



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 02/23/2014 11:24 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 02/23/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 02/24/2014 10:59 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 02/24/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 02/24/2014 12:00 AM

**Allegations**

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

**Referent(s)**

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: The child is not in state custody.

TFACTS:

Family Case ID: None found

Open Court Custody/FSS/FCIP: None found

Closed Court Custody: None found

Open CPS: None found

Substantiated: None found

Death: None found



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

Screened Out: 8-27-2013/Intake # [REDACTED]

History (not listed above): None found

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

Reporters name/relationship: [REDACTED] / [REDACTED] [REDACTED]

Reporter states:

The child is not in state custody.

[REDACTED] (age 2 months) and [REDACTED] (age 1 year) reside with their mother, [REDACTED]. The father of the children is [REDACTED] (last name unknown).

[REDACTED] is currently homeless. She reported that last night she stayed at a friends home located at [REDACTED].

On February 23, 2014 at 9:45 A.M. [REDACTED] contacted 911 stating [REDACTED] (age 2 months) was unresponsive. EMS (Emergency Medical Services) responded and CPR (Cardiopulmonary Resuscitation) was performed. [REDACTED] was transported to [REDACTED] Medical Center.

[REDACTED] stated she put [REDACTED] on the couch at midnight, which was the last time she fed him. [REDACTED] reported that [REDACTED] was at the end of the couch wrapped up in a blanket. [REDACTED] stated when she woke up at 9:45 A.M., [REDACTED] was not breathing.

[REDACTED] has been pronounced deceased at the hospital. The Medical Examiner will be completing an autopsy. It is unknown if the child displayed any signs of trauma or has any injuries. Law Enforcement has been contacted.

[REDACTED] is currently at the hospital with her grandmother. The sibling, [REDACTED] is reported to be with family.

It is unknown if [REDACTED] was born full term. It is unknown if [REDACTED] had any medical issues at birth. It is unknown if [REDACTED] has a history of prior DCS investigations.

Hospital personnel are requesting immediate assistance from DCS.

Per SDM: Investigation / Priority 1 - [REDACTED] CM 3 on 2-23-14 at 12:09 P.M.

[REDACTED] County paged - Time Issued: 12:19:02 PM  
[REDACTED] 02-23-14 12:20:29 PM CST Received

[REDACTED] and Regional Administrator [REDACTED] notified.  
[REDACTED] County email notification group notified.



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 1 Yr 4 Mos (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:**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 6 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** Unknown Participant [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



**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: 02/23/2014

Assignment Date: 02/24/2014

Street Address:

City/State/Zip:

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 05/10/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: [REDACTED] is deceased. This case is closed pending on CPIT and autopsy.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 05/10/2014

Team Leader: [REDACTED]

Date: 05/10/2014

**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:**

[REDACTED] is deceased.

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

Medical examiner reported that caused of death is inconclusive.

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

CPSI went to the home where Ms. [REDACTED] was living with [REDACTED]. Ms. [REDACTED] reported that the consist of Ms. [REDACTED] boyfriend, Ms. [REDACTED] her, [REDACTED] and Ms. [REDACTED] cousin Ms. [REDACTED] reported that on 2/22/14, her and [REDACTED] got up around 9AM. Ms. [REDACTED] reported that [REDACTED] ate and then went back to sleep. Ms. [REDACTED] reported that she called her friend [REDACTED] MS. [REDACTED] reported that her and [REDACTED] walked over [REDACTED] house. Ms. [REDACTED] reported that [REDACTED] children, her and [REDACTED] went to the park. Ms. [REDACTED] reported that [REDACTED] children



