



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

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/14/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	unknown-possibly 12/14/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Unknown	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:			
If child is in DCS custody, list placement type and name:						
Describe (in detail) circumstances surrounding death/near death:						
<p>██████████ fell asleep on the couch at approximately 1030pm with ██████████ in her right arm and he was lying face up. Around 2am ██████████ woke up and saw ██████████ but did not see if he was awake or breathing. ██████████ woke up at 9am this morning and did not see ██████████. ██████████ looked down and saw that ██████████ was face down on the floor and was not breathing. ██████████ called 911. She did CPR for 1-2 minutes while waiting for EMS. When EMS arrived, they stated ██████████ was gray in color and had lividity in his forehead. It is unknown what the exact time of death was.</p>						
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:						
<p>When CM ██████████ arrived at the home, the family had already left. The police also left even though an ETA was given and CM arrived 10-15 minutes early. CM left a card with phone numbers on the door. CM phoned ██████████ (father). He stated he was driving to his grandmother's home and the mother, ██████████ was at her mother's home in ██████████. CM left phone number and stated reason for involvement and help. He stated he probably will need help but would like privacy at this time. He stated the other two children were with their dad and was not aware of the incident. No other contact was made.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
The child was brought to ██████████ MC via EMS. It is unknown if an autopsy will be performed at this time.						
Describe disposition of body (Death):	The child was gray in color and had lividity in his forehead.					
Name of Medical Examiner/Coroner:	unknown	Was autopsy requested?	<input type="checkbox"/> No	<input 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:			Case #:			
Describe law enforcement or court involvement, if applicable:						
CM spoke to LE. LE does not feel the mother's story is suspicious at this time. There were not any inconsistencies.						
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 other children, ██████████ (4) and ██████████ (6) ██████████ reside with their father, ██████████. ██████████ has visitation.						

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

Distribution: Child's Case File

RDA 2993

CS-0635, Rev. 08/13

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Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	12/14/2013
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Name:	[REDACTED]	Age:	4
Name:	[REDACTED]	Age:	6
Name:	[REDACTED]	Age:	
Name:	[REDACTED]	Age:	
Name:	[REDACTED]	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
12/06/2002	[REDACTED]	LOS	[REDACTED]	[REDACTED]	AUPU
09/27/2012	[REDACTED]	PA	[REDACTED]	[REDACTED]	AUPU
12/10/2012	[REDACTED]	LOS	[REDACTED]	[REDACTED]	serv req
06/27/2013	[REDACTED]	PA	[REDACTED]	[REDACTED]	NSN
/ /					
/ /					
/ /					

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:	[REDACTED]	Telephone Number:	[REDACTED]
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: 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]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 12/14/2013 09:32 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 12/14/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 12/16/2013 07:55 AM
First Team Leader Assigned: [REDACTED] Date/Time 12/16/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 12/16/2013 12:00 AM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS: Yes
Family Case ID: [REDACTED] [REDACTED] and [REDACTED]
Open Court Custody/FSS/FCIP None found
Closed Court Custody None found
Open CPS None found
Substantiated 11/15/13/ # [REDACTED] /PHA/Perpetrator - [REDACTED] (Alleged Child Victim is [REDACTED])
Fatality None found



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

Screened out None found

History (not listed above):

11/15/13 Case ID # [REDACTED] SEE, LOS Unsubstantiated
07/01/13 Case ID # [REDACTED] PHA No Services Needed
02/13/13 Case ID # [REDACTED] LOS Services Required
11/26/12 Case ID # [REDACTED] PHA Unsubstantiated

County: [REDACTED]
Notification: Letter
School/ Daycare: No
Native American Descent: No
Directions: [REDACTED]

Reporters name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

[REDACTED] (age 2 months) resided with his parents, [REDACTED] and [REDACTED], in [REDACTED]. [REDACTED] died on December 13, 2013.

The reporter stated that last night, 12/13/13, around 9:30PM the family went to Long John Silvers to get food. They later fell asleep on their L shaped couch. [REDACTED] had [REDACTED] in her right arm and he was lying face up. [REDACTED] then fell asleep with [REDACTED] in her arms around 10:30 PM. That was the last time [REDACTED] had seen [REDACTED] acting normal. Around 2:00 AM [REDACTED] woke up and saw [REDACTED] but did not see if he was awake or breathing. [REDACTED] woke up again at 9:00 AM this morning and did not see [REDACTED]. [REDACTED] looked down and saw that [REDACTED] was face down on the floor and was not breathing.

