tried to give the baby air. He said that he felt the baby's heart and felt nothing, so he told them to call 911.

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

N/A

Describe disposition of body (Death):	Child was placed on his back propped up on a pillow in the family bed. He was covered with a small child's blanket, not on his face according to the mother. The mother and father were sleeping in the same bed.
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Name of Medical Examiner/Coroner:		Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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Type:		Case #:	
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Describe law enforcement or court involvement, if applicable:

N/A, prior to child death

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):

The mother has 2 children that are not in her custody and 3 in her custody; [REDACTED] are in the mother's custody. [REDACTED] lives with his maternal grandfather in [REDACTED] [REDACTED] is in the custody of her father, [REDACTED], in [REDACTED] County. The mother has weekend visitation with the child. CPSI [REDACTED] verified that the child was seen by ER staff at [REDACTED] on 11/15/13 for "gasping." Records indicate that staff saw the child display these behaviors as well.

Due to the past DCS history, CPSI [REDACTED] was instructed to conduct drug screens. All adult household members consented to a drug screen. They were all negative for substances tested, except [REDACTED]. Mr. [REDACTED] was positive for Oxycodone, which he has a prescription.

Name: [REDACTED]	Age: 7
Name: [REDACTED]	Age: 5
Name: [REDACTED]	Age: 6
Name: [REDACTED]	Age: 10
Name: [REDACTED]	Age: 3

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
06/01/2009	[REDACTED]	ENN, LOS	[REDACTED]	[REDACTED]	NSN
09/07/2009	[REDACTED]	DEC, PA	[REDACTED]	[REDACTED] & Unknown	DEC-AIPI PA-AUPU
08/28/2012	[REDACTED]	LOS	[REDACTED]	[REDACTED]	Services Recommended & Accepted

Intake #:	██████████	Investigation #:	██████████	Date of Report:	2/16/2014
/	/				
/	/				
/	/				
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:			Telephone Number: () -		
Case Manager: ██████████			Telephone Number: ██████████		
Team Leader: ██████████			Telephone Number: ██████████		
Team Coordinator: ██████████			Telephone Number: ██████████		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to: Child-Fatality-Notification EI-DCS within forty-eight (48) hours of notification Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</p>					



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 12/06/2013 06:36 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 12/06/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 12/06/2013 09:11 AM
First Team Leader Assigned: [REDACTED] Date/Time 12/06/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 12/06/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	6 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS: Yes

Family Case Id: # [REDACTED] / # [REDACTED]

Open Court Custody/FSS/FCIP No
Closed Court Custody No
Open CPS - No

Indicated # [REDACTED] (DEC) 11/6/09 (perp: [REDACTED])

Fatality No

Screened out Yes (2 - # [REDACTED] and # [REDACTED])

History (not listed above):



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

ASMT - # [REDACTED] (LOS) 11/8/12 - Services Recommended/Accepted
ASMT - # [REDACTED] (ENN/LOS) 6/16/09 - No Services Needed
INV - # [REDACTED] (PHA) 11/6/09 - Unfounded

County: [REDACTED]
Notification: Letter
School/ Daycare: Unknown
Native American Descent: No
Directions: None

Reporters name/relationship: [REDACTED]

Note: All address information is located under the oldest child victims name.

Reporter states:
[REDACTED] (1 month 5days) is not in DCS custody.

[REDACTED] resides with [REDACTED], his mother and [REDACTED], his father. [REDACTED] is [REDACTED] only child. There are five other children who reside in the home as well and no information is known about them at this time.

[REDACTED] is currently at [REDACTED] with his parents. [REDACTED] is deceased and was pronounced deceased at 5:25 a.m. on December 6, 2013. CPR was performed on [REDACTED] while he was on the way to [REDACTED] by ambulance. EMS staff reported [REDACTED] was in the bed with the mother and the mother found [REDACTED] not breathing at 4:35 a.m. on December 6, 2013. There is no other information known about the situation involving [REDACTED] at this time. There is no information regarding the father's whereabouts at the time the infant was found not breathing.

Police officers with the [REDACTED] are currently at the hospital with the parents and are in the process of taking a report. Three of the five children are currently at the hospital with the mother and [REDACTED]. The other two children are with their father. There is no information known about the father of the other two children.

[REDACTED] date of birth is unknown. The parents do not have a cell or home phone number. The parents can be reached by calling [REDACTED], [REDACTED] brother at [REDACTED]. [REDACTED] with [REDACTED] is the contact person for this report if additional information is needed. [REDACTED] can be reached at [REDACTED].

No special needs or disabilities are known.

