



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

Case # 2014.014

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	1/28/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	1/28/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	Other Relative	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					
Describe (in detail) circumstances surrounding death/near death:						
<p>██████████ slept in the bed with his mother, Ms. ██████████. ██████████ slept on his back. He slept on a flat regular size pillow. ██████████ had a history of bronchitis, but was not ill at the time of his death.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	N/A		Telephone #	() N/A-		
Street Address:	N/A		City/State/Zip:	N/A		
Describe (in detail) interview with family:						
<p>CPSI interviewed his mother, ██████████. Ms. ██████████ reported she works nights at Fed Ex. Her hours are from 10 PM-3 AM. During those hours her aunt keeps her children. Once she was off work, she picked up her children and transported them home. Ms. ██████████ reported she had fed and changed ██████████ diaper and he fell back asleep. She laid him on his pillow in her bed. Ms. ██████████ reported ██████████ slept in her bed. She reported she does not have a crib as she wants to be able to keep a close eye on her baby. Ms. ██████████ reported she woke up because ██████████ (██████████ 3 year old sister) had come into her bedroom with the phone. She had missed a phone call. Ms. ██████████ reported it was unusual for ██████████ to wake up first. It was usually ██████████ who woke her up. Ms. ██████████ looked at ██████████ and it appeared he was asleep, but on closer observation, she noted he was dead. She called 911 and started CPR. CPR was continued until paramedics arrived on the scene. Ms. ██████████ reported the paramedics did come in a timely fashion. ██████████ was pronounced dead on the scene. According to Ms. ██████████ ██████████ body was still warm when she observed him to be "dead". She also noted the paramedics told her he had been dead "too long" for them to revive him.</p> <p>There were no other adults in the home at the time of ██████████ death.</p> <p>CPSI did interview the maternal grandmother, ██████████. She reported her daughter had called and told her (the MGM), "My baby is dead". Ms. ██████████ reported "Fat Daddy" has a history of bronchitis. She stated he had not been sick the last time she had seen him which was on Saturday, 1/25/14. However, he had been asleep. She reported she had hugged and rocked him while he was sleeping. Ms. ██████████ stated her daughter was a good mother. She reported that even though her daughter is young, she takes care of her children and provides for them.</p> <p>██████████ was not present during this visit. Ms. ██████████ reported he does not have a phone or a current address as he stays from home to home.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):			Coroner's Office			
Name of Medical Examiner/Coroner:			██████████		Was autopsy requested? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			



**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 04:50 PM 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 : 01/29/2014 11:32 AM
 First Team Leader Assigned: [REDACTED] Date/Time 01/29/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 01/29/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Mos	Lack of Supervision	No	[REDACTED]	Birth Mother
[REDACTED]	10 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: Facsimile
 Notification: None
 Narrative: This child is not in state custody
 TFACTS: YES/Person Id: [REDACTED] ([REDACTED])/Case ID: [REDACTED] and [REDACTED]
 Open Court Custody/FSS/FCIP None
 Closed Court Custody None
 Open CPS None
 Substantiated None



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



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

Participant(s)

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:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 19 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:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: 10 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:

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
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 3 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
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: 01/29/2014

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 06/07/2014
2	[REDACTED]	[REDACTED]	Neglect Death	Participant Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/07/2014

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: The allegations of Neglect Death and Lack of Supervision were Unfounded. The autopsy report stated the cause of death was Probable Positional Asphyxia. The contributory cause of death was co-sleeping with an adult in an adult bed. The manner of death was an accident.
Ms. [REDACTED] has received grief counseling through Comprehensive Professional Services. She has also received Community Resources for local grief support groups.

D. Case Workers

Case Worker: [REDACTED]

Date: 06/07/2014

Team Leader: [REDACTED]

Date: 06/07/2014

E. Investigation Summary

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

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

CPSI observed [REDACTED] to be dressed appropriately. She did not have any marks or bruises on her person. Ms. [REDACTED] noted she had not told [REDACTED] of [REDACTED] death. She stated she did not want [REDACTED] to remember [REDACTED] in death, she wanted her to remember him as he was when he was alive.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

The autopsy report stated the cause of death was Probable Positional Asphyxia. The contributory cause of death was co-sleeping with an adult in an adult bed. The manner of death was an accident. The Pathological Diagnoses were as follows: 1. Well developed, non-dysmorphic male infant; 2. Severe pulmonary congestion with associated bronchoaspiration of vegetable matter (right lung, 74 grams; left lung, 65 grams). 3. Bilateral hemorrhagic pleural effusions (right, 6 milliliters; left, 10 milliliters), and 4. Type II atrial septal defect-Ostium secundum (0.5 x 0.4 centimeters).