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

Case Name : ██████████

Investigation ID: ██████████

were playing at the park, her, ██████████ and ██████████ sat in the car. Ms. ██████████ reported that she got back home around 8PM. Ms. ██████████ reported that her friend ██████████ came by the home and she and ██████████ left with her. Ms. ██████████ reported that they returned from ██████████ around 12AM. Ms. ██████████ reported that when they came in the home, ██████████ was sleep. Ms. ██████████ reported that she laid a blanket on the couch. Ms. ██████████ reported that there was a blanket that was bald up on the couch. Ms. ██████████ reported that she laid a blanket on top of that blanket. Ms. ██████████ reported that she didn't straighten that blanket out. ██████████ reported that she laid ██████████ on the couch on top of the blanket. Ms. ██████████ reported that after she laid ██████████ down, she went upstairs and talked to ██████████ Ms. ██████████ reported that she was upstairs for about 30 minutes. Ms. ██████████ reported that she laid down about 2AM. Ms. ██████████ reported that she laid on the same couch that ██████████ was on. Ms. ██████████ reported that she was lying on one end of the couch and ██████████ laid on the other end of the couch. Ms. ██████████ reported that ██████████ didn't wake up any through the night. Ms. ██████████ reported that she laid ██████████ face away from couch.

Ms. ██████████ reported that her other son ██████████ lives with his father. Ms. ██████████ reported that he has been there for about 4 or 5 months. Ms. ██████████ reported that she smoked Marijuana on 2/22/14. Ms. ██████████ reported that she was willing to submit to a drug screen. The drug screen was positive for THC.

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

Reporter states:

The child is not in state custody.

██████████ (age 2 months) and ██████████ (age 1 year) reside with their mother, ██████████. The father of the children is ██████████ (last name unknown).

██████████ is currently homeless. She reported that last night she stayed at a friends home located at ██████████

On February 23, 2014 at 9:45 A.M. ██████████ contacted 911 stating ██████████ (age 2 months) was unresponsive. EMS (Emergency Medical Services) responded and CPR (Cardiopulmonary Resuscitation) was performed. ██████████ was transported to ██████████ Medical Center.

██████████ stated she put ██████████ on the couch at midnight, which was the last time she fed him. ██████████ reported that ██████████ was at the end of the couch wrapped up in a blanket. ██████████ stated when she woke up at 9:45 A.M., ██████████ was not breathing.

██████████ has been pronounced deceased at the hospital. The Medical Examiner will be completing an autopsy. It is unknown if the child displayed any signs of trauma or has any injuries. Law Enforcement has been contacted.

██████████ is currently at the hospital with her grandmother. The sibling, ██████████ is reported to be with family.

It is unknown if ██████████ was born full term. It is unknown if ██████████ had any medical issues at birth. It is unknown if ██████████ has a history of prior DCS investigations.

Hospital personnel are requesting immediate assistance from DCS.

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

Through the course of the investigation through interviews and observations, no evidence was found to substantiate the allegation of NGD.



**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]

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



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/22/2014

Contact Method:

Contact Time: 12:06 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/22/2014

Completed date: 05/22/2014

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: 05/22/2014 12:07 PM      Entered By: [REDACTED]

Case reviewed by Office of Child Safety management and approved for closure.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/16/2014	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/16/2014
Completed date:	05/16/2014	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: 05/16/2014 04:46 PM      Entered By: [REDACTED]

Final Autopsy was recieved via mail system.

Per report. "Given the circumstances surrounding this death, the scene investigation, review of the medical records, the toxicology and culture results, and the autopsy and microscopic findings; and because an acciedntal asphyxia event due to sleeping conditions cannot be rules, it is my opinion that the cause and manner of death in this case could not be determined." Document will be scanned into TFACTS



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/14/2014

Contact Method: Correspondence

Contact Time: 09:17 AM

Contact Duration: Less than 05

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): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2014 09:30 AM Entered By: [REDACTED]

LI requested autopsy via Central Office-[REDACTED] via email.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/13/2014

Contact Method: Correspondence

Contact Time: 10:30 AM

Contact Duration: Less than 05

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): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/14/2014 09:29 AM      Entered By: [REDACTED]

LI requested LE-Det. [REDACTED] information and autopsy via email



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/13/2014

Contact Method: Phone Call

Contact Time: 09:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/13/2014

Completed date: 05/14/2014

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: 05/13/2014 10:02 AM Entered By: [REDACTED]

