



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

Case # 2014.067

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	4/29/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	4/26/2014		
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:	██████████		Relationship to Victim:	██████████		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:	N/A					
Describe (in detail) circumstances surrounding death/near death:						
<p>A notification was sent to DCS that the ██████████ County Medical Examiner is investigating the death of ██████████ (DOB ██████████) This 2 month-old infant was found unresponsive on the bed at 0700 hrs on the morning of 04/26/14. Paramedics with ██████████ Fire Department Ambulance ██████████ responded to the residence at ██████████ and transported the victim to ██████████ arriving at 0753 hours where death was pronounced at 0805 hours. A scene investigation was conducted by this office and the ██████████ Police Department, and the decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is ██████████ (DOB ██████████ SSN ██████████) and the father is "Unknown".. The case # is ██████████</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	N/A		Telephone #	() -		
Street Address:			City/State/Zip:			
Describe (in detail) interview with family:						
<p>Investigator ██████████ conducted an interview with the birth mother/perpetrator ██████████ at her home at ██████████ ██████████ reenacted the incident to Investigator while explaining what had occurred on April 26th. ██████████ stated her and ██████████ (victim) were lying in her bed the morning of April 26th around 4:00 AM. ██████████ stated she had just finished feeding ██████████ a bottle and had ██████████ propped up on a pillow next to her. ██████████ stated she played with ██████████ until ██████████ fell asleep. ██████████ stated around 6:40-6:45 AM she woke up and found ██████████ on the other side of the bed face down on the blanket. ██████████ stated she moved ██████████ and noticed that ██████████ did not move to her touch. ██████████ stated she felt ██████████ legs and her legs were stiff and 'slight cold'. ██████████ stated she then noticed ██████████ t-shirt, chest, and the bed were soaking wet. ██████████ stated she did not see any blood or anything coming out of ██████████ nose or mouth. ██████████ stated she panicked and called ██████████ father ██████████ and told him she can not wake ██████████ up. ██████████ stated ██████████ stated he was on his way to her home. ██████████ stated she dialed 911 requesting an ambulance for ██████████ ██████████ stated she started administering CPR on ██████████ until EMT arrived at her home. ██████████ stated ██████████ did not have anything (pacifier or blanket) in her mouth when she found her unresponsive. ██████████ stated ██████████ did not display any stranger behaviors or medical issues prior to going to sleep. ██████████ stated ██████████ was previously on Phenobarbital (until April 18th) due to her heroine addiction in the past and she was taking Methadone during her pregnancy. ██████████ stated ██████████ had a heart murmur and was diagnosed with Neonatal Abstinence Syndrome at birth. ██████████ stated she is willing to cooperate with DCS and law enforcement and willing to accept services if required.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):						
Name of Medical Examiner/Coroner:	██████████		Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	

Intake #: [REDACTED] Investigation #: [REDACTED] Date of Report: **Case # 2014.067**

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: [REDACTED] Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:
 It's unknown at this time if the case is coordinated with [REDACTED] Police--Homicide Division at this time.

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):

[REDACTED] male sibling DOB: [REDACTED] (in custody of his Paternal Aunt [REDACTED])
 [REDACTED] female sibling DOB: [REDACTED] and [REDACTED] female sibling DOB: [REDACTED] (both are in custody of MGM [REDACTED])

Name: [REDACTED]	Age: 4
Name: [REDACTED]	Age: 8
Name: [REDACTED]	Age: 5
Name: [REDACTED]	Age: [REDACTED]
Name: [REDACTED]	Age: [REDACTED]

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
8/14/2012	[REDACTED]	DEC/ABANDONMT	[REDACTED]	[REDACTED]	DEC-SERVICES REQUIRED/ ABAND--NO SERVICES NEEDED
8/15/2012	[REDACTED]	LOS	[REDACTED]	[REDACTED]	SERVICES REQUIRED
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

Contact Person: [REDACTED]	Telephone Number: [REDACTED]
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