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

Ms. [REDACTED] reported she works nights at [REDACTED]. Her hours are from 10 PM-3 AM. During those hours her aunt keeps her children. Once she was off work, she picked up her children and transported them home. Ms. [REDACTED] reported she had fed and changed [REDACTED] diaper and he fell back asleep. She laid him on his pillow in her bed. Ms. [REDACTED] reported [REDACTED] slept in her bed. She reported she does not have a crib as she wants to be able to keep a close eye on her baby. Ms. [REDACTED] reported she woke up because [REDACTED] ([REDACTED] 3 year old sister) had come into her bedroom with the phone. She had missed a phone call. Ms. [REDACTED] reported it was unusual for [REDACTED] to wake up first. It was usually [REDACTED] who woke her up. Ms. [REDACTED] looked at [REDACTED] and it appeared he was asleep, but on closer observation, she noted he was dead. She called 911 and started CPR. CPR was continued until paramedics arrived on the scene. Ms. [REDACTED] reported the paramedics did come in a timely fashion. [REDACTED] was pronounced dead on the scene. According to Ms. [REDACTED] [REDACTED] body was still warm when she observed him to be "dead". She also noted the paramedics told her he had been dead "too long" for them to revive him.

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

The Department received a referral concerning the allegations of Lack of Supervision and Neglect Death. The alleged victim was [REDACTED], and the alleged perpetrator was [REDACTED] (LOS) and Unknown (Neglect Death).

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

DEATH/NEAR DEATH:

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

NEGLECT DEATH: DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.

According to the autopsy report, the cause of [REDACTED] death was Probable Positional Asphyxia. The contributory cause of death was co-sleeping with an adult in an adult bed. The manner of death was an accident. The Pathological Diagnoses were as follows: 1. Well developed, non-dysmorphic male infant; 2. Severe pulmonary congestion with associated bronchoaspiration of vegetable matter (right lung, 74 grams; left lung, 65 grams). 3. Bilateral hemorrhagic pleural effusions (right, 6 milliliters; left, 10 milliliters), and 4. Type II atrial septal defect-Ostium secundum (0.5 x 0.4 centimeters). The case was staffed in CPIT and the team determined the allegation of Neglect Death would be classified as AUPU. The allegation of Lack of Supervision was also classified as AUPU. All investigative tasks have been completed. This case has been submitted for review.

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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: 06/20/2014

Contact Method:

Contact Time: 08:06 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/20/2014

Completed date: 06/20/2014

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: 06/20/2014 08:10 AM Entered By: [REDACTED]

This CPS/CPIT investigation has been finished by Investigator [REDACTED]. I have completed my review of this case and all investigative tasks have been completed.

On 6/5/14, the case was presented to the CPIT Team and they made a collective decision and the allegation of neglect death was signed off on and classified as unsubstantiated. ADA [REDACTED] was present. A classified [REDACTED] will be sent to Juvenile Court for notification to the Judge and to the DA. This case is approved to be closed. Case approved by Deputy Director of Investigations, [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:	06/07/2014	Contact Method:	
Contact Time:	12:46 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/07/2014
Completed date:	06/07/2014	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: 06/07/2014 12:51 PM Entered By: [REDACTED]

DEATH/NEAR DEATH:

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.

According to the autopsy report, the cause of [REDACTED] death was Probable Positional Asphyxia. The contributory cause of death was co-sleeping with an adult in an adult bed. The manner of death was an accident. The Pathological Diagnoses were as follows: 1. Well developed, non-dysmorphic male infant; 2. Severe pulmonary congestion with associated bronchoaspiration of vegetable matter (right lung, 74 grams; left lung, 65 grams). 3. Bilateral hemorrhagic pleural effusions (right, 6 milliliters; left, 10 milliliters), and 4. Type II atrial septal defect-Ostium secundum (0.5 x 0.4 centimeters). The case was staffed in CPIT and the team determined the allegation of Neglect Death would be classified as AUPU. The allegation of Lack of Supervision was also classified as AUPU. All investigative tasks have been completed. This case has been submitted for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/07/2014

