



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

Case # 2014.059

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	04/13/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	04/12/2014		
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:		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					

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

According to the mother the infant, ██████████, was sick throughout the day on April 12, 2014 with fever. On April 12, 2014 ██████████ had a fever of 103 degrees and was not able to drink/eat anything. ██████████ was fussier than normal throughout the day and slept more than normal. The mother, ██████████ also noted that ██████████ color was not normal on this date. The family contacted the pediatrician and were instructed to give ██████████ infant tylenol, a cold bath, and for the baby to only have on a diaper, no clothing. ██████████ was asleep until a little after 9:00PM. Once she woke up ██████████ noticed that ██████████ was having trouble breathing and taking deep breaths. She was patting ██████████ on the back and she spit up some. ██████████ stopped breathing while in ██████████ arms. ██████████ contacted 911 and her ██████████ took ██████████ an laid her in the hall way floor and began CPR as instructed by 911. ██████████ did take one last breath and spit more mucus up and stuff also came out of her nose. According to the hospital, ██████████ was transported to ██████████ and pronounced dead at approximately 10:15PM.

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

Name of Physician:	N/A	Telephone #	( ) -
Street Address:		City/State/Zip:	

**Describe (in detail) interview with family:**

██████████ and ██████████ interviewed the mother, ██████████ regarding the death of her daughter, ██████████ on April 13, 2014. According to ██████████, on Saturday April 12, 2014 ██████████ was running a fever of 103 degrees at about 3:00PM. She contacted ██████████ at ██████████ and was advised to give her infant tylenol and a cold bath to lower her temperature. This helped with the fever and it went back to normal. During the day ██████████ was fussier than normal and was sleeping more than normal. ██████████ also had multiple bowel movements throughout the day. ██████████ also felt that ██████████ color was not normal. ██████████ only drank one 3 ounce bottle at about 8:00AM when she woke up ██████████ drinks formula but originally was breast fed up until this week. ██████████ was not able to really suck on the bottle the rest of the day and would not take formula, water, or latch onto the breast. ██████████ took approximately three naps that day and was given 1.25 milliliters of Infant's Tylenol three times on this day. ██████████ woke up from her last nap at at about 9:00PM and she was not breathing normal; she was having labored breathing. ██████████ took a couple of breathes and then stopped breathing. ██████████ contacted 911 and started CPR she completed 5 or 6 sets of 35 compressions with two fingers and two breathes for every 35 compressions. The CPR was completed by ██████████ while ██████████ was on the phone with 911 getting instructions. ██████████ had been sleeping in the car seat and that is where she always sleeps. ██████████ was wearing only a diaper because she had been running a fever. When ██████████ was having trouble breathing and during CPR she spit up and also had green mucus come out of her nose. ██████████ reports that ██████████ was not sick before Saturday morning. ██████████ was delivered at 41 weeks gestation weighing 6.2 pounds and was 19 inches long. ██████████ did not have an appointment with her pediatrician until May 1, 2014 at the ██████████. The hospital gave ██████████ at ██████████ as the pediatrician but ██████████ wanted to use ██████████ so she made the appointment there.

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

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

Distribution: Child's Case File

CS-0635, Rev. 08/13

RDA 2993

Page 1

Intake #:	██████████	Investigation #:	██████████	Date of Report:	Case # 2014-059
-----------	------------	------------------	------------	-----------------	-----------------

N/A

**Describe disposition of body (Death):** The body was observed at ██████████ with medical equipment attached but no outward signs of trauma. There was concern noted by medical staff regarding the fissure sites in ██████████. ██████████ soft spot was much larger than the average baby and the skull was not fused together at the fissure sites.

**Name of Medical Examiner/Coroner:** ██████████ **Was autopsy requested?**  No  Yes

**Did CPS open an investigation on this Death/Near Death?**  No  Yes

**Was there DCS involvement at the time of Death/Near Death?**  No  Yes

**Type:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

**Describe law enforcement or court involvement, if applicable:**  
 ██████████ with ██████████ is assigned to this investigation.

**Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):**  
 The mother doesn't have any other children.

<b>Name:</b>	<b>Age:</b>

**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
03/13/2000	██████████	Minor Physical Abuse	██████████	██████████	Allegation Substantiated/Perpetrator Substantiated
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

<b>Contact Person:</b> ██████████	<b>Telephone Number:</b> ██████████
<b>Case Manager:</b> ██████████	<b>Telephone Number:</b> ██████████
<b>Team Leader:</b> ██████████	<b>Telephone Number:</b> ██████████
<b>Team Coordinator:</b> ██████████	<b>Telephone Number:</b> ██████████

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

**Email to:** ██████████

**within forty-eight (48) hours of notification**

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



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 04/13/2014 12:52 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 04/13/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 04/14/2014 09:31 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 04/14/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 04/14/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	None

**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: \*\*\*\*\*Child is not in state custody\*\*\*\*\*

TFACTS: Yes; Mother as a victim

Family Case ID's: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated [REDACTED] / Minor Physical Abuse / [REDACTED] 3-13-00 to 5-1-00



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

Fatality No

Screened out 0

History (not listed above): No

DUPLICATE REFERRAL: No

County: [REDACTED]  
Notification: None  
School/ Daycare: Unknown  
Native American Descent: Unknown  
Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] <1 resided with her mother [REDACTED], and maternal grandmother [REDACTED].

[REDACTED] presented to [REDACTED] at 9:52pm on 4/12/14 via EMS while CPR was in progress. There was sudden unexplained death of [REDACTED] and notification has been sent out and an investigator is in route. The patrol officer who was spoken with was unable to provide the name of the investigator en-route. The case number for the police referral is [REDACTED]

[REDACTED] does not have any other children. It is unknown if [REDACTED] has any documented physical or medical complications from birth [REDACTED] reported that she was GBS (Strep-B) positive but that [REDACTED] had been born and [REDACTED] did not receive any treatment. [REDACTED] reported that [REDACTED] was in her car seat and when she went to pick [REDACTED] up, [REDACTED] was breathing but then [REDACTED] stopped breathing. [REDACTED] reported that she then called 911 when [REDACTED] stopped breathing. [REDACTED] reported that CPR was initiated prior to EMS arrival by [REDACTED]. It is unknown if there is a history of child abuse or neglect within the family. It is unknown if [REDACTED] has a violent criminal history or history of violence. [REDACTED] reported that there is domestic violence history between [REDACTED] father [REDACTED] and [REDACTED] reported that [REDACTED] and his family have not been involved with [REDACTED] at all due to the domestic violence. It is unknown if [REDACTED] has any disabilities, delays or mental health diagnosis. [REDACTED] is currently in the [REDACTED] at [REDACTED] but is on [REDACTED] secondary to pregnancy.