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

Email to: [REDACTED]
within forty-eight (48) hours of notification
Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 04/29/2014 11:16 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 04/29/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 04/29/2014 02:49 PM
 First Team Leader Assigned: [REDACTED] Date/Time 04/29/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 04/29/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	[REDACTED]	[REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: Facsimile
 Notification: None
 Narrative: NOTE: The child is not in DCS custody per TFACTS.
 TFACTS: Yes
 Family Case ID: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated None
 Death No



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

Screened out 1 [REDACTED]

History (not listed above): Yes

8-15-12 / # [REDACTED] / LOS / Services Required

8-14-12 / # [REDACTED] / DEC, ABN / DEC-Services Required, ABN-No Services Needed

County: [REDACTED]

Notification: None Specified

School/ Daycare: Unknown

Native American Descent: Unknown - Not Specified

Directions: None Given

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

Faxed report typed verbatim as was sent to the Hotline.

Reporter states: RE: [REDACTED]

Narrative: This will serve as notification that the [REDACTED] is investigating the death of [REDACTED] (DOB [REDACTED]). This 2 month-old infant was found unresponsive on the bed at 0700 hrs on the morning of 04/26/14. Paramedics with [REDACTED] Fire Department Ambulance [REDACTED] responded to the residence at [REDACTED] and transported the victim to [REDACTED] arriving at 0753 hours where death was pronounced at 0805 hours. A scene investigation was conducted by [REDACTED] and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]) and the father is Unknown.) Our case # is [REDACTED]

NOTE: The original faxed report is attached in TFACTS via the documents link (above the narrative box).

County group emailed.

Per SDM: Investigative Track / P1, Neglect Death, [REDACTED] TL on 4-29-14 @ 11:58 am

Notified Child Death Group via email: [REDACTED]

RA [REDACTED] was also copied on the notification email.



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

Participant(s)

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** Unable to **Age:** 26 Yrs
Address: [REDACTED] [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:**DCS History Search Results:****DCS Intake Search Results:**

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** Unable to **Age:** Deceased
Address: [REDACTED] [REDACTED]
Deceased Date: 04/26/2014
School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:**DCS History Search Results:****DCS Intake Search Results:**



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/29/2014

Assignment Date: 04/29/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED] [REDACTED] [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/07/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 11/07/2014

Team Leader: [REDACTED]

Date: 11/10/2014

E. Investigation Summary

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

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

CPSI observed [REDACTED] at [REDACTED] Funeral Home lying in an infant casket wearing a white lace dress and a white lace bonnet.

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

CPSI received a copy of [REDACTED] autopsy from the [REDACTED] County Medical Examiner. The cause and manner of death is could not be determined. The full autopsy is placed in the CPS file.

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

[REDACTED] stated her and [REDACTED] (victim) were lying in her bed the morning of April 26th around 4:00 AM. [REDACTED] stated she had just finished feeding [REDACTED] a bottle and had [REDACTED] propped up on a pillow next to her. [REDACTED] stated she played with [REDACTED] until [REDACTED] fell asleep. [REDACTED] stated around 6:30-6:



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

Case Name : ██████████

Investigation ID: ██████████

40AM she woke up and found ██████████ on the other side of the bed face down on the blanket. ██████████ stated she moved ██████████ and noticed that ██████████ did not move to her touch. ██████████ stated she felt ██████████ legs and her legs were stiff and 'slight cold'. ██████████ stated she then noticed ██████████ t-shirt, chest, and the bed were soaking wet. ██████████ stated she did not see any blood or anything coming out of ██████████ nose or mouth. ██████████ stated she panicked and called ██████████ father ██████████ and told him she can not wake ██████████ up. ██████████ stated ██████████ stated he was on his way to her home. ██████████ stated she dialed 911 requesting an ambulance for ██████████ stated she started administering CPR on ██████████ until EMT arrived at her home. ██████████ stated ██████████ did not have anything (pacifier or blanket) in her mouth when she found her unresponsive. ██████████ stated ██████████ did not display any stranger behaviors or medical issues prior to going to sleep. ██████████ stated ██████████ was previously on Phenobarbital (until April 18th) from ██████████ Children Clinic due to her heroine addiction in the past and she was taking Methadone during her pregnancy. ██████████ stated ██████████ had a heart murmur and was diagnosed with Neonatal Abstinence Syndrome at birth.