Contact Method: Attempted Phone Call

Contact Time: 12:44 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2014

Completed date: 06/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/07/2014 12:46 PM Entered By: [REDACTED]

CPSI attempted to contact [REDACTED] as a collateral reference for Ms. [REDACTED]. However, her phone was disconnected.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/07/2014

Contact Method: Attempted Phone Call

Contact Time: 12:39 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2014

Completed date: 06/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2014 12:43 PM Entered By: [REDACTED]

CPSI attempted to contact [REDACTED] as a collateral reference for Ms. [REDACTED] Mr. [REDACTED] number is [REDACTED]. Mr. [REDACTED] is Ms. [REDACTED] supervisor at work. CPSI left a message for Mr. [REDACTED] stating who she was and why she was calling. CPSI asked Mr. [REDACTED] to contact this worker.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/05/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/07/2014

Completed date: 06/07/2014

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: 06/07/2014 11:22 AM Entered By: [REDACTED]

The case of [REDACTED] was staffed in CPIT this morning. At that time, the team deemed the allegation of Neglect Death would be classified as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/04/2014	Contact Method:	
Contact Time:	09:06 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/07/2014
Completed date:	06/07/2014	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: 06/07/2014 11:43 AM Entered By: [REDACTED]

CPSI received an email from [REDACTED], ADA, stating she had reviewed the autopsy and the DA had declined to prosecute as [REDACTED] death was a "horrible accident".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/27/2014 Contact Method:
 Contact Time: 05:55 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/07/2014
 Completed date: 06/07/2014 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: 06/07/2014 11:40 AM Entered By: [REDACTED]

CPSI emailed ADA, [REDACTED] concerning her review of the autopsy. Ms. [REDACTED] requested the autopsy be scanned to her so she could review it. CPSI scanned the autopsy to her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/14/2014 Contact Method:
 Contact Time: 10:42 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/14/2014
 Completed date: 05/14/2014 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: 05/14/2014 10:44 AM Entered By: [REDACTED]

LI followed up on status of case with Investigator. LI advised that after CPIT, [REDACTED] wanted to review 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: 05/07/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/07/2014

Completed date: 06/07/2014

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: 06/07/2014 11:30 AM Entered By: [REDACTED]

The case of [REDACTED] was staffed in CPIT this morning. At that time, the team deemed that ADA, [REDACTED] would need to review the autopsy and make a recommendation concerning possible prosecution.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/05/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/07/2014
Completed date:	06/07/2014	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: 06/07/2014 12:58 PM Entered By: [REDACTED]

CPSI obtained a copy of the autopsy report. According to the autopsy report stated the cause of death was Probable Positional Asphyxia. The contributory cause of death was co-sleeping with an adult in an adult bed. The manner of death was an accident. The Pathological Diagnoses were as follows: 1. Well developed, non-dysmorphic male infant; 2. Severe pulmonary congestion with associated bronchoaspiration of vegetable matter (right lung, 74 grams; left lung,65 grams). 3. Bilateral hemorrhagicpleural effusions (right, 6 milliliters; left, 10 milliliters), and 4. Type II atrial septal defect-Ostium secundum (0.5 x0.4 centimeters).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/01/2014 Contact Method: Attempted Face To Face
 Contact Time: 10:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 06/07/2014
 Completed date: 06/07/2014 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: 06/07/2014 12:36 PM Entered By: [REDACTED]

CPSI went to [REDACTED] to meet with Ms. [REDACTED] and [REDACTED]. However, no one was at home. CPSI attempted to contact Ms. [REDACTED] by phone, but she did not answer. CPSI left a message stating she was at her home. CPSI noted she would leave the community resources for grief support groups under the mat outside of the front door.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	04/30/2014	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	05/05/2014
Completed date:	05/31/2014	Completed By:	System Completed
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/05/2014 06:30 PM Entered By: [REDACTED]

CPSI met with Ms. [REDACTED] and [REDACTED] at [REDACTED]. Ms. [REDACTED] stated she has been staying there as she cannot stand to be alone at her old apartment. She noted she continues to pay rent there, but has not spent the night in a long 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: 04/30/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 06/07/2014
 Completed date: 06/07/2014 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: 06/07/2014 12:25 PM Entered By: [REDACTED]

