Case # 2014.013

Tennessee Department of Children's Services

Notice of Child Death/Near Death

Intake #:	[redacted]	**Investigation #:**	[redacted]	**Date of Referral:**	01/28/2014
Type: ***(Please check one)***	☒ **DEATH**	☐ **NEAR DEATH**	**Date of Death/Near Death:**	01/28/2014	
Child's Name:	[redacted]	**DOB:**	[redacted]	**Person ID:**	[redacted]
Gender:	☐ **Male** ☒ **Female**	**Race/Ethnicity:**	Black or African American	**County/Region:**	[redacted]
Parents' Names:	**Mother:** [redacted]		**Father:** [redacted]		
Alleged Perpetrator's Name:	[redacted]		**Relationship to Victim:**	Mother	
Child in custody at time of incident?	☒ **No**	☐ **Yes**	**Adjudication:**		
If child is in DCS custody, list placement type and name:					

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

Referral states: [redacted] (1 month old) is the daughter of [redacted] and [redacted] On January 28, 2014, [redacted] reported that she located the child not breathing. [redacted] contacted EMS (Emergency Medical Services). CPR (Cardiopulmonary Resuscitation) was provided for forty-five minutes prior to the infant arriving to the hospital and an additional fifteen minutes once the infant arrived at the hospital. The infant was pronounced deceased.

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 [redacted] observed the mother's interview led by the Detective. Ms. [redacted] mother, was interviewed on 1/28/14 at approximately 8:45 am in a conference room at [redacted] Hospital Emergency Room. Ms. [redacted] allowed her family to be present at the time of the interview. Also present was Mr. [redacted] (father), Mr. [redacted] (maternal uncle), Mrs. [redacted] (maternal aunt), Ms. [redacted] (maternal aunt), Ms. [redacted] (cousin), and Ms. [redacted] (friend), CPSI [redacted] Detective [redacted] and a representative from the Medical Examiner's office.

Ms [redacted] reported that she and her daughter, [redacted] reside alone in her apartment in [redacted] She reported that she has no other children. Ms. [redacted] reported that [redacted] was not acting abnormally leading up to the incident. Ms. [redacted] reported that on 1/27/14 she and [redacted] woke up at approximately 9:30 am and that she gave [redacted] her medications (Keppra and a vitamin) and fed her a bottle of 5 oz. of Gerber Gentle formula mixed with Nursery Water. Ms. [redacted] stated that they spent the rest of the morning watching television and hanging out at the apartment. She stated that she gave [redacted] a bottle at 11:45 am with 3 oz of formula. She stated that [redacted] then napped for approximately 3 hours. Ms. [redacted] reported that while [redacted] was napping she packed her up and went to the [redacted] Nail Salon and that [redacted] woke up while they were at the salon. Ms. [redacted] reported that they left the nail salon around 5pm and went to visit her play sister, [redacted] and her 2 children at an apartment at the [redacted] Apartments. She stated that she gave [redacted] another 5 oz bottle at approximately 7:15pm and they returned home at 8pm. Ms. [redacted] reported that she fed [redacted] 4 oz again at 9:45 pm and laid her down on the couch. Ms. [redacted] reported that while [redacted] slept she got up and cleaned the house up. She stated that [redacted] woke up again at 12am and she bathed her and fed her 4 oz. She stated that she laid [redacted] down on the couch on her stomach with her face turned toward the television and they stayed there until approximately 1:30am. She stated that at 1:30am they went into her room to go to bed. She stated that she laid [redacted] down in Ms. [redacted] bed on her back in a snap-up sleeper with covered feet. Ms. [redacted] stated that she did not cover [redacted] up and that she laid in bed beside her approximately 6 inches away. Ms. [redacted] reported that she laid in bed and covered herself up to her waist with her comforter and texted while in bed. She stated that she laid the cell phone down in the bed approximately 6 inches above [redacted] head. Ms. [redacted] reported that she then went to bed.

Ms. [redacted] reported that she then woke up between 4:45 am and 5 am and responded to a text. She stated that when

Intake #:	Investigation #:	Date of Referral: 01/28/2014

she went to put the phone down she noticed "milk with chunks" coming out of the baby's mouth. Ms. reported that she and the baby were both in the same positions when she woke up that they were when they went to bed. Ms. reported that she tapped the baby and realized that she was not moving. She stated that she called 911 between 5:10 am and 5:30 am. Ms. reported that 911 instructed her to clear the mouth and begin CPR. She stated that she moved the baby to the floor, breathed into her mouth and nose and began compressions as told to her. She stated that she did this for 8-10 minutes and then paramedics arrived. Ms. reported that has not had any recent falls or injuries, that she always sleeps on her back. Ms. reported that she smokes 4-5 cigarettes a day, outside and that she does not use drugs or alcohol. Ms. reported that was seen by Dr. (Peds) for her 1 month check-up and was seen by Cardiology on 1/24/14.