There are no known safety concerns for the case manager.

This is all the information the reporter had to report at this time.

Note: The five additional children were not added as participants at this time due to no demographic information available for them at the time of the report.

Per SDM: Investigative Track - P1 - CHILD DEATH
[REDACTED], TC, on 12/6/13 @ 8:47am

Notified Child Death/Child Near Death Notification Group via Email:
[REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 6 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 12/06/2013 Assignment Date: 12/06/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Row 1: 1, [Redacted], [Redacted], Neglect Death, [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted] 12/19/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: Unsubstantiated

D. Case Workers

Case Worker: [Redacted] Date: 12/19/2013
Team Leader: [Redacted] Date: 12/19/2013

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

CPSI [Redacted] received a referral on 12/6/13 alleging Neglect Death to minor child [Redacted] by AP, mother, [Redacted]. The mother, [Redacted] woke up at approximately 4:00 am on 12/6/13 and found the baby unresponsive. The family contacted 911, while the mother performed CPR per the operator's instructions. The baby, [Redacted], was taken to [Redacted] where he was pronounced deceased. The autopsy is scheduled for 12/7/13.

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

12/9/13: Meeting with ME. Present were CPSI, Det. [Redacted] Youth Services Sgt, LI [Redacted] and ME. ME stated that there were no signs of trauma to the child and nothing to indicate a cause of death during autopsy.

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

CPSI arrived at [Redacted] hospital on 12/6/13. CPSI spoke with [Redacted] PD officer, who stated that the deceased child was 1 month old and was found unresponsive by his mother this morning. There was possibly blood on the



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

Case Name : ██████████

Investigation ID: ██████████

childs face upon Law Enforcement's arrival. CPSI was informed that Det. ██████████ and Det. ██████████ were speaking with the mother. CPSI observed the end of the mother's interview with the Detectives. Ms. ██████████ stated that the child had been gasping for air off and on, since he was left the hospital after his birth. She reported that she took him to the ER for this issue. The mother reported that the child displayed the same behaviors when she took him to the ER at ██████████ and the doctors observed the behaviors. The mother stated that the child was admitted to ██████████ overnight for observation. The mother reported that the doctors said that it was probably acid reflux. The mother said that they told her to put him on her chest and pat his back and to prop him up when feeding him. The baby continued to gasp for air after the ER visit and he also coughed occasionally. The child's father is ██████████. In the home last night were the parents, the mother's four children, and the homeowner/family friends. The child slept with the parents. CPSI accompanied Law Enforcement to the home to complete a reenactment. The mother stated that she went to bed around 12:00am and the baby was in the baby swing sleeping. She fed the baby at approximately 1:30am. The mother reported that she sat on the edge of the bed and the baby was on a pillow while feeding. Afterwards, she propped the baby on a pillow on the inside corner of the bed and went back to sleep. The baby was on the far right of the bed, she was in the middle, and ██████████ was on the left side of the bed. The mother reported that she covered the baby's body with a small baby blanket. Her other children slept on the floor. The parents used a separate blanket from the baby. Around 4:00am, she woke up and found the baby was not breathing. The mother reported that he was lying face up on the pillow; in the same position that she had put him in earlier. She picked him up and yelled for ██████████ who put the baby on his chest and patted his back. They called 911 and she performed CPR on the baby. The mother stated that the baby didn't gasp after they went to bed that night. The father, ██████████, stated that he went to bed around 11:30pm and the baby was lying on a pillow with a blanket. He woke up at 1:00am to use the bathroom and the baby was lying down on the bed. The father reported that the mother woke him up that morning screaming that the baby was not breathing, so they called 911.

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

Law Enforcement interviewed ██████████, homeowner and friend, privately. Ms. ██████████ stated that the older kids slept on the floor or on the couch in the living room. Last night, the children slept on the couch in the living room with her. The bedroom door was open. After the baby was born, ██████████ offered for the family to move in with her because they were homeless. The family has been living with her since the baby came home from the hospital. She stated that last night, she went to bed around 9:30 or 10:00pm. The older children were in bed about 8:30pm because it was a school night. ██████████ was in his swing and was fine last night when she went to bed. She held him last night and he was fine. This morning she heard crying and screaming. The father came out of the room saying something was wrong with the baby. They called 911. Ms. ██████████ stated that the baby was not gasping for air yesterday. Ms. ██████████ paramour was interviewed. He stated that the father came in the living room saying something was wrong with the baby, the baby was not breathing. He said that the mother tried to give the baby air. He said that he felt the baby's heart and felt nothing, so he told them to call 911.