CPSI met with Ms. [REDACTED] and [REDACTED] at [REDACTED]. Ms. [REDACTED] stated she has been staying there as she cannot stand to be alone at her old apartment. She noted she continues to pay rent there, but has not spent the night in a long time. Ms. [REDACTED] noted that Mr. [REDACTED] has "moved on". She stated he appears not to have been affected by baby [REDACTED] death. CPSI noted that everyone grieves in a different manner. Ms. [REDACTED] stated she understood as that is what Ms. [REDACTED] (service provider) had stated. CPSI asked about the grief counseling and how it was going and if she felt she need more as Ms. [REDACTED] had requested an extension. Ms. [REDACTED] stated that she would prefer to have a support group to attend as she wanted to share with others her experience and to learn from others as well. CPSI stated she would find give her resources in the community. CPSI reported she knew there were at least two support groups for parents who had lost children. CPSI asked Ms. [REDACTED] if she still had the grief resources that she had provided at the first visit. Ms. [REDACTED] stated she was not sure where they were. CPSI noted she would update the packet and bring it by tomorrow. Ms. [REDACTED] stated she was not sure if she would be home, but to leave it with whoever was at the house as someone was always present. CPSI agreed.

Ms. [REDACTED] stated she had received the autopsy report. CPSI asked how she felt about the report. Ms. [REDACTED] shared that she was relieved. She reported she had been blaming herself, but she stated it was an accident. She reported she "felt better" about the cause. However, she noted that the autopsy report had stated [REDACTED] had been lain on his stomach and had turned over on his own. Ms. [REDACTED] stated, "I told them that I had place [REDACTED] on his back" that is why I felt so horrible. He had always been fine when I laid him on his stomach. CPSI stated she had noticed the descripency of the report as well. CPSI noted she would contact the Medical Examiner's Office and ask about it. CPSI asked what other questions, Ms. [REDACTED] had. Ms. [REDACTED] stated the autopsy report had spoken about food in his lungs. Ms. [REDACTED] reported she did not know how he could have had food in his lungs as she had feed him the night before and had burped him. Ms. [REDACTED] noted [REDACTED] was only on formula at the time. CPSI stated she could not explain why that had happened, but noted that any questions she had about the report should be addressed with the Medical Examiner's Office. Ms. [REDACTED] agreed.

CPSI briefly saw [REDACTED] sister. She was dressed in shorts and a T-Shirt. She was dressed neatly, her hair was combed, and her hygiene was appropriate. [REDACTED] did not want to stay and talk with this worker as her cousins were getting ready to leave. She started crying and her cousins came back and asked Ms. [REDACTED] if [REDACTED] could go with them. Ms. [REDACTED] agreed. [REDACTED] immediately stopped crying and ran with her cousins to go outside. Ms. [REDACTED] noted [REDACTED] had become very attached to her cousins since [REDACTED] death. We talked about the fact that [REDACTED] was probably expressing her grief in this manner. CPSI noted that if Ms. [REDACTED] felt [REDACTED] needed some counseling she would



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

provide resources for [REDACTED] We spoke about [REDACTED] Grief. However, due to [REDACTED] age she is not eligible to attend at this time.

CPSI asked [REDACTED] [REDACTED] if there was anything else she could assist her with at this time. Ms. [REDACTED] stated, "No, it will take time" for her to go through the grieving process. CPSI agreed. CPSI reminded her if she changed her mind, she just needed to call. Ms. [REDACTED] agreed.

Narrative Type: Addendum 1 Entry Date/Time: 06/07/2014 01:10 PM Entered By: [REDACTED]

Ms. [REDACTED] reported that her family releases balloons on 9th and 28th of every month to commemorate the birth and death of [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2014

Contact Method: Attempted Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 05/05/2014

Completed date: 05/05/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

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

CPSI went to the family's apartment on [REDACTED] today. No one was at home. CPSI left a note requesting Ms. [REDACTED] call to schedule an appointment.