Ms. reported that was born at Hospital after she was induced. Ms. stated that her due date was and that on that day she was driving a friend and her car was T-Boned on the passenger side and the driver's side hit a pole. Ms. reported that she was in labor 29 hours and pushed for 4 hours before the foreceps were used to aid in delivery. spent approximately 13 days in the and was reportedly having brain activity that appeared to be seizures and was put on Keppra. Ms. reported that she has never seen have a seizure.

A re-enactment was conducted at the home at approximately 10:30 am. The same actions as described were acted out.

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

NA

Describe disposition of body *(Death)*:	The body was seen at Hospital Emergency Room swaddled in a blanket.		
Name of Medical Examiner/Coroner:		**Was autopsy requested?**	☐ **No** ☒ **Yes**
Did CPS open an investigation on this Death/Near Death?	☐ **No** ☒ **Yes**		
Was there DCS involvement at the time of Death/Near Death?	☒ **No**	☐ **Yes**	
Type:		**Case #:**	

Describe law enforcement or court involvement, if applicable:

Describe *(in detail)* action taken to ensure safety of other children *(list names and ages of surviving children)* and/or victim *(Near Death) (attach safety plan, if applicable)*:

No other children in the home.

Name:	**Age:**
Name:	**Age:**
Name:	**Age:**
Name:	**Age:**
Name:	**Age:**

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

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

Case #2014-013

Intake #:	[redacted]	Investigation #:	[redacted]	Date of Referral:	01/28/2014
/ /					

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

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

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

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

Email to: [redacted]

within forty-eight (48) hours of notification

Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 01/28/2014 07:47 AM CT

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 01/28/2014

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 01/28/2014 09:19 AM

First Team Leader Assigned: [redacted] Date/Time 01/27/2014 12:00 AM

First Case Manager [redacted] Date/Time 01/27/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	7 Mos	Neglect Death	Yes	[redacted]	Birth Mother

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: None

Narrative: **The child is not in state custody**

TFACTS: No History Found (based on the information provided by the referent)

County: [redacted]
Notification: None
School/ Daycare: No
Native American Descent: No
Directions: N/A

Reporters name/relationship: [redacted]

Reporter states:

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

[redacted] (1 month old) is the daughter of [redacted] and [redacted]

On January 28, 2014, [redacted] reported that she located the child not breathing. [redacted] contacted EMS (Emergency Medical Services). CPR (Cardiopulmonary Resuscitation) was provided for forty-five minutes prior to the infant arriving to the hospital and an additional fifteen minutes once the infant arrived at the hospital. The infant was pronounced deceased.

According to [redacted] the infant was sleeping in the bed with her. The reporter is not aware of anyone else being in the home with the mother and the infant. The reporter is not aware of the mother having any other children.

There are no signs of trauma to the infant. The cause of death is currently classified as cardiac arrest; the cause of the cardiac arrest is unknown at this time. An autopsy will be completed.

The condition of the home environment is unknown by the reporter.

The infant was placed in the NICU (Neonatal Intensive Care Unit) when she was born. There were some medical issues at the time of birth. The exact medical issues are unknown by the reporter.

Law Enforcement and DCS (Department of Childrens Services) have been contacted; both are currently on the scene.

Investigation/P1- Neglect Death
[redacted] TC, on 1/28/14 @ 8:40am

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: Male | Date of Birth: | Partipant ID: [redacted]

SSN: | Race: Black/African | 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: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: 7 Mos

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Female

Date of Birth:

Partipant ID: [redacted]

SSN:

Race: Black/African

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:

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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: 01/28/2014

Assignment Date: 01/27/2014

Street Adress:

City/State/Zip:

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted]	Neglect Death	[redacted]	[redacted]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 05/23/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [redacted] passed away on 1/28/14. [redacted] was the only child in the home with her mother, [redacted]

D. Case Workers

Case Worker: [redacted]

Date: 05/23/2014

Team Leader: [redacted]

Date: 05/23/2014

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:

Due to the child's age and the fact that she was deceased CPSI was unable to interview [redacted]

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

CPSI [redacted] spoke briefly to Ms. [redacted] aunt, Ms. [redacted] She stated that Ms. [redacted] loves [redacted] and that she is her whole world. She stated that Ms. [redacted] never had anyone babysit [redacted] and that they went every where together. Ms. [redacted] reported that she had seen Ms. [redacted] and [redacted] on Friday.