Per SDM: Investigation Track/P1 [REDACTED] @ 2:01am on 4-13-14

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	04-13-14 02:10:25 AM	[REDACTED]	04-13-14 02:11:01 AM	[REDACTED]
Received	04-13-14 02:10:26 AM	---	[REDACTED]	
Email Sent				
[REDACTED]	04-13-14 02:09:54 AM	[REDACTED]	04-13-14 02:10:25 AM	[REDACTED]
Received	04-13-14 02:09:55 AM	---	[REDACTED]	
Email Sent				

[REDACTED] was notified via email @ 2:37am on 4-13-14

Also notified the Acting Interim Regional Administrator for [REDACTED] County; [REDACTED]



**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:** Black/African      **Age:** 1 Yr

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**Contact Comments:**

**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:

Participant ID: [REDACTED]

SSN:

Race:

Age: 19 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**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:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**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: 04/13/2014

Assignment Date: 04/14/2014

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	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
								11/18/2014
2	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED]
								11/18/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: This case is assessed and closed as allegation substantiated/ perpetrator substantiated.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 11/18/2014

Team Leader: [REDACTED]

Date: 11/20/2014

**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:**

4/13/14- [REDACTED] observed the body of [REDACTED] at [REDACTED] on April 13, 2014. There was no outward signs of trauma noted by hospital staff or CPSI. [REDACTED] observed [REDACTED] with multiple medical devices/ lines/ wires attached to her body. The one thing brought up by medical staff that appeared abnormal was the fissure sites in [REDACTED] skull. The sites were still open and had not fused together at all therefore [REDACTED] soft spot was much larger than the average newborn. [REDACTED] felt this abnormality in [REDACTED] skull and it was noted as not normal by medical staff. Medical staff did not indicate that this abnormality was trauma related in anyway. Medical staff stated it would have been addressed at the initial pediatrician appointment and may not have been noticed while in the hospital at delivery.

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



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

Case Name : ██████████

Investigation ID: ██████████

An autopsy was performed by doctor ██████████ the autopsy determined the cause of death was acute bacterial meningitis (group B streptococcus).

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

██████████ and ██████████ interviewed the mother, ██████████ regarding the death of her daughter, ██████████ on April 13, 2014. According to Ms. ██████████ on Saturday April 12, 2014 ██████████ was running a fever of 103 degrees at about 3:00PM. She contacted ██████████ at ██████████ and was advised to give her infant tylenol and a cold bath to lower her temperature. This helped with the fever and it went back to normal. During the day ██████████ was fussier than normal and was sleeping more than normal. ██████████ also had multiple bowel movements throughout the day. ██████████ also felt that ██████████ color was not normal. ██████████ only drank one 3 ounce bottle at about 8:00AM when she woke up. ██████████ drinks formula but originally was breast fed up until this week. ██████████ was not able to really suck on the bottle the rest of the day and would not take formula, water, or latch onto the breast. ██████████ took approximately three naps that day and was given 1.25 milliliters of Infant's Tylenol three times on this day. ██████████ woke up from her last nap at about 9:00PM and she was not breathing normal, she was having labored breathing. ██████████ took a couple of breathes and then stopped breathing. ██████████ contacted 911 and started CPR she completed 5 or 6 sets of 35 compressions with two fingers and two breathes for every 35 compressions. The CPR was completed by ██████████ while ██████████ was on the phone with 911 getting instructions. ██████████ had been sleeping in the car seat and that is where she always sleeps. ██████████ was wearing only a diaper because she had been running a fever. When ██████████ was having trouble breathing and during CPR she spit up and also had green mucus come out of her nose. ██████████ reports that ██████████ was not sick before Saturday morning. ██████████ was delivered at 41 weeks gestation weighing 6.2 pounds and was 19 inches long. ██████████ did not have an appointment with her pediatrician until May 1, 2014 at the ██████████. The hospital gave ██████████ at ██████████ as the pediatrician but ██████████ wanted to use ██████████ so she made the appointment there. ██████████ inquired about any drug use by ██████████ and she denied any substance use and stated she does not take medication. ██████████ stated that ██████████ would try to sit up on her own but the family would support her head and back. ██████████ sleeps in the living room on the couch and ██████████ sleeps in the living room with her in the car seat. ██████████ sleeps in the living room so she can care for her mother, ██████████, who is currently on ██████████ and does not have much longer to live. ██████████ went to ██████████ for all her pre natal care.

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

██████████ contacted ██████████ by phone on September 24, 2014 to get the family's address so that the release of information for ██████████ could be completed by the family. ██████████ asked for the family's address and was told that their address is ██████████. ██████████ stated that it would probably be easier to fax the release and the ██████████ can fax it back to ██████████. While ██████████ was speaking with ██████████ asked about the labor and delivery process for the birth of ██████████ since ██████████ was her sisters caretaker at the time. ██████████ stated that ██████████ found out she was Strep B positive at the end of her pregnancy around the 38 week appointment. The plan discussed with the family for treatment of the Strep B was that when ██████████ went into labor they would start an IV and give her four rounds of antibiotics so that it could also treat ██████████ while she was still in the womb. When ██████████ went into labor it was very quick and they were unable to start the IV prior to ██████████ delivery. Once she was delivered she was closely monitored at first because the cord was around her neck a couple of times. There was no other mention of the Strep B after delivery. ██████████ received her normal vaccinations while at the hospital and they were released two days after delivery. ██████████ was told to follow up with the pediatrician in two weeks for the first appointment. The pediatricians office that ██████████ wished to use was unable to get them in until May 1, 2014 and they stated the delay was not a problem. The doctor that delivered ██████████ on this date was ██████████ normal obstetrician and she was the one who cared for ██████████ throughout her pregnancy. ██████████ received all her prenatal care at ██████████.

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



**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]

An autopsy was performed by docto [REDACTED] the autopsy determined the cause of death was acute bacterial meningitis (group B streptococcus).