[REDACTED] immediately called 911. While waiting on EMS to get there she started CPR for 1-2 minutes. When EMS arrived they began rescue breathing and immediately took [REDACTED] to the [REDACTED]. The reporter stated that the mother's story does not seem suspicious.

It is unknown if [REDACTED] was a certain color when [REDACTED] found him on the floor when she woke up. When EMS arrived they stated [REDACTED] was gray in color and had lividity in his forehead. It is unknown what the exact time of death was. The reporter has not had a chance to go to the medical center. It is unknown if there is currently an autopsy pending at this time.

The reporter is not aware of any previous injures or any kind of child fatality in the home previous to this report. The reporter is not aware of any known patterns of abuse in the home. The reporter stated that the family does not have a known history with police. The reporter is not aware of any previous Alcohol and Drug, Mental Health, or Domestic Violence issues in the home.

Special Needs or Disabilities: None known
Any other safety concerns for the child(ren) or worker who may respond: No

Per SDM: Investigative Track, P1 - [REDACTED] CM 3 on 12-14-2013 at 10:30 A.M.

Child Death Group notified. Email notification sent to [REDACTED] and Regional Administrator [REDACTED].

[REDACTED] County paged - Time Issued: 10:30:08 AM
12-14-13 10:36:22 AM CST Received



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 7 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN: [REDACTED] Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted]

Investigation ID: [Redacted]

Referral Date: 12/14/2013

Assignment Date: 12/16/2013

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, Unknown, [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted] 03/14/2014

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: Case is being closed.

D. Case Workers

Case Worker: [Redacted]

Date: 03/14/2014

Team Leader: [Redacted]

Date: 03/14/2014

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:

The child was deceased.

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

The autopsy report was requested along with medical records from the pediatrician and [Redacted] There were no concerns with the cause of death. The police closed their case on the family.

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

The mother explained that she fell asleep that night on the couch with the baby laying next to her. The father had put a pillow down below because the father felt like something was going to happen and was afraid the baby might fall. The mother woke up in the morning looking for the baby when she saw that he had fallen on the pillow and landed face first. She panicked, called 911 and began in an attempt to resuscitate him. 911 came and the baby was taken to the hospital. The mother was very much grieving over the loss of the child.



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

N/A

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

The case is being closed. The mother and father were interviewed and were dealing with the death of their child. After a time in the case services were referred for grievance counseling, which at the time, the mother said they were both wanting. The autopsy reports, medical records were requested, received and placed in the file. The report showed no evidence or concerns with the autopsy report on the child. The police investigation was closed without incident. The case was presented to CPIT and classified as AUPU.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/17/2014

Contact Method:

Contact Time: 03:37 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

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 02:39 PM Entered By: [REDACTED]

LI [REDACTED] reviewed this case for closure. CPIT (law enforcement, Child Advocacy Center, Juvenile Court and District Attorneys Office) was convened 12/16/2013. CPS met the response 12/14/2013. CPS was unable to complete the SDM Safety Assessment and FAST due to the infant being deceased/ CPS presented this case to CPIT 03/14/2014. The team was in agreement with the classification decision of AUPU. The autopsy report indicated there were no suspicious findings for the cause of death. CPS completed the 740 and placed a copy in the envelope for Juvenile Court 03/14/2014.

The Case Reference Person on the hard file is [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2014

Contact Method:

Contact Time: 10:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 09:47 AM Entered By: [REDACTED]

Case Summary:

The case, # [REDACTED] was referred on 12/14/2013 for the allegation of Neglect Death. The report stated that the mother had fallen asleep on the couch holding her two month old when the baby rolled off during the night landing on a pillow that had been placed on the floor. The child was gray in color and had lividity in his forehead. The call was placed to 911. The child was taken to [REDACTED]

The case was investigated. The medical reports were requested and autopsy report. The report said that there was no suspicious findings for the cause of death. The investigation with the police department was closed without charges. Grievance counseling was referred to the parents prior to closure of the case and accepted. The case was presented to CPIT and classified as AUPU.

