



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

Case # 2014.021

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	02/10/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/09/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	Unknown	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

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

The department received with the allegations of referral on neglect death of ██████████ on 2/10/2014. According to the referral, the medical examiner was investigating the death of ██████████ on 2/9/2014. ██████████ is a 1 month old Female /Black infant. The child was found by her Aunt unresponsive in an adult sized bed around 8a.m. on 2/9/2014. Paramedics arrived and tried to revive ██████████. She was transported to ██████████ Hospital where Dr. ██████████ pronounced ██████████ dead at 9:15AM on 2/9/2014. A scene investigation was conducted at the family's home at ██████████ (██████████ Apartments) ██████████ remains were transported to the medical forensics office for an Autopsy. The manner of the cause of death is pending the Autopsy findings. The mother of the child is ██████████; DOB: ██████████. ██████████ was home at the time of ██████████ demise.

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

Name of Physician:	Dr. ██████████	Telephone #	██████████
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

Child Protective Services Investigator ██████████ made initial face to face contact with the family on February 10, 2014 at the home located at ██████████. This investigator conducted interviews with the family on February 11, 2014 at the ██████████ CPS office located at ██████████. According to the mother, ██████████ the child, ██████████ was fine and had no medical concerns. The mother stated the day before, which was Saturday 2/8/2014, ██████████ appeared to be doing well, and she was happy and playful and slept the majority of the day. The mother, ██████████ stated ██████████ was asleep most of the day and night, so she checked her diaper around 11:00 p.m. and she was soiled. She stated she changed her diaper, played with her for a little while and ██████████ squirmed and went back to sleep. Note: ██████████ sleeps together on a queen hideaway couch that lets out to a bed). ██████████ stated around 4:00 a.m. 2/9/2014, she got up to change ██████████ diaper and feed her a bottle. She stated ██████████ drank the bottle, burped three times, which was unusual. She stated ██████████ breathing sounded funny to her, so she held her close to her and patted her on her back until she started breathing normal again. ██████████ stated when she tried to lay ██████████ down, ██████████ cried. She stated she picked her back up and held her for a minute until she fell back asleep. ██████████ stated after about 30 minutes, she touched ██████████ to make sure she was ok. She stated that she usually moves her leg, in order to get a response, so she could know that ██████████ was ok. She stated ██████████ squirmed and made a sound, so she knew she was ok, so she fell asleep. ██████████ stated that she fell asleep on the let out couch (the couch was in the bed position) on her side with ██████████ craddled in her arms and ██████████ was lying on her back.

The sister, ██████████, DOB: ██████████ was interviewed and according to ██████████ she came down to get ██████████ out of the bed around 8:00 a.m. ██████████ stated ██████████ didn't respond to her like she usually does, but she stated when ██████████ went to move over, ██████████ rolled under ██████████ and she picked her up. ██████████ stated ██████████ was lying on top of ██████████ arm when she came in the room. ██████████ stated after she picked ██████████ up, she started walking upstairs to her mother's bedroom because ██████████ felt heavy and her body was flimsy. She stated she stood by her mother's bed and told her mother, "Mom, I think ██████████ laid on ██████████. She stated her mother panicked and said wake her up. She stated her mother jumped up and when they turned the lights on they could see ██████████ lips were blue and her body was a little

cool. The grandmother, [REDACTED] tried CPR and they were screaming and this is when [REDACTED] came running in the room screaming and she was in shock. [REDACTED] also tried CPR but was unsuccessful. [REDACTED] stated the neighbor heard them yelling because her Stepfather was hysterical and ran outside, so the neighbor (Name Unknown) ran in the home and tried to also do CPR. The grandmother, [REDACTED] called 911 and spoke for a moment, but [REDACTED] took the phone and started yelling trying to tell them to send paramedics. According to the family, Paramedics arrived a few moments later and they tried CPS but it was too late. They transported [REDACTED] to [REDACTED]

The grandmother, [REDACTED] stated that when her daughter, [REDACTED] brought [REDACTED] to her bedroom, she tried CPR and she tried to breath into her mouth, and when she blew in her mouth, milk and mucous came out of her nose. Ms. [REDACTED] stated [REDACTED] was doing well, she was a happy baby and the family loved and spoiled her daily. Ms. [REDACTED] stated she believes [REDACTED] died from SIDS or could have had a medical problem. She stated they noticed [REDACTED] breathing funny a few times, and at one point a week prior to her demise. Ms. [REDACTED] stated [REDACTED] had a doctor's appointment for February 14, 2014. Ms. [REDACTED] stated once [REDACTED] was taken to the hospital, they had to remain at the home for about 3 hours while investigators questioned them and assessed the home. Ms. [REDACTED] stated after they arrived at the hospital, they were able to see [REDACTED] for the last time, but was not able to come in contact with [REDACTED] body.