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

Ms. [redacted] reported that [redacted] was not acting abnormally leading up to the incident. Ms. [redacted] reported that on 1/27/14 she and [redacted] woke up at approximately 9:30 am and that she gave [redacted] her medications (Keppra and a vitamin) and fed her a bottle of 5 oz. of Gerber Gentle formula mixed with Nursery Water. Ms. [redacted] stated that they spent the rest of the morning watching television and hanging out at the

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]

apartment. She stated that she gave [redacted] a bottle at 11:45 am with 3 oz of formula. She stated that [redacted] then napped for approximately 3 hours. Ms. [redacted] reported that while [redacted] was napping she packed her up and went to the [redacted] Salon and that [redacted] woke up while they were at the salon. Ms. [redacted] reported that they left the nail salon around 5 pm and went to visit her play sister, [redacted] and her 2 children at an apartment at the [redacted] Apartments. She stated that she gave [redacted] another 5 oz bottle at approximately 7:15 pm and they returned home at 8 pm. Ms. [redacted] reported that she fed [redacted] 4 oz again at 9:45 pm and laid her down on the couch. Ms. [redacted] reported that while [redacted] slept she got up and cleaned the house up. She stated that [redacted] woke up again at 12 am and she bathed her and fed her 4 oz. She stated that she laid [redacted] down on the couch on her stomach with her face turned toward the television and they stayed there until approximately 1:30 am. She stated that at 1:30 they went into her room to go to bed. She stated that she laid [redacted] down in Ms. [redacted] bed on her back in a snap-up sleeper with covered feet. Ms. [redacted] stated that she did not cover [redacted] up and that she laid in bed beside her approximately 6 inches away. Ms. [redacted] reported that she laid in bed and covered herself up to her waist with her comforter and texted while in bed. She stated that she laid the cell phone down in the bed approximately 6 inches above [redacted] head. Ms. [redacted] reported that she then went to bed. Ms. [redacted] reported that she then woke up between 4:45 am and 5 am and responded to a text. She stated that when she went to put the phone down she noticed "milk with chunks" coming out of the baby's mouth. Ms. [redacted] reported that she and the baby were both in the same positions when she woke up that they were when they went to bed. Ms. [redacted] reported that she tapped the baby and realized that she was not moving. She stated that she called 911 between 5:10 am and 5:30 am. Ms. [redacted] reported that 911 instructed her to clear the mouth and begin CPR. She stated that she moved the baby to the floor, breathed into her mouth and nose and began compressions as told to her. She stated that she did this until paramedics arrived. Ms. [redacted] reported that [redacted] has not had any recent falls or injuries, that she always sleeps on her back. Ms. [redacted] reported that she does not use drugs or alcohol. Ms. [redacted] reported that [redacted] was seen at [redacted] on 1/24.

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:

This case is being closed and classified as Allegations Unfounded/Perpetrator Unfounded. According to the Autopsy report cause of death and manner of death could not be determined. The circumstances of death are listed as co-sleeping with adult on an adult bed.

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] [redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	05/23/2014	Contact Method:	
Contact Time:	01:25 PM	Contact Duration:	Less than 05
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/23/2014
Completed date:	05/23/2014	Completed By:	[redacted] [redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/23/2014 01:28 PM Entered By: [redacted] [redacted]

This case is being closed and classified as Allegations Unfounded/Perpetrator Unfounded. According to the Autopsy report cause of death and manner of death could not be determined. The circumstances of death are listed as co-sleeping with adult on an adult bed.

TFACTS History: Cm completed a TFACTS history search 1/28/14 and the following was found:
No History

SDM Results: CM completed the Safety Assessment on 1/28/2014 and the score was as follows:
The child was found to be safe.
The assessment is attached to the case file.

SDM Results: CM completed the Safety Assessment on 5/23/2014 and the score was as follows:
The child was found to be safe.
The assessment is attached to the case file.

Household Composition: [redacted] [redacted] passed away on 1/28/14. [redacted] was the only child in the home with her mother, [redacted] [redacted]

Forms Statement: This CM engaged this family by explaining the following forms and having Ms. [redacted] sign them: Release of Information, Native American Veto Verification, and Notification of Equal Access to Services which are all in the case file. The Clients Rights Handbook was given to the mother.
CSPI [redacted] was informed that the family is not of Native American Heritage.