CPSI also contacted Ms. [REDACTED] via cell. Ms. [REDACTED] stated she was at her mother's home. CPSI asked if she could come and visit her and [REDACTED] Ms. [REDACTED] agreed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/07/2014

Completed date: 06/07/2014

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: 06/07/2014 11:57 AM Entered By: [REDACTED]

The case of [REDACTED] was reviewed in CPIT this morning and the team deemed DCS to Handle and Return due to the autopsy was still pending 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:	03/24/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/07/2014
Completed date:	06/07/2014	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: 06/07/2014 12:04 PM Entered By: [REDACTED]

CPSI received a copy of the Treatment Plan for Ms. [REDACTED] concerning the Grief counseling she is receiving from Comprehensive Professional Services. Ms. [REDACTED] Diagnosis was as follows: Axis I-V62.82-Bereavement, Axis II- V71.09-No Diagnosis identified, and Axis IV-Psychosocial and environmental problems: Death of four month old son; lack of support from family, decreased level of functioning.

Ms. [REDACTED] treatment goals were 1. Client will identify five facts relating to grief, 2. Client will learn and implement five affect modulation skills to effectively manage emotions, and 3. Client will identify and implement five coping skills to manage intense emotions.



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: 03/19/2014 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/14/2014
 Completed date: 05/14/2014 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: 05/14/2014 10:30 AM Entered By: [REDACTED]

LI staffed case with Investigator. Investigator is still making monthly contact with the family. Investigator is waiting on autopsy. CPIT process completed on 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: 03/19/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/05/2014

Completed date: 05/05/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/05/2014 06:24 PM Entered By: [REDACTED]

The case of [REDACTED] was reviewed in CPIT today. It was deemed "DCS Handle and Return" as the autopsy is still pending.



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:	03/06/2014	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/07/2014
Completed date:	06/07/2014	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: 06/07/2014 11:44 AM Entered By: [REDACTED]

CPSI sent a letter to the [REDACTED] Forensic Center requesting a copy of the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/27/2014 Contact Method:
 Contact Time: 11:53 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/27/2014
 Completed date: 02/27/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/27/2014 11:55 AM Entered By: [REDACTED]

Case staffed and reviewed with CPSI. CPSI will follow up on Autopsy. CPSI will pull shot records due to the child having a history of bronchitis before his death.

Narrative Type: Addendum 1 Entry Date/Time: 02/27/2014 11:57 AM Entered By: [REDACTED]

CPSI offered Grief Counseling to the family and the family accepted services to be provided by [REDACTED]. Memorial services have occurred and the mother is still off from work due to the death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2014

Contact Method: Phone Call

Contact Time: 11:28 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2014

Completed date: 02/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2014 11:31 AM Entered By: [REDACTED]

CPSI contacted the Coroner's office this morning and spoke with [REDACTED], receptionist. CPSI asked if the autopsy report was complete on [REDACTED] at this time. Ms. [REDACTED] stated the autopsy report was pending at this time. CPSI thanked her for her time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: System Completed

Contact Date: 02/26/2014

Contact Method: Phone Call

Contact Time: 11:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2014

Completed date: 03/29/2014

Completed By: System Completed

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time:

Entered By:



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: 02/26/2014

Contact Method:

Contact Time: 11:09 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2014

Completed date: 02/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2014 11:15 AM Entered By: [REDACTED]

A criminal background check was completed on [REDACTED]. CPSI utilized the following websites to obtain the information: JSSI, TN Felony, Meth, Sex Offender, and Health Abuse Registries.

[REDACTED]-no records/charges were found at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2014

Contact Method:

Contact Time: 09:22 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2014

Completed date: 02/26/2014

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: 02/26/2014 10:05 AM Entered By: [REDACTED]

CPSI received notification that Grief Services had been approved for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/24/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2014

Completed date: 02/26/2014

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: 02/26/2014 10:06 AM Entered By: [REDACTED]

CPSI completed a PSG requesting Grief Counseling for the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/21/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/26/2014

Completed date: 02/26/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2014 10:27 AM Entered By: [REDACTED]