[REDACTED]: DOB: [REDACTED], the grandmother's Fiancé' was interviewed, but stated the incident happened just like the family explained. He stated he was very emotional and didn't see everything that went on because he ran outside in shock. Mr. [REDACTED] stated [REDACTED] was very attentive and loving to her baby. He also stated the child's father and his family were very involved.

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

N/A

Describe disposition of body (Death):	Body was not observed by CPSI [REDACTED]
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Name of Medical Examiner/Coroner:	[REDACTED]	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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Type:		Case #:	
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Describe law enforcement or court involvement, if applicable:

N/A

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):

Investigator [REDACTED] assessed the home for safety. [REDACTED] only had one child, [REDACTED], but has a sibling, [REDACTED] DOB: [REDACTED] and [REDACTED] DOB: [REDACTED]. Both were observed, but were not home during the demise of [REDACTED]. Both [REDACTED] and [REDACTED] appeared healthy and very concerned and sad about [REDACTED]. The home was clean and had food and supplies for the family. There was formula and diapers observed and clothes that belonged to [REDACTED]. A baby bed was not observed, but a play pen, a swing and a baby carrier were observed. The home had working utilities, and a fire extinguisher was observed. The home had furnishingst, but there were no beds in the home. There were blow-up mattresses in the two bedrooms. This was addressed with the family, and they are making arrangements to purchase beds and mattress when the grandmother receives her income taxes. The family stated they have only been in the apartments about 2 months. The family seems very close and shows attachment. The home is a 2 bedroom 2 bath apartment. There is income sufficient to care for their needs according to the detailed list of their expenses. The family has a strong support system from family and friends, and has stated they will ask for help when needed. The mother was offered grief counseling and stated she would accept counseling.

Name:	Age:

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	Case # 2014-021 #220204
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
09/19/2013	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Services Recommended and accepted
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person: [REDACTED]			Telephone Number: [REDACTED]		
Case Manager: [REDACTED]			Telephone Number: [REDACTED]		
Team Leader: [REDACTED]			Telephone Number: [REDACTED]		
Team Coordinator: [REDACTED]			Telephone Number: [REDACTED]		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to: [REDACTED]</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or</p> <p>CHILD NEAR DEATH [secure email]</p>					



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 02/10/2014 12:56 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 02/10/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 02/10/2014 08:41 PM
 First Team Leader Assigned: [REDACTED] Date/Time 02/10/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 02/10/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: Letter

Narrative: This is not a custodial child.

TFACTS: Yes

Family Case ID: [REDACTED]

*There is additional history on the mother as a minor in # [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated None



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

Death No

Screened out 0

History (not listed above):

9-19-13/ # [REDACTED] PHA/ Services Recommended & Accepted

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: None Given

Reporters name/relationship: [REDACTED]

Faxed report copied verbatim as was sent to the Hotline.

Reporter states:

This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of Baby [REDACTED] (DOB [REDACTED]). This 1 month-old infant was found unresponsive in an adult sized bed at 0800 hrs on the morning of 2/9/14. Paramedics with [REDACTED] Fire Department transported the decedent to [REDACTED] Hospital where Dr. [REDACTED] pronounced death at 915 hours.. A scene investigation was conducted by this office and the City Police Department, and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED]). Our case # is [REDACTED].

NOTE: No address or phone number was given for the family in the faxed report.

County group emailed.

Per SDM: Investigative Track / P1, [REDACTED] TL on 2-10-14 @ 1:42 pm

[REDACTED] was also copied on the notification email.



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

Participant(s)

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: [REDACTED] **Race:** **Age:** 18 Yrs
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: [REDACTED] **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** Unable to **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: 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/10/2014

Assignment Date: 02/10/2014

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]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/10/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The allegations against [REDACTED] are unsubstantiated per District Attorney [REDACTED]. According to the AUtopsy Report, the death was ruled an accident

D. Case Workers

Case Worker: [REDACTED]

Date: 07/10/2014

Team Leader: [REDACTED]

Date: 07/10/2014

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:

FACE TO FACE NOT AVAILABLE WITH ALLEGED CHILD VICTIM AS [REDACTED] WAS DECEASED AT THE TIME OF THE REFERRAL WITH THE DEPARTMENT. CONTACT WAS MADE WITH THE FAMILY, AS WELL AS A PHONE INTERVIEW WITH THE MEDICAL EXAMINER [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)?