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

██████████ stated the previous night (April 25th) she assisted ██████████ with caring for ██████████ (victim). ██████████ stated she changed and feed ██████████ a bottle around 10:30-11:00 PM then put her to bed. ██████████ stated she had to leave for work early on April 26th so she took ██████████ and put her in the bed with the mother ██████████ ██████████ stated she left going to work around 4:00 AM. ██████████ stated couple hours later she received a telephone call that ██████████ was transported to the hospital and ██████████ was unresponsive. ██████████ stated despict ██████████ having a heart murmur ██████████ never displayed any issues at home. ██████████ stated she never saw ██████████ mistreat or neglect ██████████ in any way. ██████████ stated ██████████ really loved ██████████ because ██████████ was the only child that ██████████ had in her custody. ██████████ stated ██████████ was very attentive to ██████████ and her needs. ██████████ stated she never had any concerns with ██████████ parenting.

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

There is not enough evidence to support the allegation of neglect death on ██████████ CPSI received a copy of ██████████ autopsy from the ██████████ County Medical Examiner. The cause and manner of death is could not be determined.

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: 12/15/2014

Contact Method:

Contact Time: 04:17 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/15/2014

Completed date: 12/15/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/15/2014 04:23 PM Entered By: [REDACTED]

This case read and approved for closure by [REDACTED] Regional Investigation Director (RID). A classified CS-740 will be sent to Juvenile Court for notification to the Judge and to the DA. This case is approved to be closed.



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: 12/15/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/15/2014

Completed date: 12/15/2014

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: 12/15/2014 04:31 PM Entered By: [REDACTED]

Case presented to Morning CPIT and the team signed the CPIT form as AUPU (allegation unsubstantiated/perpetrator unsubstantiated). Case approved ADA [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: 11/19/2014

Contact Method:

Contact Time: 09:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/20/2014

Completed date: 11/20/2014

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: 11/20/2014 10:32 PM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) Investigations Unit received a referral on 4/29/14 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED] was in the primary custody of her mother [REDACTED]

On 4/26/14 [REDACTED] was found unresponsive while lying face down in the bed with her mother [REDACTED] Emergency Medical Services responded to the family home at [REDACTED] and transported [REDACTED] to [REDACTED] Hospital. [REDACTED] was pronounced deceased on 4/26/14 at 8:05 AM.

The investigation into this incident was conducted by DCS Investigations Unit Investigator [REDACTED]

The report to DCS listed the birth mother [REDACTED] as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted of the mother [REDACTED] Maternal Grandmother [REDACTED] and two siblings [REDACTED] and [REDACTED]

As part of the investigation, [REDACTED] was interviewed. [REDACTED] stated her and [REDACTED] (victim) were lying in her bed the morning of April 26th around 4:00 AM. [REDACTED] stated she had just finished feeding [REDACTED] a bottle and had [REDACTED] propped up on a pillow next to her. [REDACTED] stated she played with [REDACTED] until [REDACTED] fell asleep. [REDACTED] stated around 6:30-6:40AM she woke up and found [REDACTED] on the other side of the bed face down on the blanket. [REDACTED] stated she moved [REDACTED] and noticed that [REDACTED] did not move to her touch. [REDACTED] stated she felt [REDACTED] legs and her legs were stiff and 'slight cold'. [REDACTED] stated she then noticed [REDACTED] t-shirt, chest, and the bed were soaking wet. [REDACTED] stated she did not see any blood or anything coming out of [REDACTED] nose or mouth. [REDACTED] stated she panicked and called [REDACTED] father [REDACTED] and told him she can not wake [REDACTED] up. [REDACTED] stated [REDACTED] stated he was on his way to her home. [REDACTED] stated she dialed 911 requesting an ambulance for [REDACTED] [REDACTED] stated she started administering CPR on [REDACTED] until EMT arrived at her home. [REDACTED] stated [REDACTED] did not have anything (pacifier or blanket) in her mouth when she found her unresponsive.