The 740 was completed, hard copy 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: 03/14/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 09:40 AM Entered By: [REDACTED]

This case was presented to CPIT on this date where it was unanimously agreed to classify the allegation of Neglect/Fatality as AUPU. The hard copy of the CPIT form has been placed 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: 02/25/2014

Contact Method: Correspondence

Contact Time: 01:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/25/2014

Completed date: 02/25/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/25/2014 12:40 PM Entered By: [REDACTED]

CM sent for medical records to [REDACTED] [REDACTED] and to [REDACTED] on this date. The transmission was successful.



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:	02/19/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/25/2014
Completed date:	02/25/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/25/2014 12:39 PM Entered By: [REDACTED]

CM [REDACTED] went to the home after a couple of tries with calling the mother who had not returned calls and going to the home on the 18th and leaving a card when no one answered the door.

The grandmother came to the door and invited CM in the home. The mom was in bed and had to get dressed. The grandmother showed CM where she was extending the bathroom and she was working with the dry wall. The mother met with CM who asked her how the counseling was going that was recommended. The mother said they had to cancel the visit that was scheduled, but they would be rescheduling it again and stated she still wanted to follow through with the counseling. The mother asked if CM had heard anything with autopsy. CM explained she had not, but then said that she needed to get the Release signed so she could get medical records, which were required before CM could close the case and present to CPIT. The mother signed this form.

As CM was leaving the home the father had drove up, coming from the store. He stated he wasn't working, that he lost his last job, due to having to miss a lot with the funeral and grieving. The father said he wanted to follow through with the counseling. The father said how [REDACTED] Peds would not see the baby when he needed shots because of not having his insurance card even when he had a copy of it. The father said that he told them that he called Tenn Care who said they would give [REDACTED] the back doctors' visit payment. [REDACTED] said they would not get this as they had been through this before, refusing to see [REDACTED]. The father was angry he said about how someone had called after [REDACTED] died asking questions if he had his shots up to date. The father was asked if he took the baby to the health department or any place else. The father said he did not. The father says how he just had a bad feeling something was going to happen, that [REDACTED] had gone to the bathroom a lot, not diarrhea, but went, "poop". The father said the mother said this was normal, but again father stresses, how he had a bad feeling something was wrong. The father does not elaborate except how he felt. The father was asked about drug use because this had been mentioned. The father said he did not use drugs and stated he would do a drug screen for CM. (CM did not say anything, but could not screen the father, because the drug screens in the office are out.)



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: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/06/2014

Completed date: 02/06/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/06/2014 12:46 PM Entered By: [REDACTED]

CM spoke with Inv. [REDACTED] at the [REDACTED] regarding the case and to see if he had received any information regarding the autopsy report. Inv. [REDACTED] stated that he had not received any information on the case as of yet, saying that typically if a pathologist feels there is something suspicious they will contact them right away, however there has not been any phone calls made to him. Inv. [REDACTED] said with his preliminary investigation at the scene on December 14th, the child did not have bruising and the way the child fell was consistent with what the mom reported happened. Inv. [REDACTED] said they have to wait to hear from the pathologist before anything can be concluded, however on the case. Inv. [REDACTED] stated he would advise CM when he hears something. Inv. [REDACTED] was thanked for the information.

Narrative Type: Addendum 1 Entry Date/Time: 03/14/2014 09:40 AM Entered By: [REDACTED]

The Autopsy report was e-mailed on 3/10/2014. This report was placed 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:	01/10/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/22/2014
Completed date:	01/22/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/22/2014 01:40 PM Entered By: [REDACTED]

Case was continued at CPIT on this date due to autopsy report not being returned 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: 01/08/2014 Contact Method: Face To Face
 Contact Time: 12:30 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/06/2014
 Completed date: 02/06/2014 Completed By: [REDACTED]
 Purpose(s): Service Planning, Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/06/2014 01:40 PM Entered By: [REDACTED]

CM went to the grandmother's home where the mother and the father are currently living. The grandmother answered the door and invited CM into the home. The mother was in the room getting her daughter ready to go shopping. [REDACTED], [REDACTED] was in the living room with his grandmother, [REDACTED], [REDACTED]. Both the children appeared to be healthy and happy with smiling and were excited to go to the mall in [REDACTED]. Both children were polite, but did not talk much. The two children went to the living room with the grandmother while CM and mother talked and completed paperwork.