LI DIALED [REDACTED] AND A MALE ANSWERED IDENTIFYING HIMSELF AS [REDACTED] PEOPLES, FATHER OF [REDACTED] MR. [REDACTED] STATES HE HAS D [REDACTED] AND THE MOTHER NEVER CAME AND GOT THE CHILD...SHE JUST THREATENED TO DO SO. MR. [REDACTED] STATES HE AND HIS FAMILY HAVE HAD [REDACTED] SINCE BIRTH AND HE JUST RECENTLY LEGITIMATED HIS SON. MR. [REDACTED] STATES HE RESIDES AT [REDACTED] WITH HIS GIRLFRIEND AND HAS PLENTY OF SUPPORT AND NEEDS NO ASSITANCE. MR. [REDACTED] STATES [REDACTED] VISITS BUT CAN TAKE CARE OF THIS CHILD. MR. [REDACTED] STATED [REDACTED] IS A POSSIBLE CONTACT FOR



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED] [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/10/2014	Contact Method:	
Contact Time:	03:41 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/10/2014
Completed date:	05/10/2014	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: 05/10/2014 03:43 PM      Entered By: [REDACTED]

**Child death/near death:**

DCS Policy defines Child death/near death as 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; any child death that is the result of the caretaker's failure to meet childcare responsibilities. Near death is a serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by any medical personnel or first emergency responder with the report of abuse supported by examination or medical information.

Medical Examiner reported that cause of death is inconclusive.

CPSI has not been able to make contact with the mother or the sibling due to whereabouts is unknown.

CPSI has informed the paternal grandmother if she has concerns of the older sibling being in the care of the mother, she could file a petition seeking custody.

This case is being closed pending on CPIT and the Autopsy results.

Referent letter mailed out.

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

This case is classified as AUPU.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/06/2014	Contact Method:	Correspondence
Contact Time:	07:15 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/10/2014
Completed date:	05/10/2014	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: 05/10/2014 03:16 PM      Entered By: [REDACTED]

CPSI sent an e-mail to detective [REDACTED] asking for an update on the case. Detective [REDACTED] reported that theres nothing else on the case. Detective [REDACTED] reported that hes going to try to follow up with the mother.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2014

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/10/2014

Completed date: 05/10/2014

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: 05/10/2014 03:18 PM      Entered By: [REDACTED]

This case went to CPIT. It is being reset due to the autopsy results are not in.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2014

Contact Method: Attempted Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/10/2014

Completed date: 05/10/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/10/2014 03:14 PM      Entered By: [REDACTED]

On April 9, CPSI attempted to contact the father. There was a female who answered the phone. CPSI was informed that Mr. [REDACTED] was not there. CPSI was informed that she would let [REDACTED] know to call CPSI.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/27/2014

Contact Method: Attempted Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 05/10/2014

Completed date: 05/10/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/10/2014 03:09 PM Entered By: [REDACTED]

CPSI went to the last known address that Ms. [REDACTED] was staying. No one was there.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/27/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/10/2014

Completed date: 05/10/2014

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: 05/10/2014 03:12 PM Entered By: [REDACTED]

On March 27, there was a screened out referral stating:

TFACTS:

Family Case IDs: [REDACTED]

The child is not in state custody.

TFACTS:

Family Case ID: None found

Open Court Custody/FSS/FCIP: None found

Closed Court Custody: None found

Open CPS: yes, # [REDACTED] / Neglect Death/ 2/25/14/ CM: [REDACTED]

Substantiated: None found

Death: None found

Screened Out: 8-27-2013/Intake # [REDACTED]

History (not listed above): None found

County: [REDACTED]

Notification: letter

School/ Daycare: none

Native American Descent: no



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Directions: none

Reporters name/relationship: [REDACTED]

## Reporter states:

[REDACTED] (age 1) has been in his fathers care since birth. The babys mother [REDACTED] (age 20) has custody of [REDACTED]. Currently [REDACTED] is with his mother [REDACTED] and they are homeless. [REDACTED] has been taking [REDACTED] from house to house.