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: 01/29/2015

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/29/2015

Completed date: 01/29/2015

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: 01/29/2015 02:48 PM      Entered By: [REDACTED]

This CPSI presented this case at CPIT and the team agreed with classification of allegation substantiated/ perpetrator substantiated. This case will not be prosecuted and services will not be recommended. See CPIT form attached to file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/18/2014 Contact Method:  
 Contact Time: 11:08 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 11/18/2014  
 Completed date: 11/18/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/18/2014 11:12 AM Entered By: [REDACTED]

The Department of Children's Services received a referral on April 13, 2014 with allegations of Neglect Death against [REDACTED] by an unknown perpetrator. There is no history in TFACTs for the victim and there was one prior history with the mother, [REDACTED], as the alleged child victim.

On April 12, 2014 the victim, [REDACTED], was sick throughout the day with a high fever. The mother, [REDACTED] reports contacting the doctor's office and spoke to the on-call nurse who advise her to give the child infant Tylenol or Ibuprofen and give the child a cold bath. The infant was eating throughout the day but was weak and obviously sick. The child took a nap at around 7:00PM the evening and the mother noted the child was not breathing normal at around 9:00PM. The mother and her sister immediately contacted 911 and CPR was performed on the child until emergency responders arrived on the scene. The child was transported to [REDACTED] and pronounced dead at around 10:00PM on April 12, 2014.

The investigation into this incident was conducted by [REDACTED] with [REDACTED] Child Protective Services Investigator [REDACTED] Lead Investigator [REDACTED] and Investigations Coordinator [REDACTED] with the [REDACTED]. The alleged perpetrator remains unknown in this investigation. Interviews were conducted with medical staff, family, and social work during this investigation.

During this investigation the mother, [REDACTED], was interviewed at the scene. [REDACTED] gave a timeline of all events that took place the day that [REDACTED] passed away including feeding and nap times [REDACTED] also discussed the pediatrician for [REDACTED] and her phone calls to the on call nurse on April 12, 2014 because of [REDACTED] temperature and other symptoms. [REDACTED] provided all the information requested regarding birth and prenatal care. The maternal aunt, [REDACTED] was also interviewed during the investigation and she provided background information on her own family as well as the maternal grandmother [REDACTED], who was in the home on [REDACTED] at the time. [REDACTED] provided information like the child's father's name during her interview. [REDACTED] provided the infants bottles and formula to the medical examiner's office so they could be tested if needed. [REDACTED] also showed law enforcement the medication that was given to [REDACTED] on that day. [REDACTED] was not home during the day and had limited contact with [REDACTED] the day she passed away but all contact was documented [REDACTED] stated that 911 were called and CPR was performed on the child immediately when she stopped breathing.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the 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. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

DCS Policy Work Aid 1 (B) defines the following criteria for Medical Maltreatment:

A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment applies to procedures or treatment that a physician or other medical professional deems necessary. Medical neglect does not include elective health care or treatment.

The case was presented to the [REDACTED] Child Protective Investigation Team on July 31, 2104 . Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

The mother, [REDACTED], seemed to have cared for her daughter [REDACTED] the best she knew how during this time. The mother, [REDACTED], was terribly saddened by the passing of her daughter as was the rest of the family. The mother was not aware that the child was deathly ill at the time. The autopsy revealed that the child had Acute Bacterial Meningitis Streptococcus (Group B) and the mother was not aware of this.

There is a preponderance of evidence to substantiate the allegation of Child Neglect Death and Medical Maltreatment.

The case will be closed and classified as Allegation Substantiated Perpetrator Substantiated for the allegation of Child Neglect Death and Medical Maltreatment.

Narrative Type: Addendum 1    Entry Date/Time: 11/25/2014 10:40 AM    Entered By: [REDACTED]

Initially when the case was presented at CPIT, CPSI [REDACTED] did not have the additional information so the case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. CPSI [REDACTED] attempted to obtain proof that the mother contacted the doctor's office regarding the baby's fever, but the mother was unable to provide proof and the doctor's office did not have record of the mother contacting them. Based on this information and in consultation with Lead Investigator [REDACTED] Investigations Coordinator [REDACTED] and Regional Investigations Director [REDACTED], the allegation was changed to Allegation Substantiated Perpetrator Substantiated for Neglect Death and Medical Maltreatment. The case will be presented at CPIT again regarding the classification change.



**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: 11/18/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 11/18/2014

Completed date: 11/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2014 11:26 AM      Entered By: [REDACTED]

CPSI [REDACTED] prepared the Letter A and Letter A attachment and are being mailed certified, the certified receipt number is [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/10/2014

Contact Method: Attempted Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 11/18/2014

Completed date: 11/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2014 11:06 AM      Entered By: [REDACTED]

CPSI [REDACTED] attempted to contact [REDACTED] by phone at [REDACTED] on October 30, 2014 to request phone records, the phone was still not accepting incoming calls. CPSI [REDACTED] also attempted the [REDACTED] phone on this date and a voicemail was left.



**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: 10/30/2014

Contact Method: Attempted Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 11/18/2014

Completed date: 11/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2014 11:04 AM Entered By: [REDACTED]

CPSI [REDACTED] attempted to contact [REDACTED] by phone at [REDACTED] on October 30, 2014 to request phone records. [REDACTED] phone is not currently accepting incoming calls at this time. CPSI [REDACTED] followed up with a text message to the same phone number asking Ms. [REDACTED] to please contact her.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/30/2014

Contact Method: Phone Call

Contact Time: 01:10 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 11/18/2014

Completed date: 11/18/2014

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: 11/18/2014 10:56 AM Entered By: [REDACTED]

CPSI [REDACTED] consulted [REDACTED] regarding the [REDACTED] case by phone on October 30, 2014. According to [REDACTED], most hospitals policy is to give the antibiotics via IV while the mother is still pregnant right before delivery. If this is not possible due to rapid labor or something then the infant is treated with antibiotics and it would be Penicillin of some type. This would be reflected in the medical records if the infant was indeed treated after delivery. [REDACTED] stated that there is no way to tell if the fever is what actually caused the death and if [REDACTED] did not know her daughter was fatally ill then she would not know to rush the infant to the emergency room. [REDACTED] stated that Group B Strep does gradually transition and cause Meningitis and it is potentially fatal as in this case. [REDACTED] stated that it was the totality of the illness that caused the infant to die not the fever alone.