The mother said she was feeling better than the first time that CM met with her. The mother stated that it was kind of weird, but she feels that this has brought her, "Closer to God". The mother said she prays more now than she used to. The mother said that the father cries every night when he goes to bed, that she hears him. CM allowed the mother to show pictures that were on the computer of the baby, she talked about how cute he was and the things [REDACTED], the baby was doing at his age, how smart he was and how much they loved him. The mother talked for about 45 minutes. CM just listened using active listening skills and validating the mothers feelings and emotions. The mother said that she and the father, [REDACTED] was not ready for counseling when CM was out the first time, but they needed something or someone to talk to now. CM explained she would be happy to put services in the home for this. The mother said she would like this. The mother talked about the memorial for the baby, [REDACTED] the services is now done and there is some closure, but it won't be forgotten and feels the emotion will never go away. CM explains again how grief counseling will help them both through this process.

The mother said she might have a job and was starting a trial interview, explaining what this was, where you work to see how well you do, if she meet the mark they will hire her. This is with the [REDACTED]. The mother said she used to be a Vet Tech in [REDACTED] and zoo keeper in the past. She has two years of school and might think about going back in the future. The father is working odd jobs for a friend.

The mother said that they will continue to stay with the grandmother for now, but sometime in the future will get a place and move out. The mother said she wants to move somewhere in the area where here other two children are so she can be close to them.

CM [REDACTED] explained the Bill of Rights, Clients Rights Handbook, Native American Heritage Veto Verification, HIPPA



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Notice of Right Privacy Practice and the Equal Access to Programs and Services. The family signed all the forms, located in case file. CM gathers information from the family to initiate/update the genogram/FAST, FSA (If needed).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/16/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/06/2014
Completed date:	02/06/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/06/2014 02:21 PM Entered By: [REDACTED]

T-Facts History:

6/27/2013, # [REDACTED] allegation of PHA on [REDACTED] and [REDACTED] alleged perpetrator, [REDACTED] and [REDACTED]. The referral stated that the children were afraid to go to the mother's home because of her boyfriend, [REDACTED] said that [REDACTED] beats her brother with a belt. The referent stated that [REDACTED] busted [REDACTED] in the mouth. The classification is NSN.

8/16/2013, # [REDACTED] allegation of LOS and SAE on [REDACTED] against [REDACTED], father and [REDACTED]. The allegation said that the father's girlfriend, [REDACTED] stuck a toothbrush up the anus of the child, [REDACTED]. The case was classified as AUPU for the LOS and the SAE, but a severe allegation of PHA was added and classified as AIPI.



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: 12/16/2013 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/23/2013
 Completed date: 12/23/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/23/2013 10:28 AM Entered By: [REDACTED]

Unable to complete safety plan due to child being deceased at the time of referral. The mother has split custody of two other children. There are no safety concerns for these children.

Narrative Type: Addendum 1 Entry Date/Time: 03/14/2014 09:48 AM Entered By: [REDACTED]

Unable to complete the FAST due to child being deceased at the time of 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:	12/16/2013	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/06/2014
Completed date:	02/06/2014	Completed By:	[REDACTED]
Purpose(s):	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: 02/06/2014 01:55 PM Entered By: [REDACTED]

CM went to the grandmother's home at [REDACTED] in [REDACTED]. The mother said that she and the father are both staying with her right now. The mother said that she and the father are engaged and were playing on getting married, but, right now she isn't doing well, that both she and the father are doing terrible. The father was supposed to start working at [REDACTED] on this date and it was where he was currently to explain that he couldn't start right now. The father used to work at Little Cesar's pizza, but they dropped him 10 hours and he wasn't making enough money. The mother said she was prescribed Suboxone. The mother was very numb, seeing spacy and distracted, but understandably. CM did not ask questions regarding the situation, but she started talking about what happened and began crying and kept talking. CM listened to the mother. The mother appears to be a calm person and speaks very softly.

After the mother was talking about the event and how horrible it was she said that she did have two other children, smiling when she said this and said how sweet they were. She and the father, [REDACTED] have split custody of the children.

CM did not complete paperwork with the mother. It was just a meeting to see how things were going and if there was anything at this time that could be done to help her and the father. She said that right now they were fine. The father according to the mother, the father was taking this very hard, but he was not ready for any help at this time.