Background Check: CM completed background checks on all necessary parties. The criminal history has been included in the file.

740: CM completed the 740 on 5/23/14 and mailed a copy to Juvenile Court on 5/23/14.

Daily notice of referral pursuant to 37-105 sent to Juv. Ct, Law Enforcement as applicable.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Narrative Type: Addendum 1 Entry Date/Time: 06/06/2014 02:09 PM Entered By: [redacted]

According to DCS Workaid 1 Neglect Death is
1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the childs caretaker or the consequence of the childs caretakers failure to stop another persons direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretakers failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

This case is being closed and classified as Allegations Unfounded/Perpetrator Unfounded. According to the Autopsy report cause of death and manner of death could not be determined. The circumstances of death are listed as co-sleeping with adult on an adult bed. Co sleeping is not defined by policy as abuse or neglect.

This case was presented to CPIT on 5/28/14 were DCS unsubstantiated the allegation however the DA and CAC wanted to Substantiate due to the child sleeping in the bed with the mother.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	05/22/2014	Contact Method:	Correspondence
Contact Time:	12:45 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/22/2014
Completed date:	05/22/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2014 01:07 PM Entered By: [redacted]

CPSI e-mailed Detective [redacted] in this case. CPSI received a response stating that the Detective would provide CPSI with a case summary.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/24/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/23/2014
Completed date:	05/23/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/23/2014 03:57 PM Entered By: [redacted]

Case conference was conducted [redacted] had her autopsy she had bilateral rib fracture we are waiting to hear if they were from cpr child was in an unsafe sleeping environment. CPSI will request medical records and autopsy

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/10/2014	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	05/22/2014
Completed date:	05/22/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2014 12:54 PM Entered By: [redacted]

CPSI represented this case to CPIT. CPSI presented the autopsy report, however it did not report the location of the rib fractures. Case was reset for CPSI to talk to Det. [redacted] and for the DA to find out about the location of the fractures.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/09/2014	Contact Method:	
Contact Time:	12:01 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/22/2014
Completed date:	05/22/2014	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2014 12:55 PM Entered By: [redacted]

CPSI [redacted] received a copy of the autopsy report. According to autopsy reports cause of death and manner of death could not be determined. The circumstances of death are listed as co-sleeping with adult on an adult bed.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	03/27/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/23/2014
Completed date:	05/23/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/23/2014 03:59 PM Entered By: [redacted]

A case conference was held today the child passed away while sleeping with her mother there are no other children involved. Detective [redacted] is working the case at this time.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	03/13/2014	Contact Method:	Face To Face
Contact Time:	09:30 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	05/22/2014
Completed date:	05/22/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2014 12:51 PM Entered By: [redacted]

CPIT was held on this case. CPSI presented the finding of the preliminary autopsy report. Case was reset to obtain the final autopsy report.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/06/2014	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/22/2014
Completed date:	05/22/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2014 12:47 PM Entered By: [redacted]

CPSI received the medical records from [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/05/2014	Contact Method:	
Contact Time:	02:33 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,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2014 02:35 PM Entered By: [redacted]

CPSI [redacted] scanned in all current documents into TFACTS for this case.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/05/2014	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 15
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,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2014 01:51 PM Entered By: [redacted]

CPSI [redacted] contacted [redacted] Medical Records Department on 2/5/14 at approximately 1:30 pm. CPSI was informed that they did not receive CPSI's fax for request of records. CPSI re-faxed a request.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/05/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	02/05/2014
Completed date:	02/05/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

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

CPSI [redacted] LI [redacted] Det. [redacted] and Det. [redacted] met with Dr. [redacted] at the Medical Examiner's office on 2/5/14 at approximately 9 am. CPSI was informed that [redacted] had bi-lateral rib fractures that are consistant with CPR. Dr. [redacted] reported that there were no unusual findings on the preliminary exam. As of right now the explination appears to be undetermined, unsafe sleep conditions.