**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: 10/28/2014

Contact Method: Phone Call

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 11/18/2014

Completed date: 11/18/2014

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: 11/18/2014 11:01 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Detective [REDACTED] with [REDACTED] on October 28, 2014 regarding the [REDACTED] case. CPSI [REDACTED] asked [REDACTED] if he collected any phone records during the course of his investigation, [REDACTED] stated that due to the child dying of natural causes he did not feel that phone records were needed. CPSI [REDACTED] asked [REDACTED] if he confirmed that the mother did call the nursing line for the pediatricians office, [REDACTED] did not follow up regarding this since the child's illness was from birth. [REDACTED] does not have the number in his notes from the night [REDACTED] was interviewed. [REDACTED] does recall [REDACTED] showing CPSI and [REDACTED] the phone number on the phone that she called to get medical advice.



**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: 10/21/2014

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 10/21/2014

Completed date: 10/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/21/2014 12:56 PM Entered By: [REDACTED]

CPSI [REDACTED] received birth records for [REDACTED] on October 21, 2014 from [REDACTED]. The medical records are now included in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/20/2014

Contact Method:

Contact Time: 01:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 10/20/2014

Completed date: 10/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/20/2014 01:34 PM      Entered By: [REDACTED]

CPSI [REDACTED] received the birth records from [REDACTED] for [REDACTED] on October 20, 2014 and they are now included in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2014	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/23/2014
Completed date:	10/23/2014	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: 10/23/2014 11:58 AM Entered By: [REDACTED]

This neglect death case was reviewed at the State Child Death Review at the [REDACTED] on 10-16-14; Investigations Coordinator [REDACTED] and Legal [REDACTED] were present as DCS representatives. The team discussed the case as it related to the child death to determine if the death was preventable. The cause of death was acute bacterial meningitis (Group B streptococci). The mother had Strep B at time of delivery, so DCS wanted to know if special discharge instructions are given to women at birth. Medical personnel representatives from [REDACTED] and [REDACTED] stated generally that at time of discharge they don't give special instructions regarding strep B. They inform the parent to schedule their follow up appointment as normal. The team had concerns regarding the fact that the mother reported that the baby had a 103 degree temperature and didn't seek medical help. The mother reported that she contacted the pediatrician's office, but CPSI [REDACTED] verified that the pediatrician's office did not receive a call or message from the mother. This case was worked in conjunction with [REDACTED] and a representative from [REDACTED] was present. The case was reset pending DCS classification.



**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: 10/08/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 10/08/2014

Completed date: 10/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2014 02:45 PM Entered By: [REDACTED]

CPSI [REDACTED] received a fax from the records department for [REDACTED] stating that the release faxed on October 6, 2014 was invalid and a new copy of the release required by [REDACTED] was included in the fax. CPSI [REDACTED] corrected the original release with a date of service in which records are being requested for and an expiration date for the release and faxed it back to the records division again on October 8, 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: 10/06/2014

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 10/06/2014

Completed date: 10/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/06/2014 02:51 PM      Entered By: [REDACTED]

CPSI [REDACTED] faxed the release of information to [REDACTED] on October 6, 2014 and requested the delivery/birth records for [REDACTED] as soon as possible.



**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: 10/01/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 10/06/2014

Completed date: 10/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/06/2014 02:49 PM      Entered By: [REDACTED]

CPSI [REDACTED] faxed the [REDACTED] release of informations to [REDACTED] on October 1, 2014 and asked her to return them as soon as possible.



**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: 09/24/2014 Contact Method: Phone Call  
 Contact Time: 02:05 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 10/06/2014  
 Completed date: 10/06/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/06/2014 02:48 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] by phone on September 24, 2014 to get the family's address so that the release of information for [REDACTED] could be completed by the family. CPSI [REDACTED] asked for the family's address and was told that their address is [REDACTED]. Ms. [REDACTED] stated that it would probably be easier to fax the release and the [REDACTED] can fax it back to CPSI [REDACTED]. While CPSI [REDACTED] was speaking with [REDACTED] asked about the labor and delivery process for the birth of [REDACTED] since [REDACTED] was her [REDACTED] caretaker at the time. [REDACTED] stated that [REDACTED] found out she was Strep B positive at the end of her pregnancy around the 38 week appointment. The plan discussed with the family for treatment of the Strep B was that when [REDACTED] went into labor they would start an IV and give her four rounds of antibiotics so that it could also treat [REDACTED] while she was still in the womb. When [REDACTED] went into labor it was very quick and they were unable to start the IV prior to [REDACTED] delivery. Once she was delivered she was closely monitored at first because the cord was around her neck a couple of times. There was no other mention of the Strep B after delivery. [REDACTED] received her normal vaccinations while at the hospital and they were released two days after delivery. [REDACTED] was told to follow up with the pediatrician in two weeks for the first appointment. The pediatrician's office that [REDACTED] wished to use was unable to get them in until May 1, 2014 and they stated the delay was not a problem. The doctor that delivered [REDACTED] on this date was [REDACTED] normal obstetrician and she was the one who cared for [REDACTED] throughout her pregnancy. [REDACTED] received all her prenatal care at [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: 09/19/2014

Contact Method: Phone Call

Contact Time: 12:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2014

Completed date: 09/19/2014

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: 09/19/2014 12:57 PM      Entered By: [REDACTED]

LI [REDACTED] telephoned the OB Director's office at [REDACTED] and left a message asking for a return call concerning questions about policy and procedure at the hospital.



**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: 09/19/2014

Contact Method: Phone Call

Contact Time: 12:40 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2014

Completed date: 09/19/2014

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: 09/19/2014 12:56 PM      Entered By: [REDACTED]

LI [REDACTED] contacted [REDACTED], Social Worker at [REDACTED] where [REDACTED] was born. [REDACTED] informed the LI that medical records must have a release from the hospital that the family signs while there. I asked her about policy and procedure for newborns when the parents test positive for staph. She stated I could contact the OB Director because that is a Nursing question. She provided me with the number. [REDACTED] stated the medical records could only be obtained with the release from the hospital.



**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: 09/08/2014

Contact Method: Phone Call

Contact Time: 03:55 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/13/2014 12:51 PM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from nurse [REDACTED] with [REDACTED] on September 8, 2014 regarding [REDACTED]. According to [REDACTED], she was the nurse on call the weekend of [REDACTED] passing. There were no messages saved or records regarding this child on that date or any day period. The nurse triage who initially takes all the phone calls also had no record of the mother [REDACTED], making contact with that particular clinic. [REDACTED] initially seen [REDACTED] in the hospital but she never came to the clinic for any appointments. [REDACTED] also stated the instructions the mother reports receiving are not instructions a medical professional would normally give with a baby that age with such a high fever.