The Autopsy report received from [REDACTED] regional Forensic Center, Judicial [REDACTED] ruled death an accident. The medical Examine was [REDACTED]

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

According to the mother, [REDACTED] was fine and had no medical concerns. The mother stated the day before, which was Saturday 2/8/2014, [REDACTED] appeared to be doing well, and she was happy and playful and slept the majority of the day. The mother, [REDACTED] stated [REDACTED] was asleep most of the day and night, so she



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

Case Name : ██████████

Investigation ID: ██████████

checked her diaper around 11PM and she was wet. She stated she changed her diaper, played with her for a little while and ██████ squirmed and went back to sleep. Note: (██████ and ██████ sleeps together on a queen hideaway couch that lets out to a bed). ██████ stated around 4AM 2/9/2014, she got up to change ██████ diaper and feed her a bottle. She stated ██████ drank the bottle, and what was unusual, she burped (Belched) about 3 times. She stated ██████ breathing sounded funny to her, so she held her close to her and patted her on her back until she started breathing normal again. ██████ stated when she tried to lay ██████ down, ██████ cried. She stated she picked her back up and held her for a minute until she fell back asleep. ██████ stated after about 30 minutes, she touched ██████ to make sure she was ok. She stated she moved her leg so the baby could squirm or move so she could know that ██████ was ok. She stated ██████ made a sound, so she knew she was ok, so she fell asleep. This was the last contact with ██████ and the ██████

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

The sister, ██████, DOB: ██████ was interviewed and according to ██████ she came down to get ██████ out of the bed around 8AM. ██████ stated ██████ didn't respond to her like she usually does, but she stated when ██████ went to move over, ██████ rolled under ██████ and she picked her up. ██████ stated ██████ was lying on top of ██████ arm when she came in the room. ██████ stated after she picked ██████ up, she started walking upstairs to her mother's bedroom because ██████ felt heavy and her body was flimsy. She stated she stood by her mother's bed and told her mother, "Mom, I think ██████ laid on ██████". She stated her mother panicked and said wake her up. She stated her mother jumped up and when they turned the lights on they could see ██████ lips were blue and her body was a little cool. The grandmother, ██████ tried CPR and they were screaming and this is when ██████ came running in the room and screaming and she was in shock, but she also tried CPR. ██████ stated the neighbor heard them yelling because her Stepfather was hysterical and ran outside, so the neighbor (Name Unknown) ran in the home and tried to also do CPR

The grandmother, ██████ called 911 and spoke for a moment, but ██████ took the phone and started yelling trying to tell them to send paramedics. According to the family, Paramedics arrived a few moments later and they tried CPS but it was too late. They transported ██████ to ██████ but left the family at the home. The grandmother, ██████ stated when her daughter brought ██████ to her bedroom, she tried CPR and she tried to breath into her mouth, and when she blew in her mouth, milk and mucous came out of her nose. Ms. ██████ stated ██████ was doing well, she was a happy baby and the family loved and spoiled her daily. Ms. ██████ stated she believes ██████ died from SIDS or could have had a medical problem. She stated they noticed ██████ breathing funny a few times, and at one point a week prior to her demise, they thought she may have foamed at the mouth. Ms. ██████ stated ██████ had a doctors appointment for 2/14/2014. Ms. ██████ stated once ██████ was taken to the hospital, they had to remain at the home for about 3 hours while investigators questioned them and assessed the home. Ms. ██████ stated after they arrived at the hospital, they were able to see ██████ for the last time, but was not able to come in contact with ██████ body.

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

The department received a referral with the allegations of neglect death on ██████ on 2/10/2014. According to the referral, the medical examiner was investigating the death of ██████ on 2/9/2014. ██████ was a 1 month old Female /Black infant. The child was found by her Aunt unresponsive in an adult sized bed around 8a.m. on 2/9/2014. Paramedics arrived and tried to revive ██████ but were unsuccessful. She was transported to ██████ Hospital where Dr. ██████ pronounced ██████ dead at 9:15AM on 2/9/2014. The investigation is complete and the Autopsy ruled the death an accident. The allegations are classified as unsubstantiated after being reviewed by District Attorney ██████. All parties involved have



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]

been interviewed and all factual information entered in TFACTS.