Narrative Type: Addendum 1 Entry Date/Time: 06/06/2014 01:59 PM Entered By: [redacted]

Ms. [redacted] and the paramedics did cpr on [redacted] which could have caused the childs rib fractures according to Dr. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/05/2014	Contact Method:	
Contact Time:	07:15 AM	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,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

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

CPSI [redacted] received a call from Det. [redacted] letting CPSI know that the meeting with the medical examiner was set for 2/5/14 at 9 am.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/03/2014	Contact Method:	
Contact Time:	01:21 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,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2014 02:12 PM Entered By: [redacted]

CPSI received a return e-mail from Det. [redacted] reporting that he would be contacting the Medical Examiner's office to set up the meeting.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/03/2014	Contact Method:	
Contact Time:	01:13 PM	Contact Duration:	Less than 05
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/05/2014
Completed date:	02/05/2014	Completed By:	[redacted] [redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2014 02:09 PM Entered By: [redacted] [redacted]

CPSI [redacted] e-mailed Det. [redacted] in reference to this case and setting up a meeting with the medical examiner.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/30/2014	Contact Method:	
Contact Time:	12:25 PM	Contact Duration:	Less than 05
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/30/2014
Completed date:	01/30/2014	Completed By:	[redacted] [redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2014 01:45 PM Entered By: [redacted] [redacted]

CPSI [redacted] faxed a release of information to [redacted] to request [redacted] medical records.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/29/2014	Contact Method:	
Contact Time:	10:11 AM	Contact Duration:	Less than 05
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/05/2014
Completed date:	02/05/2014	Completed By:	[redacted] [redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2014 02:07 PM Entered By: [redacted] [redacted]

CPSI [redacted] received Mr. [redacted] DOB ([redacted] from Det. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/28/2014	Contact Method:	
Contact Time:	03:05 PM	Contact Duration:	Less than 05
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/05/2014
Completed date:	02/05/2014	Completed By:	[redacted] [redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] [redacted]

Narrative Details

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

CPSI [redacted] e-mailed Det. [redacted] to obtain Mr. [redacted] DOB.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/28/2014	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 45
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/30/2014
Completed date:	01/30/2014	Completed By:	[redacted] [redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] [redacted] [redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2014 01:42 PM Entered By: [redacted] [redacted]

CPSI [redacted] met with Det. [redacted] a representative from the ME's office and ID from the police department as well as Ms. [redacted] for a re-enactment. Prior to Ms. [redacted] entering the home all other parties went into the home. In the air was a smell that was believed to be marijuana. On the coffee table in the living room was an ash tray with what looked like to be marijuana stems. CPSI noted that the home appeared clean and Ms. [redacted] appeared to have the necessities to care for [redacted] CPSI noted that she had formula, bottle's nursery water, a pack and play, baby swing, and vibrating seat, and car seat. CPSI noted that the vibrating seat was in the pack and play.

Ms. [redacted] was brought into the apartment and performed the re-enactment from the time that she gave the baby a bath.

Once the re-enactment was completed CPSI sat down with Ms. [redacted] and discussed the DCS paperwork and she signed the paperwork. CPSI asked Ms. [redacted] about any alcohol or drug use and she stated that she does not use any drugs. She stated that she smokes cigarettes and refused to consent to a drug screen.

Narrative Type: Addendum 1 Entry Date/Time: 06/06/2014 01:55 PM Entered By: [redacted] [redacted] [redacted]

Ms. [redacted] refused to take a drug screen she stated that she does not use drugs so she does not need a drug screen.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/28/2014	Contact Method:	Face To Face
Contact Time:	09:45 AM	Contact Duration:	Less than 15
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	Hospital	Created Date:	01/30/2014
Completed date:	01/30/2014	Completed By:	[redacted] [redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2014 01:25 PM Entered By: [redacted] [redacted]

CPSI [redacted] spoke briefly to Ms. [redacted] aunt, Ms. [redacted] [redacted] She stated that Ms. [redacted] loves [redacted] and that she is her whole world. She stated that Ms. [redacted] never had anyone babysit [redacted] and that they went every where together. Ms. [redacted] reported that she had seen Ms. [redacted] and [redacted] on Friday.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/28/2014	Contact Method:	Face To Face
Contact Time:	07:30 AM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	01/30/2014
Completed date:	01/30/2014	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2014 01:20 PM Entered By: [redacted]