**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: 09/08/2014 Contact Method: Correspondence  
 Contact Time: 12:45 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 09/13/2014  
 Completed date: 09/13/2014 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: 09/13/2014 12:56 PM Entered By: [REDACTED]

CPSI [REDACTED] emailed [REDACTED], nurse for [REDACTED] regarding the [REDACTED] case. CPSI [REDACTED] asked what is normal protocol for treatment of Strep B for newborns and what are reasons why this infant may have not been treated. [REDACTED] stated in an email: " Do you recall if the hospital knew prior to delivery if the mother was strep B positive? This is routinely checked by most OB/GYN docs...but if she went into labor and went to a facility where her regular doc does not have privileges and was delivering quickly, there may not have been time to test her. Additionally, mothers are told after they are tested, so if they do have to use a different facility or doctor than was planned, the mother can inform the attending M.D. and the new facility of her status. Again, I'm not sure if the mother was aware of her status or not prior to delivery. It is very much a normal practice to administer antibiotics to both the mother and baby when the GBS (strep B) status is positive. If there was a delay or failure to treat with antibiotic therapy, this certainly contributed to the infant's death. Also, if a delivering facility does not know the strep status of the mother, most, if not every hospital, will routinely treat both the mother and infant until the status can be determined.

The cause of untreated Strep B in [REDACTED] remains unknown.



**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: Created In Error  
 Contact Date: 09/05/2014 Contact Method:  
 Contact Time: 11:21 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 09/05/2014  
 Completed date: 09/05/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2014 11:23 AM Entered By: [REDACTED]

The Department of Children's Services received a referral on April 13, 2014 with allegations of Neglect Death against [REDACTED] by an unknown perpetrator. There is no history in TFACTs for the victim and there was one prior history with the mother, [REDACTED], as the alleged child victim.

On April 12, 2014 the victim, [REDACTED], was sick throughout the day with a high fever. The mother, [REDACTED] reports contacting the doctor's office and spoke to the on-call nurse who advise her to give the child infant Tylenol or Ibuprofen and give the child a cold bath. The infant was eating throughout the day but was weak and obviously sick. The child took a nap at around 7:00PM the evening and the mother noted the child was not breathing normal at around 9:00PM. The mother and her sister immediately contacted 911 and CPR was performed on the child until emergency responders arrived on the scene. The child was transported to [REDACTED] and pronounced dead at around 10:00PM on April 12, 2014.

The investigation into this incident was conducted by Detective [REDACTED] with [REDACTED] Child Protective Services Investigator [REDACTED] Lead Investigator [REDACTED] and Investigations Coordinator [REDACTED] with the Department of Children's Services. The alleged perpetrator remains unknown in this investigation. Interviews were conducted with medical staff, family, and social work during this investigation.

During this investigation the mother, [REDACTED], was interviewed at the scene. [REDACTED] gave a timeline of all events that took place the day that [REDACTED] passed away including feeding and nap times [REDACTED] also discussed the pediatrician for [REDACTED] and her phone calls to the on call nurse on April 12, 2014 because of [REDACTED] temperature and other symptoms [REDACTED] provided all the information requested regarding birth and prenatal care. The maternal aunt, [REDACTED] was also interviewed during the investigation and she provided background information on her own family as well as the maternal grandmother, [REDACTED], who was in the home on [REDACTED] at the time. [REDACTED] provided information like the child's father's name during her interview. [REDACTED] provided the infants bottles and formula to the medical examiner's office so they could be tested if needed. [REDACTED] also showed law enforcement the medication that was given to [REDACTED] on that day. [REDACTED] was not home during the day and had limited contact with [REDACTED] the day she passed away but all contact was documented. [REDACTED] stated that 911 were called and CPR was performed on the child immediately when she stopped breathing.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the 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. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] Child Protective Investigation Team on July 31, 2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

The mother, [REDACTED], seemed to have cared for her daughter, [REDACTED] the best she knew how during this time. The mother, [REDACTED], was terribly saddened by the passing of her daughter as was the rest of the family. The mother was not aware that the child was deathly ill at the time. The autopsy revealed that the child had Acute Bacterial Meningitis Streptococcus (Group B) and the mother was not aware of this.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

Narrative Type: Created In Error Entry Date/Time: 11/18/2014 11:08 AM Entered By: [REDACTED]

This case summary does not reflect the correct allegation classification.



**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: 09/03/2014

Contact Method: Phone Call

Contact Time: 03:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 09/03/2014

Completed date: 09/03/2014

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: 09/03/2014 04:07 PM      Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] on September 3, 2014 to find out if the mother, [REDACTED] did contact the nursing twenty four hour line the day [REDACTED] was sick and passed away. The nurse at [REDACTED] stated that she would have to check the call log for that date before she would be able to confirm if a call was received regarding [REDACTED] on that date. The nurse stated that the statements made by the mother do not support what nursing staff would normally advise a parent in this situation to do. CPSI [REDACTED] requested that the call log be reviewed and a return call be made to CPSI [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: 08/26/2014

Contact Method: Phone Call

Contact Time: 03:43 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 03:52 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to contact [REDACTED] by phone on August 26, 2014 at [REDACTED]. [REDACTED] was not available at the time so CPSI [REDACTED] spoke with [REDACTED] the sister of [REDACTED] and [REDACTED] current custodian since her mother passed away. [REDACTED] stated that the family is doing well and are currently living in [REDACTED]. [REDACTED] stated that [REDACTED] is in a GED program and she is seeking employment. CPSI [REDACTED] asked if [REDACTED] ever completed any counseling or therapy and she stated that she was not aware of any. [REDACTED] stated that [REDACTED] has been talking to family and friends about all the loss she has suffered this year. CPSI [REDACTED] asked the family if they received a copy of the autopsy and stated that they could contact the medical examiners office if they wished to have a copy. [REDACTED] stated that the medical examiners office did contact them by phone and informed them that [REDACTED] had Meningitis. CPSI [REDACTED] wished the family well and thanked [REDACTED] for her time. CPSI [REDACTED] explained there was some delay in closure of the case but the case is now being closed at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/08/2014