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

12/6/13: CPSI spoke with ██████████ and ██████████ together, due to the trauma. ██████████ cried most of the time CPSI was present. ██████████ stated that he saw his mother do something to ██████████ that morning. After CPSI questioned him more, he demonstrated movements of CPR to CPSI. All children stated that mama and ██████████ take care of them. When they get in trouble, they have to go to the corner. At this point, the children began asking CPSI about ██████████ CPSI concluded interview.

CPSI observed all three children to be age appropriate in appearance, with no visible marks/bruises. They were well-kempt. CPSI

observed an abundance of clothing for the children. No concerns noted.

12/13/13: CPSI conducted school visit with ██████████ at ██████████ on this date. ██████████ stated that she was doing okay. She is enjoying school. She has been staying with her mom. CPSI asked where she usually sleeps at her mom's. She stated on that she sleeps on the couch in the living room. Her brother and sister sometimes sleep with her mom in the bed. CPSI asked her where she and her siblings slept the night before



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]

they took [REDACTED] to the hospital. [REDACTED] at first could not remember. She stated that before they went to the hospital, she saw her mom try to give [REDACTED] air, like the lady on the phone told her to do. CPSI asked where she was at when she saw this. She stated that her mommy was in their bedroom, her and her siblings were in the living room that morning. She thinks they all slept in the living room that night. CPSI thanked her.

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: 02/18/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/18/2014
 Completed date: 02/18/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/18/2014 10:23 AM Entered By: [REDACTED]

Central Office has completed case review and approves case closure



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/13/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/18/2014

Completed date: 02/18/2014

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: 02/18/2014 02:40 PM Entered By: [REDACTED]

CPIT; team agreed with classification. CPIT sheet placed in 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: 02/05/2014

Contact Method:

Contact Time: 05:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2014 05:49 PM Entered By: [REDACTED]

CPSI faxed request for Autopsy record to Medical Examiner on this date.



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: 02:57 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2014 03:00 PM Entered By: [REDACTED]

CPIT reset for 2/13 at 10:30 am. CPSI will present.

Medical records were obtained for [REDACTED] and are placed in the file.

Pictures of reenactment were taken and are placed in the file.

Notice of Child Death Form completed and submitted to appropriate contacts on 12/9/13.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/18/2014 Contact Method:
 Contact Time: 12:15 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/18/2014
 Completed date: 01/18/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/18/2014 12:35 PM Entered By: [REDACTED]

Case Closure Review

CPS investigation complete as unsubstantiated for neglect death. Autopsy still pending; however, preliminary revealed no abuse/neglect, trauma. The family has since obtained housing and the siblings are receiving counseling via school. The mother has sought counseling. CPIT staffing was reset on 1-16-14 as Investigator nor LI were able to attend and there is no autopsy



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/10/2014 Contact Method:
 Contact Time: 10:41 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/10/2014
 Completed date: 01/10/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/10/2014 10:49 AM Entered By: [REDACTED]

CPSI [REDACTED] received a referral on 12/6/13 alleging Neglect Death to minor child [REDACTED] [REDACTED] by AP, mother, [REDACTED]. The mother, [REDACTED], woke up at approximately 4:00 am on 12/6/13 and found the baby unresponsive. The family contacted 911, while the mother performed CPR per the operator's instructions. The baby, [REDACTED], was taken to [REDACTED] Center where he was pronounced deceased. The autopsy is scheduled for 12/7/13. CPSI [REDACTED] arrived at [REDACTED] hospital on 12/6/13. CPSI spoke with [REDACTED] PD officer, who stated that the deceased child was 1 month old and was found unresponsive by his mother this morning. There was possibly blood on the child's face upon Law Enforcement's arrival. CPSI was informed that Det. [REDACTED] and Det. [REDACTED] were speaking with the mother. CPSI observed the end of the mother's interview with the Detectives. Ms. [REDACTED] stated that the child had been gasping for air off and on, since he was left the hospital after his birth. She reported that she took him to the ER for this issue. The mother reported that the child displayed the same behaviors when she took him to the ER at [REDACTED] and the doctors observed the behaviors. The mother stated that the child was admitted to [REDACTED] overnight for observation. The mother reported that the doctors said that it was probably acid reflux. The mother said that they told her to put him on her chest and pat his back and to prop him up when feeding him. The baby continued to gasp for air after the ER visit and he also coughed occasionally. The child's father is [REDACTED]. In the home last night were the parents, the mother's four children, and the homeowner/family friends. The child slept with the parents.