Ms. [redacted] (mother/AP) was interviewed on 1/28/14 at approximately 8:45 am in a conference room at [redacted] Hospital Emergency Room. Ms. [redacted] allowed her family to be present at the time of the interview. Also present was Mr. [redacted] (father), Mr. [redacted] (maternal uncle), Mrs. [redacted] (maternal aunt), Ms. [redacted] (maternal aunt), Ms. [redacted] (cousin), and Ms. [redacted] (friend), CPSI [redacted] Detective [redacted] and a representative from the Medical Examiner's office. The interview was conducted by Det. [redacted] Ms [redacted] reported that she and her daughter, [redacted] reside alone in her apartment in [redacted] She reported that she has no other children. Ms. [redacted] reported that [redacted] was not acting abnormally leading up to the incident. Ms. [redacted] reported that on 1/27/14 she and [redacted] woke up at approximately 9:30 am and that she gave [redacted] her medications (Keppra and a vitamin) and fed her a bottle of 5 oz. of Gerber Gentle formula mixed with Nursery Water. Ms. [redacted] stated that they spent the rest of the morning watching television and hanging out at the apartment. She stated that she gave [redacted] a bottle at 11:45 am with 3 oz of formula. She stated that [redacted] then napped for approximately 3 hours. Ms. [redacted] reported that while [redacted] was napping she packed her up and went to the [redacted] Salon and that [redacted] woke up while they were at the salon. Ms. [redacted] reported that they left the nail salon around 5 pm and went to visit her play sister, [redacted] and her 2 children at an apartment at the [redacted] Apartments. She stated that she gave [redacted] another 5 oz bottle at approximately 7:15 pm and they returned home at 8 pm. Ms. [redacted] reported that she fed [redacted] 4 oz again at 9:45 pm and laid her down on the couch. Ms. [redacted] reported that while [redacted] slept she got up and cleaned the house up. She stated that [redacted] woke up again at 12 am and she bathed her and fed her 4 oz. She stated that she laid [redacted] down on the couch on her stomach with her face turned toward the television and they stayed there until approximately 1:30 am. She stated that at 1:30 they went into her room to go to bed. She stated that she laid [redacted] down in Ms. [redacted] bed on her back in a snap-up sleeper with covered feet. Ms. [redacted] stated that she did not cover [redacted] up and that she laid in bed beside her approximately 6 inches away. Ms. [redacted] reported that she laid in bed and covered herself up to her waist with her comforter and texted while in bed. She stated that she laid the cell phone down in the bed approximately 6 inches above [redacted] head. Ms. [redacted] reported that she then went to bed. Ms. [redacted] reported that she then woke up between 4:45 am and 5 am and responded to a text. She stated that when she went to put the phone down she noticed "milk with chunks" coming out of the baby's mouth. Ms. [redacted] reported that she and the baby were both in the same positions when she woke up

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted] [redacted]
Case Status:	Close	Organization:	[redacted] Region

that they were when they went to bed. Ms. [redacted] reported that she tapped the baby and realized that she was not moving. She stated that she called 911 between 5:10 am and 5:30 am. Ms. [redacted] reported that 911 instructed her to clear the mouth and begin CPR. She stated that she moved the baby to the floor, breathed into her mouth and nose and began compressions as told to her. She stated that she did this for 8-10 minutes and then paramedics arrived. Ms. [redacted] reported that [redacted] has not had any recent falls or injuries, that she always sleeps on her back. Ms. [redacted] reported that she smokes 4-5 cigarettes a day, outside and that she does not use drugs or alcohol. Ms. [redacted] reported that [redacted] was seen by Dr. [redacted] [redacted] Peds) for her 1 month check-up and was seen by [redacted] Cardiology on 1/24/14.

Ms. [redacted] reported that [redacted] was born at [redacted] Hospital after she was induced. Ms. [redacted] stated that her due date was 12/4/13 and that on that day she was driving a friend and her car was T-Boned on the passenger side and the driver's side hit a pole. Ms. [redacted] reported that she was in labor 29 hours and pushed for 4 hours before the foreceps were used to aid in delivery. [redacted] spent approximately 13 days in the NICU and was reportedly having brain activity that appeared to be seizures and was put on Keppra. Ms. [redacted] reported that she has never seen [redacted] have a seizure.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/28/2014	Contact Method:	Face To Face
Contact Time:	07:30 AM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	06/06/2014
Completed date:	06/06/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2014 01:53 PM Entered By: [redacted]

Mr. [redacted] was interviewed by CPSI [redacted] at [redacted] Hospital. Mr. [redacted] stated that he lives in [redacted] TN he does not live with the baby or her mother. He often visits with Ms. [redacted] and the baby. He found out about the babys passing by the family. He stated that the last time he saw [redacted] she was fine, Mr. [redacted] did not have any concerns regarding Ms. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/28/2014	Contact Method:	
Contact Time:	07:10 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/30/2014
Completed date:	01/30/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2014 01:18 PM Entered By: [redacted]

CPSI [redacted] received a call from LI [redacted] in reference to this case.