Completed date: 09/08/2014

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: 09/08/2014 04:31 PM Entered By: [REDACTED]

Investigations Coordinator [REDACTED] reviewed this death case and returned it to Investigator [REDACTED] to make corrections and to complete additional tasks. IC [REDACTED] met with Lead Investigator [REDACTED] and CPSI [REDACTED] to discuss the case. The baby stopped breathing in the mother's arms in their residence. Case will be reviewed again on 9/19 at the MSW Review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/25/2014

Contact Method: Correspondence

Contact Time: 04:08 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 08/26/2014

Completed date: 08/26/2014

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: 08/26/2014 12:13 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] to discuss the [REDACTED] autopsies that were received during the investigation. [REDACTED] stated that there is no obligation to discuss an autopsy with her unless there is specific questions during the investigation about autopsy or medical records [REDACTED] as referred CPS [REDACTED] to contact [REDACTED] as he is over this specific region. [REDACTED] also stated that CPSI [REDACTED] could contact him with any specific questions or concerns. CPSI [REDACTED] has no concerns at this time regarding the autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/04/2014

Contact Method:

Contact Time: 10:42 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/04/2014 10:43 AM      Entered By: [REDACTED]

CPSI [REDACTED] completed a diligent search request for the alleged father, [REDACTED] on August 4, 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: 08/04/2014

Contact Method:

Contact Time: 10:25 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/04/2014 10:26 AM      Entered By: [REDACTED]

CPSI [REDACTED] faxed a release of information to [REDACTED] for [REDACTED] birth records.



**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: Created In Error  
 Contact Date: 07/31/2014 Contact Method:  
 Contact Time: 02:41 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 07/31/2014  
 Completed date: 07/31/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/31/2014 02:44 PM Entered By: [REDACTED]

According to policy neglect death is:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the 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. Child deaths are always treated as severe child abuse

This case is closed and classified as AUPU. There was no evidence to support the allegations of Neglect Death per policy. Due to no evidence or imminent risk, this case is being closed and no further services or monitoring is needed.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.

Narrative Type: Created In Error Entry Date/Time: 11/18/2014 11:07 AM Entered By: [REDACTED]

This was not the final case summary

Narrative Type: Addendum 1 Entry Date/Time: 08/04/2014 09:35 AM Entered By: [REDACTED]

The cause of death in this case was acute bacterial meningitis (Group B Streptococci). The manner of death in this case was natural.



**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: 07/31/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/31/2014

Completed date: 07/31/2014

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: 07/31/2014 02:41 PM      Entered By: [REDACTED]

This CPSI presented this case at CPIT and the team agreed with classification of Allegation Unsubstantiated/ Perpetrator Unsubstantiated. This case will not be prosecuted and services will be recommended. See CPIT form attached to file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/24/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/06/2014

Completed date: 08/06/2014

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: 08/06/2014 11:23 AM      Entered By: [REDACTED]

Case confernece was held on this date. Case is a child fatality. Case is pending CPIT. Autopsy is back with results of a natural 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: 07/02/2014

Contact Method:

Contact Time: 03:35 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/06/2014

Completed date: 08/06/2014

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: 08/06/2014 11:21 AM      Entered By: [REDACTED]

Case conference was held on this date. Child died from meningitis. Case is pending CPIT.



**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: 07/01/2014

Contact Method:

Contact Time: 03:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 07/01/2014

Completed date: 07/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2014 03:51 PM Entered By: [REDACTED]

CPSI [REDACTED] received an amended copy of the autopsy report for [REDACTED]. On this date, July 1, 2014, CPSI [REDACTED] emailed a copy to [REDACTED] in [REDACTED] and also uploaded the updated version into TFACTS.

Narrative Type: Addendum 1 Entry Date/Time: 08/04/2014 09:39 AM Entered By: [REDACTED]

The autopsy was amended to add Focal Acute Encephalitis to Part 1 Section C of the original report. The remainder of the report included cause and manner of death remain unchanged. The amended report also includes a detail of the dissection of the brain as well as histology of the brain.



**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: 06/23/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/04/2014 10:05 AM      Entered By: [REDACTED]

The perpetrator in this case was established as unknown as the child's cause of death was acute bacterial meningitis and the manner of death was natural. Due to the manner of death being natural there is no perpetrator in this case and a perpetrator interview will not be completed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/20/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 06/20/2014

Completed date: 06/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/20/2014 11:32 AM Entered By: [REDACTED]

According to policy neglect death occurs when:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another

This case is closed and classified as AUPU. There was no evidence to support the allegations of Neglect Death per policy. Due to no evidence or imminent risk, this case is being closed and no further services or monitoring is needed.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.

Narrative Type: Addendum 1 Entry Date/Time: 06/20/2014 11:32 AM Entered By: [REDACTED]

This was the case summary not a notation.



**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: 06/20/2014 Contact Method: Phone Call  
Contact Time: 11:15 AM Contact Duration: Less than 30  
Entered By: [REDACTED] Recorded For:  
Location: [REDACTED] Created Date: 06/20/2014  
Completed date: 06/20/2014 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Parent/Caretaker Interview  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/20/2014 11:30 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted the aunt, [REDACTED], by phone on June 20, 2014 to check on the family and ensure they are getting the needed services. CPSI [REDACTED] initially spoke with the mother, [REDACTED] [REDACTED] stated she has not completed any counseling at this time because she feels that she does not need any. [REDACTED] stated she complete a cremation service for [REDACTED] [REDACTED] stated that the family has services available if she chooses to take advantage of them because her mother [REDACTED], passed away on June 4, 2014. CPS [REDACTED] informed [REDACTED] that the autopsy report was received and [REDACTED] had Meningitis so the cause of death was natural. CPSI [REDACTED] explained that if [REDACTED] needs anything she can contact CPSI [REDACTED] but the case is being submitted for closure.