Yesterday, 3/26/14, at 12:00pm, [REDACTED] called the police to state that [REDACTED] father would not allow her to see her son. The father brought [REDACTED] to meet the police at [REDACTED] Market. They waited over two hours for [REDACTED]. Then the police took a police report from the father and drove off. The father stayed in the area until [REDACTED] called and handed her the baby. Currently [REDACTED] and the baby may be in the [REDACTED] area. This is also a concern because [REDACTED] has a history of losing her second son [REDACTED] (2 months). It was reported that [REDACTED] passed away while he and [REDACTED] were lying on the couch. DCS was involved. DCS gave [REDACTED] a drug test and she failed the test. [REDACTED] drug of choice is unknown. DCS placed [REDACTED] in the care of the paternal grandmother [REDACTED] (age 44). [REDACTED] allowed the babys father to assist in taking care of him. [REDACTED] informed the caller that she had temporary custody of [REDACTED] and that she missed a court date to receive custody. It suspected that [REDACTED] missed the court date due to her health problems. Yesterday, [REDACTED] advised the babys father that he did not want kidnapping charges and that her temporary custody papers were expired.

Today the caller is requesting DCS to assist the father to obtain custody of [REDACTED]. Sometimes [REDACTED] goes to the home of the babys maternal grandmother [REDACTED] (age 38).



**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:	03/27/2014	Contact Method:	Phone Call
Contact Time:	09:27 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/10/2014
Completed date:	05/10/2014	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: 05/10/2014 03:05 PM      Entered By: [REDACTED]

Ms. [REDACTED] called CPSI. Ms. [REDACTED] reported that she has some concerns with [REDACTED] being with Ms. [REDACTED]. CPSI asked when he went back with Ms. [REDACTED]. Ms. [REDACTED] reported that Ms. [REDACTED] called her son and told him that she wanted [REDACTED] back home. Ms. [REDACTED] reported that the police got involved because Ms. [REDACTED] reported that they would not allow [REDACTED] return home. Ms. [REDACTED] reported that Ms. [REDACTED] is unstable and that she does not have her own place. CPSI asked for Ms. [REDACTED] number. Ms. [REDACTED] reported that she doesn't have a phone. CPSI asked what number she called from. Ms. [REDACTED] reported that she called from her mother's number. CPSI asked if she thought that she was at her aunt's house. Ms. [REDACTED] reported that her family doesn't deal with Ms. [REDACTED] anymore. Ms. [REDACTED] reported that the person that she was living with when [REDACTED] died; kicked her out. Ms. [REDACTED] reported that Ms. [REDACTED] stole from her. Ms. [REDACTED] reported that the police was looking for her because of that. Ms. [REDACTED] stated that she doesn't feel safe with [REDACTED] being with Ms. [REDACTED]. CPSI asked if she filed for custody. Ms. [REDACTED] reported that she keep going to juvenile court to file for custody, they want let her file. Ms. [REDACTED] reported that she was informed that she needed to talk with DCS. CPSI informed Ms. [REDACTED] that she needed an address or phone so that she could make contact with Ms. [REDACTED] and [REDACTED] so that she can ensure that he's safe. CPSI asked where did she take [REDACTED] too when she dropped him off with his mother. Ms. [REDACTED] reported that [REDACTED] met her at a store.

CPSI contacted Ms. [REDACTED] mother, [REDACTED]. CPSI was informed that she didn't know where Ms. [REDACTED] was. Ms. [REDACTED] reported that she would tell Ms. [REDACTED] to call CPSI.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2014

Completed date: 04/21/2014

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: 04/21/2014 04:02 PM      Entered By: [REDACTED]

Case Conference

Permanency: non-custodial case with NGD allegations

Safety-Child/Community: surviving sibling is now with his mother but whereabouts unknown. Preliminary autopsy had no findings

Service Planning: Continue to reach the mother

Well-Being: well-child



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2014

Completed date: 03/14/2014

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: 03/14/2014 05:37 PM Entered By: [REDACTED]