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/18/2014 Contact Method:
 Contact Time: 01:08 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/18/2014
 Completed date: 07/18/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/18/2014 01:14 PM Entered By: [REDACTED]

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

On 7/14/14, the case was presented to the CPIT Team and they made a collective decision and the allegation of Neglect Death was classified as unsubstantiated. ADA [REDACTED] was present and signed on behalf of ADA [REDACTED].

Due to the allegation of Neglect Death the case will be submitted to RID, [REDACTED] for further review. Upon RID [REDACTED] approval for closure, a classified CS-740 will be sent to Juvenile Court for notification to the Judge and the DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/14/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/17/2014
Completed date:	07/17/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/17/2014 09:53 PM Entered By: [REDACTED]

The case of [REDACTED] was staffed in CPIT this morning. The team decided at that time, [REDACTED] death was accidental and the allegation of Neglect Death would be classified as unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/12/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/14/2014

Completed date: 07/14/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/14/2014 11:53 AM Entered By: [REDACTED]

Criminal history and TFACTS history were completed on the family and there is no criminal history on any of the adults in the home. According to JSSI, Meth Offender and Sex Offender Registry, all of the adults in the home are Negative. The family has no prior TFACTS history that is reported.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/12/2014	Contact Method:	Face To Face
Contact Time:	02:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/14/2014
Completed date:	07/14/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/14/2014 01:52 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted Ms. [REDACTED] on Friday, July 11, 2014 inquiring about a follow-up home visit. Ms. [REDACTED] was not home but [REDACTED] was home with her siblings. Ms. [REDACTED] stated a visit was fine and her children would be home. Investigator [REDACTED] asked if 7PM was good and [REDACTED] stated that was fine with her. Investigator [REDACTED] arrived at the home around 6:55PM and was told that [REDACTED] had left with a friend, and they didn't know where she was. Investigator [REDACTED] asked her sister [REDACTED] to call [REDACTED] and according to [REDACTED] she had forgotten about the visit and was going to hang out with a friend. She stated she was far from her home, and if tomorrow would work, she would be home. Investigator [REDACTED] informed [REDACTED] that tomorrow would work but she needed to be present. While in the home, investigator spoke with the family. [REDACTED], [REDACTED], the stepfather were home. According to the family, [REDACTED] is doing much better and hanging out with friends. Her sister [REDACTED] stated they all are doing much better and they still miss [REDACTED] but she is in a better place. The family stated they all do things together and they have resumed their normal lives, even though it's without their precious [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: 07/12/2014

Contact Method: Face To Face

Contact Time: 11:55 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/14/2014

Completed date: 07/14/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2014 01:57 PM Entered By: [REDACTED]

Investigator [REDACTED] made a follow-up visit to the [REDACTED] home at 11:57AM 7/12/2014. The family were home and [REDACTED] was also home on this date. [REDACTED] stated she is doing good and she just keeps busy with friends and family and that's how she gets through her day. She stated she thinks about her baby daily, but it's good thoughts and the noises she would make while she was asleep. Investigator [REDACTED] asked [REDACTED] has she thought about counseling again, and she stated she really hasn't, and she feels she doesn't need it because she is not sad anymore like she was in the beginning. She stated she has had a lot of support from her family and they know that when she is ready to have another baby, they will support her. She stated [REDACTED] wasn't planned, so that's what made her special. She stated she and [REDACTED] dad still communicate and they get along very well. She stated she still communicates with his family as well. The family did not talk about safety concerns and needs at the time of the visit. Investigator [REDACTED] observed photos of [REDACTED] on the table, and on the wall. According to the grandmother [REDACTED] she stated that's still her grandbaby, and she will forever live within them. She stated they have photos all over the apartment so they will never forget [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: 07/11/2014

Contact Method:

Contact Time: 09:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/11/2014

Completed date: 07/11/2014

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2014 09:19 AM Entered By: [REDACTED]

Closing Summary:

The department received a referral with the allegations of neglect death on [REDACTED] on 2/10/2014. According to the referral, the medical examiner was investigating the death of [REDACTED] on 2/9/2014. [REDACTED] was a 1 month old Female /Black infant. The child was found by her Aunt unresponsive in an adult sized bed around 8a.m. on 2/9/2014. Paramedics arrived and tried to revive [REDACTED] but were unsuccessful. She was transported to [REDACTED] Hospital where Dr. [REDACTED] pronounced [REDACTED] dead at 9:15AM on 2/9/2014. The investigation is complete and the Autopsy ruled the death an accident. The allegations are classified as unsubstantiated after being reviewed by District Attorney [REDACTED]. All parties involed have been interviewed and all factual information entered in TFACTS.