CPS [REDACTED] then spoke with the aunt, [REDACTED], by phone regarding her sister, [REDACTED] [REDACTED] feels that her sister is coping very well with their recent loses. [REDACTED] stated that [REDACTED] will be offering grief counseling to the family for the next 13 months [REDACTED] will also follow up with the family each year on the anniversary date of their mother's death. [REDACTED] thanked CPSI [REDACTED] for calling and checking on the family and letting them know the autopsy results.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/20/2014

Contact Method:

Contact Time: 11:05 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 06/20/2014

Completed date: 06/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/20/2014 11:08 AM Entered By: [REDACTED]

CPSI [REDACTED] uploaded a copy of the autopsy into the documents section of TFACTs. CPSI [REDACTED] emailed the autopsy to DCS [REDACTED] and faxed the autopsy to [REDACTED] who was assigned to this case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/20/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 06/20/2014

Completed date: 06/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/20/2014 11:05 AM      Entered By: [REDACTED]

This CPSI received the results and it stated the cause of death is acute bacterial meningitis Streptococcus (Group B). The manner of death is natural. Copy of results attached to file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/20/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/04/2014 09:52 AM      Entered By: [REDACTED]

This CPSI completed the Closing Safety Assessment and the child is safe. Copy attached to file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/30/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/06/2014

Completed date: 08/06/2014

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: 08/06/2014 11:18 AM      Entered By: [REDACTED]

Case conference was held on this date. This is a child fatality with no other siblings. Case is pending CPIT and autopsy results.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/27/2014

Completed date: 05/27/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/27/2014 02:52 PM Entered By: [REDACTED]

A meeting was held with medical examiner Dr. [REDACTED] on May 27, 2014 regarding the death of [REDACTED] LI [REDACTED] and Det [REDACTED] were present at the meeting and the cause of death was Meningitis. One side of [REDACTED] brain was completely gray and completely infected. The mother, [REDACTED] was positive for Strep B and treated at delivery but [REDACTED] was not treated for the infection.

CPSI [REDACTED] spoke with Det. [REDACTED] by phone on May 27, 2014 and went over the medical examiner's findings. Det. [REDACTED] was in agreement with unsubstantiating this case at CPIT.



**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: 04/21/2014

Contact Method:

Contact Time: 03:35 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/06/2014

Completed date: 08/06/2014

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: 08/06/2014 11:20 AM      Entered By: [REDACTED]

Case conference was held on this date. Case is a child fatality with no other siblings. Meeting with the Medical Examiners office will be held next week.



**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: 04/14/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/04/2014 09:50 AM      Entered By: [REDACTED]

This CPSI completed the Initial Safety Assessment and the child is conditionally safe. Copy attached to file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/13/2014

Contact Method:

Contact Time: 08:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/20/2014

Completed date: 06/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/20/2014 11:11 AM      Entered By: [REDACTED]

This CPSI completed and submitted the Notice of Child Fatality/Near Fatality; see form attached.



**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: 04/13/2014 Contact Method: Face To Face  
 Contact Time: 04:45 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 04/14/2014  
 Completed date: 04/14/2014 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: 04/14/2014 01:57 PM Entered By: [REDACTED]

CPS [REDACTED] interviewed the aunt [REDACTED], at the family's home on April 13, 2014 regarding the death of her niece, [REDACTED]. According to [REDACTED], she, her two children, and her husband were not at the home from approximately 12:30PM to 6:45PM on Saturday April 12, 2014. [REDACTED] did notice that [REDACTED] was very fussy on Saturday and was sleeping more than normal. [REDACTED] used [REDACTED] phone a couple of times to contact the pediatricians office on Saturday about [REDACTED] fever and sickness. [REDACTED] children are [REDACTED] and [REDACTED] they live with their paternal grandparents at this time while [REDACTED] cares for her sick mother. [REDACTED] husband is [REDACTED] and he also lives in his parents home with the children [REDACTED] and the children visit at their grandmother, [REDACTED] home on the weekend from Friday at about 6:00PM to Sunday at about 6:00PM. [REDACTED] and her family were living in California but then [REDACTED] was diagnosed in July 2013 with [REDACTED] and then in November her lung collapsed and scans showed that the cancer had spread to her lungs. After the lung diagnosis [REDACTED] and her family moved to [REDACTED] so she could care for her mother. The family currently has [REDACTED] in the home to help with [REDACTED]. CPS [REDACTED] asked [REDACTED] who the father of [REDACTED] was and she stated his name is [REDACTED] and he is not involved in the baby's life. He has seen the baby once while in the hospital and once after she was released. [REDACTED] and [REDACTED] are no longer involved with each other. The family has attempted to contact him and left him multiple texts and voicemails asking for him to contact them immediately that it was an emergency. CPS [REDACTED] encouraged the family to speak with the [REDACTED] social worker and she can get them involved in grief counseling which is strongly recommended by the department.

[REDACTED] was not involved in caring for the baby at all on Saturday she only held her once right before she stopped breathing when she was having trouble breathing and they were trying to console her while [REDACTED] contacted 911. Once contact was made with 911 [REDACTED] took [REDACTED] and placed her on the hallway floor and began doing CPR as instructed by 911.

[REDACTED] supplied law enforcement with the two bottles [REDACTED] had drank out of on Saturday, the medication she was given including the dropper, the can of formula, the blanket used for [REDACTED] and [REDACTED] shirt that the vomit and nasal discharge was present on. A reenactment was completed of the CPR and the way [REDACTED] was placed in the car seat and sleeping using law enforcements reenactment doll. Photographs were also taken by law enforcement.



**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: 04/13/2014

Contact Method: Face To Face

Contact Time: 04:40 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 08/26/2014

Completed date: 08/26/2014

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: 08/26/2014 12:17 PM      Entered By: [REDACTED]

CPS [REDACTED] observed [REDACTED] two children while at the family's home on this date. The two children were sleeping and scheduled to return home to California with their father the next day. CPSI [REDACTED] did not conduct an interview with the children. CPSI [REDACTED] also did not conduct an interview with [REDACTED] as she is on hospice and non verbal at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/13/2014 Contact Method: Face To Face  
 Contact Time: 04:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: [REDACTED] Created Date: 04/14/2014  
 Completed date: 04/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/14/2014 01:13 PM Entered By: [REDACTED]