Case Conference

Child Fatality Case-autopsy inconclusive

Surviving sibling resides with pat grandmother and has since birth. [REDACTED] Co conducted homestudy



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: System Completed

Contact Date: 02/28/2014

Contact Method:

Contact Time: 09:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2014

Completed date: 03/31/2014

Completed By: System Completed

Purpose(s):

Contact Type(s): Notation

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 Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/26/2014 Contact Method: Face To Face  
 Contact Time: 06:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/27/2014  
 Completed date: 03/27/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Well Being  
 Contact Type(s): ACV Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/27/2014 09:12 AM Entered By: [REDACTED]

CPSA [REDACTED] performed a courtesy home visit for [REDACTED] County DCS. Ms. [REDACTED] lives with [REDACTED] in a five bedroom two bath modular home. [REDACTED] has his own room with his own bed. Ms. [REDACTED] allowed CPSA [REDACTED] to walk through the house while she played with him in the den. MS. [REDACTED] was in the process of locking up all the cleaning supplies. The home is equipped with smoke detectors and they all work. Ms. [REDACTED] has a fire extinguisher. She is willing to provide a caring and safe home for [REDACTED]. MS. [REDACTED] reported to CPSA [REDACTED] she had filed custody papers in [REDACTED] County to obtain custody of [REDACTED] and will follow what guidelines DCS and the court put forth to protect the child. Ms. [REDACTED] currently is not working but looking for work. [REDACTED] room holds a chest of drawers, a full size bed and cloths and toys for [REDACTED]. MS. [REDACTED] and her partner both are providing a loving and safe environment.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED] [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/25/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	03/25/2014
Completed date:	03/25/2014	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: 03/25/2014 04:58 PM      Entered By: [REDACTED]  
 Medical Examiner reported that cause of death is inconclusive.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/24/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2014

Completed date: 03/25/2014

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: 03/25/2014 05:02 PM Entered By: [REDACTED]

CPSI requested for [REDACTED] County do to a home visit to ensure the safety of [REDACTED] while he's in the care of his paternal family.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2014

Contact Method: Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/24/2014

Completed date: 03/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/24/2014 04:43 PM Entered By: [REDACTED]

[REDACTED] grandmother [REDACTED] [REDACTED] uncle [REDACTED] ) and aunt [REDACTED] [REDACTED] brought him to the office. [REDACTED] is too young to be interviewed. CPSI observed [REDACTED] . [REDACTED] appeared to be healthy and doing well.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED] [REDACTED]  
 Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/23/2014	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/24/2014
Completed date:	03/24/2014	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: 03/24/2014 08:31 PM      Entered By: [REDACTED]

Ms. [REDACTED] (paternal grandmother), [REDACTED] (paternal aunt) and [REDACTED] (paternal uncle). Ms. [REDACTED] reported that [REDACTED] is always with them. Ms. [REDACTED] reported that [REDACTED] lives in [REDACTED] with her. Ms. [REDACTED] reported that they have everything that they need for [REDACTED]. Ms. [REDACTED] reported that [REDACTED] never stayed with them. Ms. [REDACTED] reported that they have had [REDACTED] since birth. Ms. [REDACTED] reported that they don't have a relationship with [REDACTED]. Ms. [REDACTED] reported that they [REDACTED] allow [REDACTED] to live with them. Ms. [REDACTED] reported that [REDACTED] is unstable.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2014

Contact Method: Phone Call

Contact Time: 03:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/25/2014 08:52 AM Entered By: [REDACTED]

CPSI contacted Mr. [REDACTED]. Mr. [REDACTED] reported that he doesn't have a relationship with [REDACTED]. Mr. [REDACTED] reported that he didn't think that he was the father of [REDACTED]. Mr. [REDACTED] reported that [REDACTED] is with him and his family. Mr. [REDACTED] reported that they have had [REDACTED] since birth. Mr. [REDACTED] reported that Ms. [REDACTED] will visit with [REDACTED] "out of the blue". Mr. [REDACTED] reported that [REDACTED] has been staying with them because Ms. [REDACTED] is not stable. CPSI asked Mr. [REDACTED] if he had been legitimated. Mr. [REDACTED] reported that he had not. CPSI asked Mr. [REDACTED] if he signed the birth certificate. Mr. [REDACTED] reported that he did not. Mr. [REDACTED] reported that he was going to court to get custody, but he hasn't done it yet. CPSI informed Mr. [REDACTED] that she needed to see [REDACTED]. Mr. [REDACTED] reported that his mother will bring [REDACTED] to the office. CPSI said okay.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/25/2014