CPSI [REDACTED] accompanied Law Enforcement to the home to complete a reenactment. The mother stated that she went to bed around 12:00am and the baby was in the baby swing sleeping. She fed the baby at approximately 1:30am. The mother reported that she sat on the edge of the bed and the baby was on a pillow while feeding. Afterwards, she propped the baby on a pillow on the inside corner of the bed and went back to sleep. The baby was on the far right of the bed, she was in the middle, and [REDACTED] was on the left side of the bed. The mother reported that she covered the baby's body with a small baby blanket. Her other children slept on the floor. The parents used a separate blanket from the baby. Around 4:00am, she woke up and found the baby was not breathing. The mother reported that he was lying face up on the pillow; in the same position that she had put him in earlier. She picked him up and yelled for [REDACTED] who put the baby on his chest and patted his back. They called 911 and she performed CPR on the baby. The mother stated that the baby didn't gasp after they went to bed that night. The father, [REDACTED] stated that he went to bed around 11:30pm and the baby was lying on a pillow with a blanket. He woke up at 1:00am to use the bathroom and the baby was lying down on the bed. The father reported that the mother woke him up that morning screaming that the baby was not breathing, so they called 911.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Law Enforcement interviewed [REDACTED], homeowner and friend, privately. Ms. [REDACTED] stated that the older kids slept on the floor or on the couch in the living room. Last night, the children slept on the couch in the living room with her. The bedroom door was open. After the baby was born, [REDACTED] offered for the family to move in with her because they were homeless. The family has been living with her since the baby came home from the hospital. She stated that last night, she went to bed around 9:30 or 10:00pm. The older children were in bed about 8:30pm because it was a school night. [REDACTED] was in his swing and was fine last night when she went to bed. She held him last night and he was fine. This morning she heard crying and screaming. The father came out of the room saying something was wrong with the baby. They called 911. Ms. [REDACTED] stated that the baby was not gasping for air yesterday. Ms. [REDACTED] paramour was interviewed. He stated that the father came in the living room saying something was wrong with the baby, the baby was not breathing. He said that the mother tried to give the baby air. He said that he felt the babys heart and felt nothing, so he told them to call 911.

ME Meeting was held on 12/9/13. ME found no signs of trauma and nothing suspicious during autopsy. Cause of death undetermined at this time, waiting on lab results.

Case closed and classified as UNSUBSTANTIATED. There is no evidence to support the allegation of Neglect Death. ME states that there was no signs of trauma to the child. Per medical records and mother's report, baby was having some health issues prior to death, and had been seen at the ER. Child was one month old. Due to no evidence or imminent risk, this case is being closed and no further services or monitoring is needed.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable



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: 01/10/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/10/2014

Completed date: 01/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/10/2014 10:51 AM Entered By: [REDACTED]

Ms. [REDACTED] asked CPSI for information regarding housing. CPSI mailed her resources on this date.



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: 12/20/2013

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/20/2013

Completed date: 12/20/2013

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: 12/20/2013 01:32 PM Entered By: [REDACTED]

CPSI conducted home visit to [REDACTED] on this date. This is the new address for the family. Ms. [REDACTED] stated that they were kicked out of [REDACTED] apartment by the landlord because there were too many people living there. CPSI found the home to be appropriate. CPSI dropped off Christmas presents for the children. CPSI asked about counseling. Ms. [REDACTED] stated that she has not called for herself yet, but the girls are seeing the [REDACTED] therapist. CPSI told her to contact [REDACTED] for counseling. She stated that she would. She stated that she had gotten [REDACTED] cremated and has him now, and that makes her and the children feel better. She did not have any other needs at this time. CPSI advised her to call CPSI if she needs anything else.



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: 12/13/2013

Contact Method: Face To Face

Contact Time: 10:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/13/2013

Completed date: 12/13/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/13/2013 09:58 AM Entered By: [REDACTED]

CPSI conducted home visit on this date. CPSI spoke with Ms. [REDACTED]. She stated that they did have the funeral yesterday. The funeral home was unable to get a casket, so they wrapped him in a blanket made by Ms. [REDACTED] mother. She stated that it was nice. She stated that they only charged her \$25 for the funeral, and her sister paid that for her. Her sister came done from Michigan for a couple of days. Her dad was not able to come down. CPSI gave Ms. [REDACTED] a list of resources for counseling and advised her to contact some of the numbers ASAP for herself. CPSI informed her that CPSI had spoken with the counselor at the school and that the girls would be signed up for counseling through the [REDACTED] counselor. Ms. [REDACTED] thanked CPSI. She was worried about about [REDACTED] was doing. CPSI told her that when CPSI spoke with her, she was okay. Ms. [REDACTED] wants counseling for herself and her kids. CPSI asked about Christmas. She told CPSI that the detective signed the kids up for the toys program through the police department and they would be bringing stuff for them on Christmas Eve. She gave CPSI a list of things the children wanted. CPSI will go to [REDACTED] to get some things for the 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: 12/12/2013