Investigator [REDACTED] spoke with the Maternal Grandmother [REDACTED] who stated the previous night (April 25th) she assisted [REDACTED] with caring for [REDACTED] (victim). [REDACTED] stated she changed and feed [REDACTED] a bottle around 10:30-11:00 PM then put her to bed. [REDACTED] stated she had to leave for work early on April 26th so she took [REDACTED] and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

put her in the bed with the mother [REDACTED] [REDACTED] stated she left going to work around 4:00 AM. [REDACTED] stated couple hours later she received a telephone call that [REDACTED] was transported to the hospital and [REDACTED] was unresponsive. [REDACTED] stated despite [REDACTED] having a heart murmur [REDACTED] never displayed any issues at home. [REDACTED] stated she never saw [REDACTED] mistreat or neglect [REDACTED] in any way.

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] County Child Protective Investigation Team on 5/1/14. The case was stamped Department of Children's Services handle as appropriate. The case was not coordinated with [REDACTED] Police Department for investigation by law enforcement.

Investigator [REDACTED] received a copy of [REDACTED] autopsy from the [REDACTED] County Medical Examiner. The cause and manner of death could not be determined.

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.



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: 11/09/2014 Contact Method:
 Contact Time: 06:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/09/2014
 Completed date: 11/09/2014 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: 11/09/2014 06:45 PM Entered By: [REDACTED]

CASE SUMMARY:

On 4/29/14 the department received a referral for Neglect Death on [REDACTED] (victim). The alleged perpetrator listed is birth mother [REDACTED]

Child Protective Services Investigator (CPSI) conducted a TFACTS search on the family and found two prior investigations. On August 14, 2012 an assessment case was received for Drug Exposed Child (DEC) and Abandonment on [REDACTED] (sibling) with the perpetrator listed as birth mother [REDACTED]. The classification for DEC Services Required; and Abandonment no services needed. On August 15, 2012 another assessment case was received for Lack of Supervision (LOS) on [REDACTED] with the perpetrator listed as birth mother [REDACTED]. The classification was Services Required.

CPSI spoke with the mother/alleged perpetrator Ms. [REDACTED]. [REDACTED] conducted a reenactment of what happened that morning of April 26th for CPSI. [REDACTED] stated her and [REDACTED] (victim) were lying in her bed the morning of April 26th around 4:00 AM. [REDACTED] stated she had just finished feeding [REDACTED] a bottle and had [REDACTED] propped up on a pillow next to her. [REDACTED] stated she played with [REDACTED] until [REDACTED] fell asleep. [REDACTED] stated around 6:30-6:40AM she woke up and found [REDACTED] on the other side of the bed face down on the blanket. [REDACTED] stated she moved [REDACTED] and noticed that [REDACTED] did not move to her touch. [REDACTED] stated she felt [REDACTED] legs and her legs were stiff and 'slight cold'. [REDACTED] stated she then noticed [REDACTED] t-shirt, chest, and the bed were soaking wet. [REDACTED] stated she did not see any blood or anything coming out of [REDACTED] nose or mouth. [REDACTED] stated she panicked and called [REDACTED] father [REDACTED] and told him she can not wake [REDACTED] up. [REDACTED] stated [REDACTED] stated he was on his way to her home. [REDACTED] stated she dialed 911 requesting an ambulance for [REDACTED]. [REDACTED] stated she started administering CPR on [REDACTED] until EMT arrived at her home. [REDACTED] stated [REDACTED] did not have anything (pacifier or blanket) in her mouth when she found her unresponsive. [REDACTED] was transported to [REDACTED] Hospital but was pronounced deceased on April 26, 2014 at 8:05 AM. CPSI spoke with the Maternal Grandmother [REDACTED] who stated the previous night (April 25th) she assisted [REDACTED] with caring for [REDACTED] (victim). [REDACTED] stated she changed and feed [REDACTED] a bottle around 10:30-11:00 PM then put her to bed. [REDACTED] stated she had to leave for work early on April 26th so she took [REDACTED] and put her in the bed with the mother [REDACTED]. [REDACTED] stated she left going to work around 4:00 AM. [REDACTED] stated couple hours later she received a telephone call that [REDACTED] was transported to the hospital and [REDACTED] was unresponsive. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated despite [REDACTED] having a heart murmur [REDACTED] never displayed any issues at home. [REDACTED] stated she never saw [REDACTED] mistreat or neglect [REDACTED] in any way. [REDACTED] stated [REDACTED] really loved [REDACTED] because [REDACTED] was the only child that [REDACTED] had in her custody. [REDACTED] stated [REDACTED] was very attentive to [REDACTED] and her needs. [REDACTED] stated she never had any concerns with [REDACTED] parenting.