Completed date: 03/25/2014

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: 03/25/2014 04:46 PM Entered By: [REDACTED]

CPSI interviewed [REDACTED] [REDACTED] reported that she was informed by the dispatch to perform CPR. Ms. [REDACTED] reported that she turned [REDACTED] over and moved the pillow. Ms. [REDACTED] reported that she told the dispatch that she was afraid to perform CPR. Ms. [REDACTED] reported that she was told to do chest press. Ms. [REDACTED] reported that she did that for 40 seconds. Ms. [REDACTED] reported that she believed that [REDACTED] was already dead before she tried to do chest press because he was cold.

CPSI interviewed [REDACTED] Ms. [REDACTED] reported that Ms. [REDACTED] and [REDACTED] came back home around 11 or so. Ms. [REDACTED] reported that when Ms. [REDACTED] returned home, she was in the bed because she was sick. Ms. [REDACTED] reported that she didn't see [REDACTED] Ms. [REDACTED] reported that Ms. [REDACTED] told her that [REDACTED] was on the couch downstairs sleep. Ms. [REDACTED] reported that Ms. [REDACTED] stay in her room for about 20 minutes. Ms. [REDACTED] reported that the next morning Ms. [REDACTED] knocked on her bedroom door and stated that she believed that [REDACTED] was dead. Ms. [REDACTED] reported that she gave Ms. [REDACTED] her cell phone and told her to dial 911. Ms. [REDACTED] reported that she went outside because she is pregnant and she couldn't stand to see [REDACTED] lying on the couch.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/23/2014 Contact Method: Face To Face  
 Contact Time: 01:20 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/24/2014  
 Completed date: 03/24/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Alleged Perpetrator Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2014 09:19 PM Entered By: [REDACTED]

CPSI went to the home where Ms. [REDACTED] was living with [REDACTED]. Ms. [REDACTED] reported that the apartment belongs to [REDACTED]. Ms. [REDACTED] reported that the consist of Ms. [REDACTED] boyfriend, Ms. [REDACTED] her, [REDACTED] and Ms. [REDACTED] cousin. Ms. [REDACTED] reported that on 2/22/14, her and [REDACTED] got up around 9AM. Ms. [REDACTED] reported that [REDACTED] ate and then went back to sleep. Ms. [REDACTED] reported that she called her friend [REDACTED]. MS. [REDACTED] reported that her and [REDACTED] walked over [REDACTED] house. Ms. [REDACTED] reported that [REDACTED] children, her and [REDACTED] went to the park. Ms. [REDACTED] reported that [REDACTED] children were playing at the park, her, [REDACTED] and [REDACTED] sat in the car. Ms. [REDACTED] reported that she got back home around 8PM. Ms. [REDACTED] reported that her friend [REDACTED] came by the home and she and [REDACTED] left with her. Ms. [REDACTED] reported that they returned from [REDACTED] around 12AM. Ms. [REDACTED] reported that when they came in the home, [REDACTED] was sleep. Ms. [REDACTED] reported that she laid a blanket on the couch. Ms. [REDACTED] reported that there was a blanket that was bald up on the couch. Ms. [REDACTED] reported that she laid a blanket on top of that blanket. Ms. [REDACTED] reported that she didn't straighten that blanket out. [REDACTED] reported that she laid [REDACTED] on the couch on top of the blanket. Ms. [REDACTED] reported that after she laid [REDACTED] down, she went upstairs and talked to [REDACTED]. Ms. [REDACTED] reported that she was upstairs for about 30 minutes. Ms. [REDACTED] reported that she laid down about 2AM. Ms. [REDACTED] reported that she laid on the same couch that [REDACTED] was on. Ms. [REDACTED] reported that she was lying on one end of the couch and [REDACTED] laid on the other end of the couch. Ms. [REDACTED] reported that [REDACTED] didn't wake up any through the night. Ms. [REDACTED] reported that she laid [REDACTED] face away from couch.