CPSI [REDACTED] and [REDACTED] interviewed the mother, [REDACTED] regarding the death of her daughter, [REDACTED] on April 13, 2014. According to [REDACTED] on Saturday April 12, 2014 [REDACTED] was running a fever of 103 degrees at about 3:00PM. She contacted [REDACTED] at [REDACTED] and was advised to give her infant tylenol and a cold bath to lower her temperature. This helped with the fever and it went back to normal. During the day [REDACTED] was fussier than normal and was sleeping more than normal [REDACTED] also had multiple bowel movements throughout the day [REDACTED] also felt that [REDACTED] color was not normal. [REDACTED] only drank one 3 ounce bottle at about 8:00AM when she woke up. [REDACTED] drinks formula but originally was breast fed up until this week. [REDACTED] was not able to really suck on the bottle the rest of the day and would not take formula, water, or latch onto the breast. [REDACTED] took approximately three naps that day and was given 1.25 milliliters of Infant's Tylenol three times on this day. [REDACTED] woke up from her last nap at at about 9:00PM and she was not breathing normal, she was having labored breathing. [REDACTED] took a couple of breathes and then stopped breathing. [REDACTED] contacted 911 and started CPR she completed 5 or 6 sets of 35 compressions with two fingers and two breathes for every 35 compressions. The CPR was completed by her [REDACTED] while [REDACTED] was on the phone with 911 getting instructions. [REDACTED] had been sleeping in the car seat and that is where she always sleeps. [REDACTED] was wearing only a diaper because she had been running a fever. When [REDACTED] was having trouble breathing and during CPR she spit up and also had green mucus come out of her nose [REDACTED] reports that [REDACTED] was not sick before Saturday morning. [REDACTED] was delivered at 41 weeks gestation weighing 6.2 pounds and was 19 inches long. [REDACTED] did not have an appointment with her pediatrician until May 1, 2014 at [REDACTED]. The hospital gave [REDACTED] at [REDACTED] as the pediatrician but [REDACTED] wanted to use [REDACTED] so she made the appointment there. CPSI [REDACTED] inquired about any drug use by [REDACTED] and she denied any substance use and stated she does not take medication. [REDACTED] stated that [REDACTED] would try to sit up on her own but the family would support her head and back [REDACTED] sleeps in the living room on the couch and [REDACTED] sleeps in the living room with her in the car seat. [REDACTED] sleeps in the living room so she can care for her mother [REDACTED] who is currently on [REDACTED] and does not have much longer to live. [REDACTED] went to [REDACTED] for all her pre natal care.

Narrative Type: Addendum 3 Entry Date/Time: 11/18/2014 10:47 AM Entered By: [REDACTED]

This would be the alleged perpetrator interview



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

---

Narrative Type: Addendum 2    Entry Date/Time: 08/04/2014 10:01 AM    Entered By: [REDACTED]

CPSI [REDACTED] observed the home to be crowded and cluttered due to the maternal grandmother being on alive hospice. [REDACTED] had to have medical bed as well as medical equipment and this was all currently in the family's living room. The maternal aunt was also living in the apartment now so that she could care for her mother. There was diapers and formula observed for [REDACTED]. The car seat that [REDACTED] was sleeping in was observed in the living room beside the couch. There was room to walk and move around in the home although the living arrangements were not ideal.

Narrative Type: Addendum 1    Entry Date/Time: 08/04/2014 09:52 AM    Entered By: [REDACTED]

This CPSI explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, HIPPA Notice of Privacy Practices and Release of Information forms to the family. The forms were signed and a copy of the Client Rights, Notification of Equal Access, and HIPPA were provided to the family. Originals attached to file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/13/2014

Contact Method:

Contact Time: 04:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2014 09:26 AM Entered By: [REDACTED]

Residing in the home at the time of referral was the mother, [REDACTED] maternal grandmother [REDACTED] and maternal aunt [REDACTED]. The alleged father is [REDACTED] but he has not been involved with the infant and his whereabouts are unknown by the mother. This family is not of Native American Heritage.

The mother [REDACTED] is a minor therefore a criminal background check was not completed on her. There was no criminal history for the alleged father [REDACTED]. There was also no criminal history for [REDACTED] and [REDACTED] CPSI [REDACTED] completed these checks using the criminal court clerk website.

A TFACTS history check was completed and the following was found: March 2000 referral regarding allegation of minor physical abuse against minor child [REDACTED] by [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/13/2014

Contact Method: Face To Face

Contact Time: 03:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 04/14/2014

Completed date: 04/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/14/2014 12:49 PM Entered By: [REDACTED]

CPSI [REDACTED] observed the body of [REDACTED] at [REDACTED] on April 13, 2014. There was no outward signs of trauma noted by hospital staff or CPSI. CPSI [REDACTED] observed [REDACTED] with multiple medical devices/ lines/ wires attached to her body. The one thing brought up by medical staff that appeared abnormal was the fissure sites in [REDACTED] skull. The sites were still open and had not fused together at all therefore [REDACTED] soft spot was much larger than the average newborn. [REDACTED] felt this abnormality in [REDACTED] skull and it was noted as not normal by medical staff. Medical staff did not indicate that this abnormality was trauma related in anyway. Medical staff stated it would have been addressed at the initial pediatrician appointment and may not have been noticed while in the hospital at delivery.



**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: 04/13/2014

Contact Method: Face To Face

Contact Time: 02:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/04/2014 09:48 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] social worker, [REDACTED] upon arrival at [REDACTED] on April 13, 2014. According to [REDACTED] the child was actually brought into [REDACTED] hours ago so the family is no longer present at the hospital. The medical examiners office is presently in the room as well as youth services [REDACTED] [REDACTED] stated there was no concerns noted by medical professionals when [REDACTED] arrived at [REDACTED] but she was deceased prior to arrival at [REDACTED]

This case will not be presented at Care Team and Care Team will not be consulted on this case since there are no signs of abuse or trauma and the child was pronounced dead when she arrived at [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/13/2014

Contact Method:

Contact Time: 02:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 08/04/2014

Completed date: 08/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/04/2014 10:07 AM      Entered By: [REDACTED]

CPIT convened per local protocol.



**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: 04/13/2014

Contact Method:

Contact Time: 02:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/14/2014

Completed date: 04/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/14/2014 12:41 PM      Entered By: [REDACTED]

The Department of Children's Services received the referral on April 13, 2014 and this CPSI received the referral on April 13, 2014 as a response priority P1 regarding neglect death by an unknown perpetrator.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/13/14 12:52 AM

Date of Assessment: 4/14/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
  - Death of a child due to abuse or neglect.
  - Care taker fears that s/he will maltreat the child.
  - Threat to cause harm or retaliate against the child.
  - Excessive discipline or physical force.
  - Drug-affected infant/child.
  - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

**If no immediate harm factors are observed, proceed to Section 3**

#### Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

#### Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): The child is deceased.

#### Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Section 3: Safety Decision**

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
  - All children placed.
  - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_