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/11/2014

Contact Method: Phone Call

Contact Time: 07:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/11/2014

Completed date: 07/11/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2014 09:17 AM Entered By: [REDACTED]

Investigator [REDACTED] contacted the family on this date and asked about [REDACTED] well being and if she had thought about counseling. According to Ms. [REDACTED], [REDACTED] is doing really well. She stated she still talks about [REDACTED] almost daily, but the tears are gone, and she has completed her schooling, she works part-time and she seems to be back to her old self again. [REDACTED] was home and spoke briefly. She stated she is doing much better, although she still miss her daughter, she stated she just keeps her in her heart and she will try to have another child in the future. She stated she and [REDACTED] father gets along better now, but they are still not together. She stated for a while, she believes she was the blame for [REDACTED] death, but she refuse to believe she laid on her because she would have felt her. She stated that's the only thing that still bothers her. Investigator [REDACTED] explained to [REDACTED] that if she would attend grief counseling, she would probably get a better understanding and learn how to deal with her pain without blame. She still refused the counseling and stated she thinks she is doing great. [REDACTED] stated she still has the family support and she appreciates everything DCS has done to help her and her family. Investigator [REDACTED] explained to [REDACTED] that the case was being submitted for closure and the autopsy ruled the death as an accident. She stated she understood and she is glad it's over with so her baby can rest in peace. The family stated they did not want services or counseling and would contact the department if there is a need in the future. This case is being submitted for review and closure and classified as Allegation unsubstantiated.



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: 06/09/2014

Contact Method: Phone Call

Contact Time: 01:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2014 03:43 PM Entered By: [REDACTED]

Investigator [REDACTED] spoke with [REDACTED] and her mother via telephone, but have not had another face to face. [REDACTED] is doing well and says that she is still sad about [REDACTED] because that was her only child, but she feels she does not need counseling. Investigator [REDACTED] suggested to her mother that it would probably benefit [REDACTED] but she stated [REDACTED] doesn't feel she needs counseling. [REDACTED] also stated she has completed classes and will receive her diploma during the summer

Narrative Type: Addendum 1 Entry Date/Time: 07/10/2014 05:51 PM Entered By: [REDACTED]

[REDACTED]: [REDACTED]. Ms. [REDACTED] is the grandmother and support for the family. Ms. [REDACTED] stated the mother was a great ,other to be so young. She loved [REDACTED] and they all were so happy when she arrived. The grandmother stated [REDACTED] was very loved and will be greatly missed. Ms. [REDACTED] stated [REDACTED] would never do anything intentional to harm her child and this was a terrible accident, and they will have to band together as a family and they will get through this. Ms. [REDACTED] stated she buried [REDACTED] because she feels [REDACTED] was an [REDACTED] sent to bring the family closer together.



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: 04/04/2014

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 03:39 PM Entered By: [REDACTED]

The Autopsy was received on [REDACTED] and determined her death was an accident. Investigator [REDACTED] received a True and Attested Original copy

Narrative Type: Addendum 1 Entry Date/Time: 07/11/2014 06:13 PM Entered By: [REDACTED]

The manner of death was an accident. The cause of death was "Overlay".

The pathological diagnosis were Adequately developed black female infant and petechiae to thymus, heart, and lungs.



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: 03/12/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/14/2014

Completed date: 07/14/2014

Completed By: [REDACTED]

Purpose(s): Permanency, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 07/14/2014 11:48 AM

Entered By: [REDACTED]

Household Composition:

[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: 02/24/2014

Contact Method:

Contact Time: 11:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/24/2014

Completed date: 02/24/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 11:18 AM Entered By: [REDACTED]

CPSI [REDACTED] forwarded medical records to [REDACTED] upon her request on 2/24/2014

Narrative Type: Addendum 1 Entry Date/Time: 07/18/2014 11:08 AM Entered By: [REDACTED]