Ms. [REDACTED] reported that her other son [REDACTED] lives with his father. Ms. [REDACTED] reported that he has been there for about 4 or 5 months. Ms. [REDACTED] reported that she smoked Marijuana on 2/22/14. Ms. [REDACTED] reported that she was willing to submit to a drug screen. The drug screen was positive for THC.

CPSI explained Hipaa, Client's rights handbook, notification of Equal Access and Native America form to Ms. [REDACTED]. Ms. [REDACTED] signed all forms.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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Narrative Type: Addendum 1    Entry Date/Time: 03/25/2014 01:55 PM    Entered By: [REDACTED]

Ms. [REDACTED] reported that when she woke up that morning, she picked [REDACTED] up, that's when she noticed that he was dead. Ms. [REDACTED] reported that she went up stairs and told her cousin, [REDACTED] that she thought that her baby was dead. Ms. [REDACTED] reported that her cousin told her to call 911. Ms. [REDACTED] reported that the dispatcher told her to perform CPR. Ms. [REDACTED] reported that she couldn't that's when she gave the phone to [REDACTED] friend. [REDACTED] performed CPR on [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2014

Contact Method: Attempted Face To Face

Contact Time: 12:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/24/2014

Completed date: 03/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original

Entry Date/Time: 03/24/2014 04:34 PM

Entered By: [REDACTED]

deceased



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED] [REDACTED]  
 Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/23/2014 Contact Method:  
 Contact Time: 11:24 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 03/24/2014  
 Completed date: 03/24/2014 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: 03/24/2014 03:48 PM Entered By: [REDACTED]

Investigator [REDACTED] was assigned to the following referral by LI [REDACTED]

Alleged victim:  
 [REDACTED]

Alleged perpetrator:  
 [REDACTED]

The child is not in state custody.

TFACTS:

Family Case ID: None found

Open Court Custody/FSS/FCIP: None found

Closed Court Custody: None found

Open CPS: None found

Substantiated: None found

Death: None found

Screened Out: 8-27-2013/Intake # [REDACTED]

History (not listed above): None found

County: [REDACTED]

Notification: None

School/ Daycare: Unknown



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Native American Descent: No  
 Directions: None given

## Reporter states:

The child is not in state custody.

[REDACTED] [REDACTED] (age 2 months) and [REDACTED] [REDACTED] (age 1 year) reside with their mother, [REDACTED] [REDACTED]. The father of the children is [REDACTED] (last name unknown).

[REDACTED] is currently homeless. She reported that last night she stayed at a friends home located at [REDACTED] [REDACTED].

On February 23, 2014 at 9:45 A.M. [REDACTED] contacted 911 stating [REDACTED] (age 2 months) was unresponsive. EMS (Emergency Medical Services) responded and CPR (Cardiopulmonary Resuscitation) was performed. [REDACTED] was transported to [REDACTED] Medical Center.

[REDACTED] stated she put [REDACTED] on the couch at midnight, which was the last time she fed him. [REDACTED] reported that [REDACTED] was at the end of the couch wrapped up in a blanket. [REDACTED] stated when she woke up at 9:45 A.M., [REDACTED] was not breathing.

[REDACTED] has been pronounced deceased at the hospital. The Medical Examiner will be completing an autopsy. It is unknown if the child displayed any signs of trauma or has any injuries. Law Enforcement has been contacted.

[REDACTED] is currently at the hospital with her grandmother. The sibling, [REDACTED] is reported to be with family.

It is unknown if [REDACTED] was born full term. It is unknown if [REDACTED] had any medical issues at birth. It is unknown if [REDACTED] has a history of prior DCS investigations.

Hospital personnel are requesting immediate assistance from DCS.