Contact Method: Face To Face

Contact Time: 10:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 12/13/2013

Completed date: 12/13/2013

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation,Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/13/2013 09:52 AM Entered By: [REDACTED]

CPSI conducted school visit with [REDACTED] at [REDACTED] on this date. [REDACTED] stated that she was doing okay. She is enjoying school. She has been staying with her mom. CPSI asked where she usually sleeps at her moms. She stated on that she sleeps on the couch in the living room. Her brother and sister sometimes sleep with her mom in the bed. CPSI asked her where she and her siblings slept the night before they took [REDACTED] to the hospital. [REDACTED] at first could not remember. She stated that before they went to the hospital, she saw her mom try to give [REDACTED] air, like the lady on the phone told her to do. CPSI asked where she was at when she saw this. She stated that her mommy was in their bedroom, her and her siblings were in the living room that morning. She thinks they all slept in the living room that night. CPSI thanked her.

After meeting with [REDACTED] CPSI met with school counselor. CPSI explained situation to the counselor, who was unaware of [REDACTED] death. Counselor will sign children up for counseling with [REDACTED] trauma counselor who is in school. She will talk to the girls' teachers as well. CPSI thanked her.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	12/09/2013	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 02 Hour
Entered By:	████████████████████	Recorded For:	
Location:		Created Date:	12/09/2013
Completed date:	12/09/2013	Completed By:	████████████████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2013 05:11 PM Entered By: ████████████████████

Case Conference Held

Permanency: Intact family but the mother is seperated from husband/father of 3 oldest children. Mother and father of deceased child live together as a couple

Safety-Child/Community: no identified risks to surviving siblings

Service Planning: assist with funeral arrangments, grief counseling and Christmas for the surviving siblings

WellBeing: ACV was 1 m/o premature infant - who cause of death is till undetermined per autopsy per meeting with ME's office



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/09/2013

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/11/2013

Completed date: 12/11/2013

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 12/11/2013 05:07 PM Entered By: [REDACTED]

Meeting with ME. Present were CPSI, Det. [REDACTED] Youth Services Sgt, LI [REDACTED] and ME. ME stated that there were no signs of trauma to the child and nothing to indicate a cause of death during autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/09/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/09/2013

Completed date: 12/09/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2013 09:49 AM Entered By: [REDACTED]

Fatality Report (12/9/13)

This CPSI completed and submitted the Notice of Child Fatality/Near Fatality; see form attached to hard file



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/06/2013 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/09/2013
 Completed date: 12/09/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2013 04:43 PM Entered By: [REDACTED]

CPSI spoke with [REDACTED] together, due to the trauma. [REDACTED] cried most of the time CPSI was present. [REDACTED] stated that he saw his mother do something to [REDACTED] that morning. After CPSI questioned him more, he demonstrated movements of CPR to CPSI. All children stated that mama and [REDACTED] take care of them. When they get in trouble, they have to go to the corner. At this point, the children began asking CPSI about [REDACTED] CPSI concluded interview.

CPSI observed all three children to be age appropriate in appearance, with no visible marks/bruises. They were well-kempt. CPSI observed an abundance of clothing for the children. No concerns noted.



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: 12/06/2013 Contact Method: Face To Face
 Contact Time: 09:45 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/09/2013
 Completed date: 12/09/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2013 04:41 PM Entered By: [REDACTED]

After LE left, CPSI spoke with [REDACTED] and [REDACTED], parents, privately. [REDACTED] stated that she has 6 children. [REDACTED] and [REDACTED] lives with his maternal grandfather in [REDACTED]. She was 16 when she had him. MGF has custody. [REDACTED] lives with her dad [REDACTED]. She has weekend visitation with her. She stated that [REDACTED] was born 5 weeks premature. He was in the hospital for 2 ½ weeks at [REDACTED]. The family moved into the apartment from the hospital. When they brought him home, he had some body temperature problems, but they just had to keep him warm. [REDACTED] started the gasping problem about a week after they brought him home. They took him to the ER at approximately 3 weeks old. The ER said it was acid reflux and to make sure they prop him up on a pillow or in the wing, not to put him flat on his back. She stated that [REDACTED] usually sleeps in his swing, but after the early morning feeding, he will sleep on a pillow in their bed. She denied the older kids sleeping in the bed with [REDACTED]. Before they lived here, they lived in [REDACTED]. [REDACTED] lost his job while the baby was in the hospital after birth, and they lost their housing in [REDACTED]. She and [REDACTED] deny drug use. [REDACTED] is taking pain medication prescribed for his roofing accident. [REDACTED] denied [REDACTED] caring for the baby independently while on medication. She stated that [REDACTED] and [REDACTED] do not use drugs either. The older two children attend [REDACTED]. She does not receive financial assistance and is still legally married to [REDACTED]. She stated that Mr. [REDACTED] is out of town working and is not available to take the children. She has no other family or friends around here to help out with the children. CPSI went over next steps with the family, including getting medical records and speaking with the ME. CPSI advised them to call CPSI with any questions and left the family with cell and desk contact numbers.