CPSI went to [REDACTED] to meet with [REDACTED] (mom) and [REDACTED]. Ms. [REDACTED] and [REDACTED] were present. Also present was Mr. [REDACTED] father. Mr. [REDACTED] was sitting on the couch playing video games. He spoke with this worker, but continued to play the game. CPSI expressed her condolences to Mr [REDACTED] as she had not met him during our last visit. Ms. [REDACTED] stated they had a memorial service for [REDACTED]. Ms. [REDACTED] reported she has not return to work at this time. She is to return on Monday, the 24th. Ms. [REDACTED] has been struggling with her grief of losing her son, [REDACTED]. We spoke about receiving grief counseling. CPSI noted that everyone grieves in their own way, but the Department wanted to offer Grief Counseling to the family as a way of supporting them during this time. Mr. [REDACTED] stated it was up to Ms. [REDACTED] if they accepted. Ms. [REDACTED] provided a tour of the apartment at this point. When we went into the bedroom where [REDACTED] had died, she sat on the bed and showed exactly where the baby had been sleeping on his pillow. The indicated spot was in the center of the bed. Ms. [REDACTED] noted [REDACTED] is currently sleeping in her room, but in her own bed. She [REDACTED] has always slept in her own room, but since [REDACTED] died, she has been sleeping in her mom's room. Ms. [REDACTED] stated she has not told [REDACTED] that [REDACTED] has died. She stated she does not believe she will understand, but when she gets older she will tell her about her brother and that he died. Ms. [REDACTED] noted [REDACTED] still asks "where's the baby?" Ms. [REDACTED] decided to accept the offer of grief counseling. She stated she gets upset with Mr. [REDACTED] for how he acts and what he does. She stated she feels he is not grieving as he should. CPSI told the family that she would request the grief counseling. CPSI noted there was food in the home and working utilities. CPSI did observe [REDACTED] to be free of any marks or bruises that would indicate abuse. CPSI noted she stayed with her father and played video games with him, but would also come and go when this worker was speaking with Ms. [REDACTED] in the bedroom. CPSI told the family she would meet with them again next month, but if they needed anything before that time, to call. Ms. [REDACTED] agreed.

Narrative Type: Addendum 1 Entry Date/Time: 02/26/2014 11:08 AM Entered By: [REDACTED]

Ms. [REDACTED] provided the following collateral references: [REDACTED] (supervisor [REDACTED]), her mother, [REDACTED], and her sister, [REDACTED] ([REDACTED]).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/31/2014

Contact Method:

Contact Time: 02:39 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2014

Completed date: 02/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2014 09:52 AM Entered By: [REDACTED]

CPSI completed and emailed the Child Fatality Form to the Office of Child Safety.



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: 01/31/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2014

Completed date: 02/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2014 10:00 AM Entered By: [REDACTED]

CPSI completed a Departmental Background Check on the family. Ms. [REDACTED] does have a history with the Department. In July 2011, Investigation # [REDACTED] there were allegations of Physical Abuse and Lack of Supervision. The alleged victim was [REDACTED] AKA [REDACTED]. The alleged perpetrators were [REDACTED] (LOS) and Unknown (PHA). The case was classified as AUPU. In July 2013, investigation # [REDACTED] there was an allegation of Lack of Supervision. The alleged victim is [REDACTED] and the alleged perpetrator was [REDACTED]. The case was classified as Services Recommended and Accepted.



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: 01/30/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/26/2014

Completed date: 02/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2014 09:47 AM Entered By: [REDACTED]

The case of [REDACTED] was reviewed this morning. At that time, the team decided "DCS to Handle and Return".



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: 01/29/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2014

Completed date: 02/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 02/26/2014 11:09 AM

Entered By: [REDACTED]

Household composition:

[REDACTED], mom
 [REDACTED], sibling
 [REDACTED], ACV



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: 01/29/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 02/26/2014
 Completed date: 02/26/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Initial ACV Face To Face, Alleged Perpetrator Interview, Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2014 10:32 AM Entered By: [REDACTED]

CPSI went to [REDACTED] to meet with Ms. [REDACTED] and [REDACTED] concerning the death of [REDACTED]. CPSI observed [REDACTED] to be dressed appropriately. She did not have any marks or bruises on her person. Ms. [REDACTED] was observed to be carrying a flat pillow which she indicated that [REDACTED] slept on. She did note that both of her children slept in her bed as babies. She stated [REDACTED] slept on his back, but that did not stop him from dying. She reported that if she ever had another child she would have them to sleep on their stomachs due to [REDACTED] death. CPSI did note there were studies that indicate there were fewer babies who died if they slept on their backs.

CPSI expressed her condolences concerning [REDACTED] death. CPSI told Ms. [REDACTED] the Department wanted to be a support for her during this time, and provide grief counseling if the family wanted. CPSI did note the case would be open until the autopsy report was completed. CPSI noted that the report takes anywhere from 3-6 months for it to be complete.