The family compositions consists of:

[REDACTED], MGM,
 [REDACTED], mother, [REDACTED]
 [REDACTED], father [REDACTED]
 [REDACTED] child, [REDACTED] (1/2 time with mother)
 [REDACTED] child, [REDACTED] (1/2 time with mother)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Address:

[REDACTED]

Phone: [REDACTED] Cell
[REDACTED] Home



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/16/2013

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/06/2014

Completed date: 02/06/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/06/2014 01:11 PM Entered By: [REDACTED]

CM convened CPIT with Inv. [REDACTED] on this date. Inv. [REDACTED] stated that Inv. [REDACTED] was the investigator on the case. Inv. [REDACTED] said she was bringing by the reenactment that was completed on the case. Inv. [REDACTED] faxed CM backgrounds on the parents and the police report that was made by Inv. [REDACTED]

The referral was faxed to JCJC on this date.

The referral was e-mailed to the CAC, DA office and to the police department.

Narrative Type: Addendum 1 Entry Date/Time: 02/06/2014 01:16 PM Entered By: [REDACTED]

CM [REDACTED] staffed the case with CM [REDACTED] who responded to the case on the 14th. CM [REDACTED] stated she would have the notes in T-Fact tomorrow. CM [REDACTED] stated she did not interview the parents. [REDACTED] is the Landlord at [REDACTED] [REDACTED] is the father, his number is: [REDACTED]. CM [REDACTED] stated that [REDACTED] is the father to the other two children that the mother has split custody of, his number is [REDACTED]

10:38am T/C to the father's phone number to talk with him or the mother. A message was left on the voice mail.



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: 12/14/2013

Contact Method: Face To Face

Contact Time: 11:35 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Family Home

Created Date: 12/23/2013

Completed date: 12/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact, Initial ACV Face To Face, Referent Interview

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2013 10:29 AM Entered By: [REDACTED]

12/14 fatality

At approximately 1135am, Cm received notification of a P1 from Central Intake. Cm reviewed the referral of the child fatality.

Cm phoned on-call supervisor, TL [REDACTED] to notify of the child fatality.

Cm phoned referent. Not a good number to contact referent.

Cm phoned TC [REDACTED] Cm reviewed the referral with the TC. TC stated to call RA [REDACTED] at the end of the investigation.

Cm received notifications from central intake of the change in referents number.

Cm phoned referent at the new number. Referent requested an ETA. Cm stated Cm will be at the home around 1pm. Referent stated the investigation is still continuing at this time. CM asked if the story from the parents was plausible. Referent stated it was; there were no concerns or inconsistency.

At approximately 1250pm, Cm attempted a HV at the [REDACTED] residence. When Cm arrived, law enforcement was not there. [REDACTED], PGA, was in the vehicle next to CM. She asked if CM was here to see the family. Cm stated yes. She stated the family is not home; they just left. She stated she has missed them too. She asked Cm if the baby was dead. Cm stated Cm is not able to discuss the case with her. Cm asked her what brought her to the home today. She stated she received a phone call that something happened to the baby. Cm asked if she had a number to contact the family. She stated the number she has is [REDACTED] but she doesn't know if it was mom or dad's cell number.

Standing by Ms. [REDACTED] vehicle was [REDACTED] He stated he was [REDACTED] (dad) cousin. The neighbor in apartment #3 said the mom and dad left. They think the mom left with MGM. Cm asked for the address. [REDACTED] stated he did not know the address but could give Cm directions. Cm stated ok. He said to continue past [REDACTED] HS and turn



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

right on [REDACTED]. It is across from [REDACTED]. Down the road is a big white farm house on the left. He said he would show Cm but he was low on gas and didnt have enough to get there. Cm stated it was okay; CM knew the road he was talking about.

Cm knocked on the door. No answer. Cm left a card for the family to call CM.

Cm spoke to the neighbor in apartment #4. He reported to Cm his name was [REDACTED]. He stated there are 5 people and 3 dogs living in the apartment. The mom and dad of the baby and the 2 other children, he thinks. He stated the real dad of the other 2 came to pick them up this morning. The family is being evicted because they arent paying their rent. He has had to bring food to the family. The mom and dad are on suboxone, subutex, and opiates. They are going to the clinic and paying \$100 each time they go and they are not able to pay their rent. He stated he has seen a red truck and it seemed like they were moving out to MGM.