Medical records received from [REDACTED] upon [REDACTED] arrival to the hospital by ambulance stated [REDACTED] arrived with cardiac arrest, respiratory failure, cardiac dysrhythmia. The medical records stated CPR was initiated, but not successful.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/24/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/24/2014

Completed date: 02/24/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 11:22 AM Entered By: [REDACTED]

CPSI [REDACTED] made telephone contact with the grandmother and mother about the mental state of the mother. Ms. [REDACTED] has stated that she is still;not in need of grievance counseling as of this date. The family has stated they are doing well and that they are supporting one another. The mother [REDACTED] [REDACTED] stated she wanted to bring photos by the DCS office so investigator [REDACTED] could see her baby's homegoing celebration. Ms. [REDACTED] stated [REDACTED] looked like a sleeping angel. She stated she was dressed in all white and she was beautiful and at peace. Investigator [REDACTED] stated to Ms. [REDACTED] she could come to the office when she felt she was ready and able to talk about [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: 02/12/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2014

Completed date: 02/12/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2014 08:52 AM Entered By: [REDACTED]

CPSI [REDACTED] requested medical records from [REDACTED] Hospital on 2/12/2014



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2014

Contact Method:

Contact Time: 08:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2014

Completed date: 02/12/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2014 08:55 AM Entered By: [REDACTED]

The family called on 2/12/2014 @ 815 AM informing that the baby will be buried at [REDACTED] Cemetary. [REDACTED] Funeral Home has possession of the body. The Funeral is scheduled for Saturday, February 15, 2014 @ 11AM @ [REDACTED] Church



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: 02/12/2014

Contact Method:

Contact Time: 07:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2014

Completed date: 02/12/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2014 08:51 AM Entered By: [REDACTED]

Fatality report completed, staffed and forwarded to LI [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: 02/11/2014 Contact Method: Face To Face
 Contact Time: 12:15 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/12/2014
 Completed date: 02/12/2014 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation, Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/12/2014 08:49 AM Entered By: [REDACTED]

Face to Face interviews with family:

Child Protective Services Investigator [REDACTED] made face to face contact with the mother and family @ their home on 2/10/2014 and again @ [REDACTED] DCS office on 2/11/2014. According to the mother, [REDACTED] was fine and had no medical concerns. The mother stated the day before, which was Saturday 2/8/2014, [REDACTED] appeared to be doing well, and she was happy and playful and slept the majority of the day. The mother, [REDACTED] stated [REDACTED] was asleep most of the day and night, so she checked her diaper around 11PM and she was wet. She stated she changed her diaper, played with her for a little while and [REDACTED] squirmed and went back to sleep. Note: [REDACTED] and [REDACTED] sleeps together on a queen hideaway couch that lets out to a bed). [REDACTED] stated around 4AM 2/9/2014, she got up to change [REDACTED] diaper and feed her a bottle. She stated [REDACTED] drank the bottle, and what was unusual, she burped (Belched) about 3 times. She stated [REDACTED] breathing sounded funny to her, so she held her close to her and patted her on her back until she started breathing normal again. [REDACTED] stated when she tried to lay [REDACTED] down, [REDACTED] cried. She stated she picked her back up and held her for a minute until she fell back asleep. [REDACTED] stated after about 30 minutes, she touched [REDACTED] to make sure she was ok. She stated she moved her leg so the baby could squirm or move so she could know that [REDACTED] was ok. She stated [REDACTED] made a sound, so she knew she was ok, so she fell asleep. This was the last contact with [REDACTED] and the baby.

The sister, [REDACTED], DOB: [REDACTED] was interviewed and according to [REDACTED] she came down to get [REDACTED] out of the bed around 8AM. [REDACTED] stated [REDACTED] didn't respond to her like she usually does, but she stated when [REDACTED] went to move over, [REDACTED] rolled under [REDACTED] and she picked her up. [REDACTED] stated [REDACTED] was lying on top of [REDACTED] arm when she came in the room. [REDACTED] stated after she picked [REDACTED] up, she started walking upstairs to her mother's bedroom because [REDACTED] felt heavy and her body was flimsy. She stated she stood by her mother's bed and told her mother, "Mom, I think [REDACTED] laid on [REDACTED]". She stated her mother panicked and said wake her up. She stated her mother jumped up and when they turned the lights on they could see [REDACTED] lips were blue and her body was a little cool. The grandmother, [REDACTED] tried CPR and they were screaming and this is when [REDACTED] came running in the room and screaming and she was in shock, but she also tried CPR. [REDACTED] stated the neighbor heard them yelling because her Stepfather was hysterical and ran outside, so the neighbor (Name Unknown) ran in the home and tried to also do CPR.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The grandmother, [REDACTED] called 911 and spoke for a moment, but [REDACTED] took the phone and started yelling trying to tell them to send paramedics. According to the family, Paramedics arrived a few moments later and they tried CPS but it was too late. They transported [REDACTED] to [REDACTED] but left the family at the home.