CPSI conducted drug screens on all household members. Ms. [REDACTED] Ms. [REDACTED] and Mr. [REDACTED] tested negative for all substances. Mr. [REDACTED] was positive only for oxycodone, which was perscribed (CPSI observed valid perscription)



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: 12/06/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/09/2013

Completed date: 12/09/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2013 04:38 PM Entered By: [REDACTED]

LE asked [REDACTED], roommate, to come into the bedroom after speaking with the parents. Interview was conducted privately. She stated that the older kids sleep on the floor or on the couch in the living room. Last night, the children slept on the couch in the living room with her. The bedroom door was open. She stated that [REDACTED] and her boyfriend, [REDACTED] are brothers. She and [REDACTED] are good friends. [REDACTED] and [REDACTED] were homeless while she was pregnant. After the baby was born, [REDACTED] offered for the family to move in with her, even though there was not much room, so that the family would have somewhere to stay. The family has been here since the baby came home from the hospital. She stated that last night, she went to bed around 9:30 or 10. The older kids were in bed about 8:30 pm because it was a school night. [REDACTED] was in his swing and was fine last night when she went to bed. He was not crying. She even held him last night, he was fine. This morning, she heard crying and screaming. [REDACTED] came out, saying something was wrong with the baby. They called 911. She stated that the baby was not gasping yesterday. She confirmed that they have been trying to get the baby insurance, but they have not been getting any return calls from the insurance people. LE asked [REDACTED] to come in the room. [REDACTED] translated for [REDACTED]. [REDACTED] stated that this morning, [REDACTED] came in the living room saying something was wrong with the baby, the baby was not breathing. [REDACTED] tried to give the baby air. [REDACTED] felt the babys heart and felt nothing and said they need to call 911. He did not pick up the baby. He stated that when he first came in the room, [REDACTED] was sitting on the bed holding the baby.

LE took pictures and collected formula and a blanket for evidence



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:	12/06/2013	Contact Method:	Face To Face
Contact Time:	08:45 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/09/2013
Completed date:	12/09/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/09/2013 09:59 AM Entered By: [REDACTED]

CPSI accompanied LE to the home to complete a reenactment. CPSI observed the home to be a one bedroom apartment, with a small kitchen/dining area, a living room which housed a bed and couch, and one bathroom. The one bedroom housed a bed, TV, and closet with an abundance of clothes. The room was messy, but not dirty. CPSI obtained pictures; see file. CPSI observed reenactment by the mother. Ms. [REDACTED] stated that she went to bed around 12 am, and the baby was in the baby swing sleeping. She fed the baby at approximately 130 am. She sat on the edge of the bed and the baby was on a pillow while feeding. Afterwards, she put the baby propped up on a pillow on the inside corner of the bed, to her left side, and went back to sleep. The baby was on the far right of the bed, she was in the middle, and [REDACTED] was on the of left side of the bed. She covered the baby with a small baby blanket, but not over his face. Her other children slept on a pallet on the floor. She and [REDACTED] used a separate blanket from the baby. Around 4 am, she woke up and found the baby not breathing. He was lying face up on the pillow, like she laid him down to sleep that morning. She picked up him and yelled for [REDACTED] who put the baby on his chest and patted his back. They called 911 and she performed CPR on the baby like the operator told her to. She denied the baby gasping after they went to bed that night. The heaters in the room were not on last night. A fan, broken, was pointed towards the ground, was on. [REDACTED] was asked to come in the room at this point. [REDACTED] translated, due to [REDACTED] speaking Spanish. [REDACTED] stated that he went to bed around 11:30 pm, and the baby was lying on a pillow with a blanket. He woke up at 1:00 am to go pee and the baby was lying down on the bed. [REDACTED] woke him up that morning screaming about the baby not breathing, they called 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: 12/06/2013 Contact Method: Face To Face
 Contact Time: 07:20 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 12/09/2013
 Completed date: 12/09/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2013 09:58 AM Entered By: [REDACTED]