Cm spoke to the neighbor in apartment #3. She stated the family has a 1 bedroom apartment. They have 3 dogs in the small apartment. She knows them and has held the baby but they stay to themselves. They were trying to serve them eviction papers. Cm asked for the landlords number. She stated his name was [REDACTED] and his number is [REDACTED].

At approximately 115pm, Cm phoned Officer [REDACTED]. No answer. Cm was not able to leave a message.

At approximately 117pm, Cm phoned [REDACTED] (mom). [REDACTED] father, answered the phone. Cm explained the purpose of the call and stated CM was sorry for their loss. [REDACTED] was crying on the phone while talking to CM. He stated the other 2 children, [REDACTED] (4) and [REDACTED] (6) was at their dads house, [REDACTED]. He stated [REDACTED] and the children do not know what happened. He stated he doesnt want Cm to tell [REDACTED] or the children what happened. Cm stated CM is not allowed to discuss the case with him. Cm asked if he was with [REDACTED] right now. He stated [REDACTED] is going to MGM home and he was on his way to his grandmothers home. Cm left contact information.

Cm phoned TL [REDACTED]. CM reviewed the case with TL. TL stated nothing else was needed to be done at this time. TL will complete the necessary form. CM needs to call the RA.

At approximately 230pm, Cm phoned RA [REDACTED] and reviewed 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:	12/14/2013	Contact Method:	
Contact Time:	09:32 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/06/2014
Completed date:	02/06/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/06/2014 12:42 PM Entered By: [REDACTED]

Initial Case Summary:

Case assigned to CM [REDACTED] on: 12/16/2013, Case responded to by On-Call, CM [REDACTED] on 12/14/2013

Allegations: Neglect Death

Response time met: 12/14/2013 by on call, CM [REDACTED]

Priority assignment: P-1

Referral:

The reporter stated that last night, 12/13/13, around 9:30PM the family went to Long John Silvers to get food. They later fell asleep on their L shaped couch. [REDACTED] had [REDACTED] in her right arm and he was lying face up. [REDACTED] then fell asleep with [REDACTED] in her arms around 10:30 PM. That was the last time [REDACTED] had seen [REDACTED] acting normal. Around 2:00 AM [REDACTED] woke up and saw [REDACTED] but did not see if he was awake or breathing. [REDACTED] woke up again at 9:00 AM this morning and did not see [REDACTED]. [REDACTED] looked down and saw that [REDACTED] was face down on the floor and was not breathing.

[REDACTED] immediately called 911. While waiting on EMS to get there she started CPR for 1-2 minutes. When EMS arrived they began rescue breathing and immediately took [REDACTED] to the [REDACTED]. The reporter stated that the mother's story does not seem suspicious.

It is unknown if [REDACTED] was a certain color when [REDACTED] found him on the floor when she woke up. When EMS arrived they stated [REDACTED] was gray in color and had lividity in his forehead. It is unknown what the exact time of death was. The reporter has not had a chance to go to the medical center. It is unknown if there is currently an autopsy pending at this time.

The reporter is not aware of any previous injuries or any kind of child fatality in the home previous to this report. The reporter is not aware of any known patterns of abuse in the home. The reporter stated that the family does not have a



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

known history with police. The reporter is not aware of any previous Alcohol and Drug, Mental Health, or Domestic Violence issues in the home.

Special Needs or Disabilities: None known
Any other safety concerns for the child(ren) or worker who may respond: No

Per SDM: Investigative Track, P1 - [REDACTED] CM 3 on 12-14-2013 at 10:30 A.M.

Child Death Group notified. Email notification sent to [REDACTED] and Regional Administrator [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: 01/08/2013

Contact Method: Correspondence

Contact Time: 02:24 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/22/2014 01:44 PM Entered By: [REDACTED]

CM requested services from [REDACTED] for the mother and father due to the grieving of their lost child. The referral was faxed on this date. The transmission was successful.

4:36pm

An e-mail was sent to CM stating that [REDACTED] had been assigned as the outpatient therapist for the family and would be following up to schedule an appointment.

Narrative Type: Addendum 2 Entry Date/Time: 02/06/2014 01:13 PM Entered By: [REDACTED]

Note: Date for this referral was on 1/8/14.

Narrative Type: Addendum 1 Entry Date/Time: 02/06/2014 12:44 PM Entered By: [REDACTED]

Note is error with spelling on lost, should have been, loss.