CPSI asked if she could obtain a statement from her concerning what took place yesterday when [REDACTED] died. Ms. [REDACTED] agreed. CPSI interviewed his mother, [REDACTED]. Ms. [REDACTED] reported she works nights at [REDACTED]. Her hours are from 10 PM-3 AM. During those hours her aunt keeps her children. Once she was off work, she picked up her children and transported them home. Ms. [REDACTED] reported she had fed and changed [REDACTED] diaper and he fell back asleep. She laid him on his pillow in her bed. Ms. [REDACTED] reported [REDACTED] slept in her bed. She reported she does not have a crib as she wants to be able to keep a close eye on her baby. Ms. [REDACTED] reported she woke up because [REDACTED] ([REDACTED] 3 year old sister) had come into her bedroom with the phone. She had missed a phone call. Ms. [REDACTED] reported it was unusual for [REDACTED] to wake up first. It was usually [REDACTED] who woke her up. Ms. [REDACTED] looked at [REDACTED] and it appeared he was asleep, but on closer observation, she noted he was dead. She called 911 and started CPR. CPR was continued until paramedics arrived on the scene. Ms. [REDACTED] reported the paramedics did come in a timely fashion. [REDACTED] was pronounced dead on the scene. According to Ms. [REDACTED] [REDACTED] body was still warm when she observed him to be "dead". She also noted the paramedics told her he had been dead "too long" for them to revive him.

CPSI completed paperwork with Ms. [REDACTED]. CPSI explained, provided copies and obtained signatures for the following forms: Releases of Information, HIPPA, Native American Veto Verification, Client's Right Handbook, and Notification of Equal Access to Services and Grievance Procedure.

According to Ms. [REDACTED] [REDACTED] had a history of bronchitis. [REDACTED] and [REDACTED] went to the [REDACTED] Health Center of



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Crump for their medical needs.

CPSI asked about Mr. [REDACTED] father. Ms. [REDACTED] stated Mr. [REDACTED] was [REDACTED] father as well. She stated Mr. [REDACTED] name had recently changed to his father's name. It had been [REDACTED] (his mother's name). Therefore, [REDACTED] was [REDACTED] and [REDACTED] was [REDACTED]. She also noted Mr. [REDACTED] did not reside in her home. According to Ms. [REDACTED] Mr. [REDACTED] did not have a phone nor did he have a permanent residence. He stayed from home to 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: 01/29/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 02/26/2014

Completed date: 02/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2014 11:05 AM Entered By: [REDACTED]

CPSI went to [REDACTED] to meet with the family. This is the home of the maternal grandmother, [REDACTED]. Ms. [REDACTED] opened the door when this worker knocked. CPSI explained who she was and why she was there. Ms. [REDACTED] started crying. She motioned for this worker to come in. She sat on the arm of the couch and spoke about how sweet [REDACTED] had been and what a great mother, her daughter was. Ms. [REDACTED] stated her daughter has had a "rough" life, but she has taken care of her business, provided for her children. She has been successful in that she has her own apartment and transportation. Ms. [REDACTED] stated she was very proud of her daughter.

CPSI did obtain a statement from the maternal grandmother, [REDACTED]. She reported her daughter had called and told her (the MGM), "My baby is dead". Ms. [REDACTED] reported "Fat Daddy" has a history of bronchitis. She stated he had not been sick the last time she had seen him which was on Saturday, 1/25/14. However, he had been asleep. She reported she had hugged and rocked him while he was sleeping. Ms. [REDACTED] stated her daughter was a good mother. She reported that even though her daughter is young, she takes care of her children and provides for them.



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: 01/29/2014 Contact Method: Phone Call
 Contact Time: 01:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/26/2014
 Completed date: 02/26/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/26/2014 11:28 AM Entered By: [REDACTED]

CPSI contacted the coroner's office at [REDACTED] CPSI was able to speak with [REDACTED]. Ms. [REDACTED] stated that there were no signs of abuse or neglect. She stated there were no visible marks or bruises on [REDACTED] body at the time of the 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: 01/28/2014

Contact Method:

Contact Time: 04:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2014

Completed date: 02/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2014 09:44 AM Entered By: [REDACTED]

The Department received a referral concerning the allegations of Lack of Supervision and Neglect Death. The alleged victim was [REDACTED] and the alleged perpetrator was [REDACTED] (LOS) and Unknown (Neglect Death).