CPSI arrived at [REDACTED] hospital on 12/6/13. CPSI spoke with [REDACTED] PD officer, who stated that the child was 1 month old, 5 weeks premature and was found unresponsive this morning. There was possibly blood on the child's face upon LE arrival. CPSI was informed that Det. [REDACTED] and Det. [REDACTED] were speaking with the mother. CPSI observed the end of the interview with the Detectives and Ms. [REDACTED], mother. Ms. [REDACTED] stated that since the child had come home from the hospital, he was gasping for air, and this would start and stop. She took him to the ER for this. It would start when he was on his back on this pillow. He did this when she took him to the ER (at [REDACTED] as well, so the doctors saw it. He was admitted to [REDACTED] overnight. The doctors said that it was probably acid reflux. They told her to put him on her chest and pat his back, and to prop him up when eating. She stated that she did not have insurance for the baby, there were issues getting his insurance approved through TnCare. The baby continued to gasp for air after the ER visit some, and he coughed some but not much. She does not receive financial assistance. She gets food stamps for the kids from their father; they are not in her name. These children are [REDACTED]. They were staying with their dad until he started working out of town, now they stay with her except when their father is in town. She and their father are still married. The visits are not court ordered, they are just arranged. These children's father is not the baby's father. The baby's father is [REDACTED] he is out of work right now after a roofing accident. Det. [REDACTED] ended the interview at this point, after telling the mother that an reenactment needed to take place after leaving the hospital. CPSI spoke with Det. [REDACTED] and learned that the ACV is [REDACTED]. The mother is [REDACTED], father [REDACTED]. In the home were [REDACTED] her four children, and family friends, [REDACTED] and her boyfriend and their baby. [REDACTED] has another son who lives in [REDACTED] with her maternal grandfather, and a daughter that lives with her dad. The baby slept with [REDACTED] and [REDACTED]. The three children's father is [REDACTED]. [REDACTED] The baby was found unresponsive this morning. CPSI observed [REDACTED] at the hospital on this date. He was wrapped in a blanket in a hospital bed. CPSI did not observe the body closely enough to observe any marks.



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: 12/06/2013 Contact Method: Face To Face
 Contact Time: 07:20 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 12/09/2013
 Completed date: 12/09/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2013 09:59 AM Entered By: [REDACTED]

CPSI arrived at [REDACTED] hospital on 12/6/13. CPSI spoke with [REDACTED] PD officer, who stated that the child was 1 month old, 5 weeks premature and was found unresponsive this morning. There was possibly blood on the child's face upon LE arrival. CPSI was informed that Det. [REDACTED] and Det. [REDACTED] were speaking with the mother. CPSI observed the end of the interview with the Detectives and Ms. [REDACTED], mother. Ms. [REDACTED] stated that since the child had come home from the hospital, he was gasping for air, and this would start and stop. She took him to the ER for this. It would start when he was on his back on this pillow. He did this when she took him to the ER (at [REDACTED] as well, so the doctors saw it. He was admitted to [REDACTED] overnight. The doctors said that it was probably acid reflux. They told her to put him on her chest and pat his back, and to prop him up when eating. She stated that she did not have insurance for the baby, there were issues getting his insurance approved through TnCare. The baby continued to gasp for air after the ER visit some, and he coughed some but not much. She does not receive financial assistance. She gets food stamps for the kids from their father; they are not in her name. These children are [REDACTED] and [REDACTED]. They were staying with their dad until he started working out of town, now they stay with her except when their father is in town. She and their father are still married. The visits are not court ordered, they are just arranged. These children's father is not the baby's father. The baby's father is [REDACTED] he is out of work right now after a roofing accident. Det. [REDACTED] ended the interview at this point, after telling the mother that an reenactment needed to take place after leaving the hospital. CPSI spoke with Det. [REDACTED] and learned that the ACV is [REDACTED]. The mother is [REDACTED] father [REDACTED]. In the home were [REDACTED] her four children, and family friends, [REDACTED] and her boyfriend and their baby. [REDACTED] has another son who lives in [REDACTED] with her maternal grandfather, and a daughter that lives with her dad. The baby slept with [REDACTED] and [REDACTED]. The three children's father is [REDACTED], [REDACTED]. The baby was found unresponsive this morning. CPSI observed [REDACTED] at the hospital on this date. He was wrapped in a blanket in a hospital bed. CPSI did not observe the body closely enough to observe any marks.