The grandmother, [REDACTED] stated when her daughter brought [REDACTED] to her bedroom, she tried CPR and she tried to breath into her mouth, and when she blew in her mouth, milk and mucous came out of her nose. Ms. [REDACTED] stated [REDACTED] was doing well, she was a happy baby and the family loved and spoiled her daily. Ms. [REDACTED] stated she believes [REDACTED] died from SIDS or could have had a medical problem. She stated they noticed [REDACTED] breathing funny a few times, and at one point a week prior to her demise, they thought she may have foamed at the mouth. Ms. [REDACTED] stated [REDACTED] had a doctors appointment for 2/14/2014. Ms. [REDACTED] stated once [REDACTED] was taken to the hospital, they had to remain at the home for about 3 hours while investigators questioned them and assessed the home. Ms. [REDACTED] stated after they arrived at the hospital, they were able to see [REDACTED] for the last time, but was not able to come in contact with [REDACTED] body.

[REDACTED]: DOB: [REDACTED] the grandmother's Fiancé' was interviewed, but stated the incident happened just like the family explained. He stated he was very emotional and didn't see everything that went on because he ran outside in shock. Mr. [REDACTED] stated [REDACTED] was very attentive and loving to her baby. He also stated the child's father and his family were very involved.

Narrative Type: Addendum 1 Entry Date/Time: 07/18/2014 11:59 AM Entered By: [REDACTED]

During the initial interviews, [REDACTED] and [REDACTED] were not available until the second interviews. The children came to the [REDACTED] DCS office and were observed and just asked about [REDACTED] in which they both just expressed how pretty she was and that they miss her, but they were asleep and did not witness anything that happened. [REDACTED] is very young and wasn't really expressive, but [REDACTED] expressed grief and stated she misses her Niece and she wish she was still here. [REDACTED] mentioned that she and [REDACTED] used to take a lot of pictures and she used to feed [REDACTED] a well as change her diaper. [REDACTED] stated she was the favorite Aunt. She had a lot of pictures of [REDACTED] in her phone. The immediate family all expressed grief and sadness about [REDACTED] 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:	02/11/2014	Contact Method:	Face To Face
Contact Time:	12:15 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/10/2014
Completed date:	07/10/2014	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: 07/10/2014 06:01 PM Entered By: [REDACTED]

According to the mother, [REDACTED] was fine and had no medical concerns. The mother stated the day before, which was Saturday 2/8/2014, [REDACTED] appeared to be doing well, and she was happy and playful and slept the majority of the day. The mother, [REDACTED] stated [REDACTED] was asleep most of the day and night, so she checked her diaper around 11PM and she was wet. She stated she changed her diaper, played with her for a little while and [REDACTED] squirmed and went back to sleep. Note: ([REDACTED] and [REDACTED] sleeps together on a queen hideaway couch that lets out to a bed). [REDACTED] stated around 4AM 2/9/2014, she got up to change [REDACTED] diaper and feed her a bottle. She stated [REDACTED] drank the bottle, and what was unusual, she burped (Belched) about 3 times. She stated [REDACTED] breathing sounded funny to her, so she held her close to her and patted her on her back until she started breathing normal again. [REDACTED] stated when she tried to lay [REDACTED] down, [REDACTED] cried. She stated she picked her back up and held her for a minute until she fell back asleep. [REDACTED] stated after about 30 minutes, she touched [REDACTED] to make sure she was ok. She stated she moved her leg so the baby could squirm or move so she could know that [REDACTED] was ok. She stated [REDACTED] made a sound, so she knew she was ok, so she fell asleep. This was the last contact with [REDACTED] and the baby.