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: 12/06/2013 Contact Method:
Contact Time: 07:00 AM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 12/09/2013
Completed date: 12/09/2013 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2013 09:48 AM Entered By: [REDACTED]

Family Composition:
ACV [REDACTED], DOB [REDACTED] Deceased
Mother [REDACTED]
Father [REDACTED]

Half-Siblings (by mother):
[REDACTED] father is [REDACTED]
[REDACTED] father is [REDACTED]
[REDACTED] Father is [REDACTED]
(resides with MGF in [REDACTED])
(resides with father [REDACTED])

Household Composition (at time of child fatality)
Address: [REDACTED]

Renters are: [REDACTED] and [REDACTED]; their son is [REDACTED] (5 months)
Guests: [REDACTED], [REDACTED], [REDACTED] and [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: 12/06/2013 Contact Method:
 Contact Time: 06:36 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/09/2013
 Completed date: 12/09/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

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

Investigator [REDACTED] is assigned the following P1 referral by LI [REDACTED]

Alleged victims:

ACV [REDACTED]

Alleged Perpetrator:

[REDACTED] mother

TFACTS History:

6/1/2009: Allegations of ENN, ACVs [REDACTED] AP [REDACTED] (Father), Classified NSN

6/1/2009: Allegation of LOS, ACV [REDACTED] AP [REDACTED], Classified NSN

9/7/2009: Allegations of DEC, ACV [REDACTED], AP [REDACTED] mother, Classified AIP

9/7/2009: Allegation of PA, ACV [REDACTED] AP Unknown, Classified AUPU

8/28/12: Allegation of LOS, ACV [REDACTED] AP [REDACTED], Classified SRA (mother working with school to get POA for maternal grandfather)

Narrative: TFACTS: Yes

Family Case Id: # [REDACTED] / # [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated # [REDACTED] (DEC) 11/6/09 (perp: [REDACTED])

Fatality No

Screened out Yes (2 - # [REDACTED] and # [REDACTED])

History (not listed above):

ASMT - # [REDACTED] (LOS) 11/8/12 - Services Recommended/Accepted

ASMT - # [REDACTED] (ENN/LOS) 6/16/09 - No Services Needed INV - # [REDACTED] (PHA) 11/6/09 - Unfounded

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Native American Descent: No
 Directions: None

Note: All address information is located under the oldest child victims name.

Reporter states: [REDACTED] (1 month 5days) is not in DCS custody.

[REDACTED] resides with [REDACTED], his mother and [REDACTED], his father. [REDACTED] is [REDACTED] only child. There are five other children who reside in the home as well and no information is known about them at this time. [REDACTED] is currently at [REDACTED] Center with his parents. [REDACTED] is deceased and was pronounced deceased at 5:25 a.m. on December 6, 2013. CPR was performed on [REDACTED] while he was on the way to [REDACTED] Center by ambulance. EMS staff reported [REDACTED] was in the bed with the mother and the mother found [REDACTED] not

breathing at 4:35 a.m. on December 6, 2013. There is no other information known about the situation involving [REDACTED] at this time. There is no information regarding the father's whereabouts at the time the infant was found not breathing. Police officers with the [REDACTED] Police Department are currently at the hospital with the parents and are in the process of taking a report. Three of the five children are currently at the hospital with the mother and [REDACTED]. The other two children are with their father. There is no information known about the father of the other two children. [REDACTED] date of birth is unknown. The parents do not have a cell or home phone number. The parents can be reached by calling [REDACTED], [REDACTED] brother at [REDACTED]. [REDACTED] with [REDACTED] is the contact person for this report if additional information is needed. [REDACTED] can be reached at [REDACTED]

No special needs or disabilities are known.

There are no known safety concerns for the case manager.

This is all the information the reporter had to report at this time.

Note: The five additional children were not added as participants at this time due to no demographic information available for them at the time of the report.

Per SDM: Investigative Track - P1 - CHILD DEATH

[REDACTED], TC, on 12/6/13 @ 8:47am

Notified Child Death/Child Near Death Notification Group via Email:

[REDACTED]



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 12/6/13 6:36 AM

Date of Assessment: 12/11/13 12:00 AM

Assessment Type: [X] Initial [] Closing [] Other

Number of Children in the Household: 4

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 12/6/13 6:36 AM

Date of Assessment: 12/20/13 12:00 AM

Assessment Type: [] Initial [X] Closing [] Other

Number of Children in the Household: 4

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):
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- 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.
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Tennessee Department of Children's Services
SDM™ Safety Assessment

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Date: _____

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