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:	02/11/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	02/11/2014
Completed date:	02/11/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/11/2014 01:04 PM Entered By: [REDACTED]

Investigator [REDACTED] went to the family home on today's date because the mother has not returned any phone calls. When investigator [REDACTED] arrived at the home, [REDACTED] Stepfather [REDACTED] answered the door. According to [REDACTED] the family was at the grandmother's home and had not been home since the day before. Mr. [REDACTED] gave the contact information of [REDACTED]. Investigator called the number and the recipient stated [REDACTED] could not talk because she had just lost her baby. Investigator [REDACTED] explained the nature of the call, and [REDACTED] answered the phone and stated she was meaning to call me back. Investigator [REDACTED] asked for the address where the mother was and she stated she was at her grandmother's home @ [REDACTED]. Investigator [REDACTED] went by the grandmother's home to speak with [REDACTED] and her mother, but as investigator [REDACTED] arrived, the family was waiting on someone to give them a ride to the funeral home to make arrangements for the baby's funeral services. Investigator [REDACTED] spoke briefly with [REDACTED] and she stated she would come to the [REDACTED] office after the family left the funeral home. The mother seemed to be doing as well as expected, and stated she is sad, but she is coping. Investigator [REDACTED] gave the family the address and asked that they come to the office on today's date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/10/2014	Contact Method:	Face To Face
Contact Time:	05:30 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/11/2014
Completed date:	02/12/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/11/2014 09:10 AM Entered By: [REDACTED]

CPSI [REDACTED] staffed case with LI [REDACTED] [REDACTED] to make contact with the family immediately. The family was called several times, but was not available. Investigation continued to call the phone number given, but there was no answer or call back after leaving several messages. Investigator [REDACTED] made a home visit, but was unsuccessful, as the mother or grandmother were not home at the time of the visit. Investigator [REDACTED] later received a call stating the family would be home around 530PM, however when investigator [REDACTED] arrived at 545PM, the mother and grandmother were still not available.

Investigator [REDACTED] staffed case with LI [REDACTED] [REDACTED] at 6PM advising him that the family was still not home. LI [REDACTED] advised Investigator [REDACTED] to wait a little longer because the family needed to be interviewed.

CPSI [REDACTED] finally made contact with the grandmother [REDACTED] around 745PM and returned to the family's home. The mother was not available at the time of the interview but has made arrangements to meet with investigator [REDACTED] early AM on 2/11/2014



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/10/2014

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/11/2014

Completed date: 02/11/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/11/2014 09:13 AM Entered By: [REDACTED]

FACE TO FACE NOT AVAILABLE WITH ALLEGED CHILD VICTIM AS [REDACTED] WAS DECEASED AT THE TIME OF THE REFERRAL WITH THE DEPARTMENT. CONTACT WAS MADE WITH THE FAMILY, AS WELL AS A PHONE INTERVIEW WITH THE MEDICAL EXAMINER [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: 02/10/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/10/2014

Completed date: 02/10/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/10/2014 08:44 PM Entered By: [REDACTED]

On February 10, 2014 at 12:56 p.m. a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] @ 1:42 p.m. C.S.T. with the allegations of Neglect Death. The alleged victim is [REDACTED]. The alleged perpetrator is the Other Non-relative, Unknown. The referral was assessed and assigned by TL [REDACTED] on 2-10-14 to Investigator, [REDACTED]. Response time is due by 2-10-14 @ 2:00 p.m. C.S.T. It is unknown at this time if the child(ren) are of Native American descent. The referent letter was mailed on 2-20-14. Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy. The FSW will contact the referent within 30 days.

Narrative Type: Addendum 1 Entry Date/Time: 02/10/2014 08:51 PM Entered By: [REDACTED]

This case has been assigned to Investigator, [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: 02/10/2014

Contact Method:

Contact Time: 12:56 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/11/2014

Completed date: 02/11/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/11/2014 07:46 AM Entered By: [REDACTED]

Opening Case Summary on the investigation into the death of [REDACTED]: DOB: [REDACTED]

Mother of the deceased: [REDACTED]

DOB: [REDACTED]

SSN: [REDACTED]

Address: [REDACTED]

Contact #: [REDACTED]

Faxed Report:

This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of Baby [REDACTED] (DOB [REDACTED]). This 1 month-old infant was found unresponsive in an adult sized bed at 0800 hrs on the morning of 2/9/14. Paramedics with [REDACTED] Fire Department transported the decedent to [REDACTED] Hospital where Dr. [REDACTED] pronounced death at 915 hours.. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]). Our case # is [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 childs caretaker or the consequence of the childs caretakers failure to stop another persons direct action that resulted in the death of a child.