CPSI assessed the safety, wellbeing, and permanency of the siblings [REDACTED] and [REDACTED] who are in the custody of their Grandmother [REDACTED]. CPSI spoke with each sibling who did not see anything on the morning of April 26, 2014. No safety concerns were observed with [REDACTED] and [REDACTED].

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

This case was presented during [REDACTED] County ([REDACTED] TN) Child Protective Investigation Team review and was stamped Department of Children's Services handle as appropriate. The case was not coordinated with [REDACTED] Police Department for investigation by law enforcement.

CPSI received a copy of [REDACTED] autopsy from the [REDACTED] County Medical Examiner. The cause and manner of death is could not be determined.

The case will be closed and classified as allegation unsubstantiated/perpetrator unsubstantiated (AUPU) for the allegation of Child Neglect Death.

Narrative Type: Created In Error Entry Date/Time: 11/17/2014 05:04 PM Entered By: [REDACTED]

WRONG FORMAT



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: 11/05/2014

Contact Method:

Contact Time: 10:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/14/2014

Completed date: 11/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/14/2014 04:20 PM Entered By: [REDACTED]

Conference/staffing:

This Children Protective Services investigation (CPS) investigation case was staffed and reviewed regarding the allegation(s) of neglect death in regard to [REDACTED] alleged child (ren) victim(s) ACV(s). Investigator [REDACTED] reported she had received the autopsy report. Investigation Coordinator [REDACTED] directed Investigator [REDACTED] complete her investigation and submit the case for review. Program Coordinator [REDACTED] was also present.



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: 10/29/2014

Contact Method: Face To Face

Contact Time: 01:10 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 11/13/2014

Completed date: 11/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/13/2014 10:32 PM Entered By: [REDACTED]

CPSI went to [REDACTED] Elementary School to conduct a follow up FTF visit with [REDACTED] and [REDACTED]. CPSI met with [REDACTED] first who stated she was doing good at home and school. [REDACTED] talked about her new clothes her Grand mommy [REDACTED] got for her for the winter. CPSI and [REDACTED] made small talk about her classes at school and some of her friends. CPSI asked [REDACTED] about her mother [REDACTED] stated she sees her mom [REDACTED] just about every day. [REDACTED] stated her mom goes over her friends home sometimes and sometimes her mom stay with them at their Grandmother [REDACTED] house. [REDACTED] stated there are no issues at school or home at this time. CPSI thanked [REDACTED] for speaking with CPSI. CPSI ended the visit.

CPSI spoke with [REDACTED] (sibling) next. CPSI observed [REDACTED] to appear to be shy and very quiet. [REDACTED] only answered CPSI questions and stated nothing else. [REDACTED] stated she is still living with her sister [REDACTED] and her Grandmother [REDACTED]. [REDACTED] stated she was doing OK at home and school when asked. When CPSI tried to make small talk with [REDACTED] she was quiet at time. CPSI asked [REDACTED] if she wanted to go back to class. [REDACTED] nodded her head yes. CPSI thanked [REDACTED] for speaking with CPSI. CPSI walked [REDACTED] back to the main office before leaving the school.



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: 10/27/2014

Contact Method: Attempted Phone Call

Contact Time: 02:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/13/2014

Completed date: 11/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/13/2014 10:36 PM Entered By: [REDACTED]

CPSI called [REDACTED] (mother) again to obtain an update on her wellbeing. [REDACTED] did not answer the phone. CPSI left another message for [REDACTED] to contact CPSI. CPSI ended the call.



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: 10/15/2014

Contact Method: Correspondence

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/09/2014

Completed date: 11/09/2014

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: 11/09/2014 06:43 PM Entered By: [REDACTED]

This case does not have to be presented during CPIT again. CPSI will conduct a follow up with the family then submit for case closure 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: 09/30/2014

Contact Method: Attempted Phone Call

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/13/2014

Completed date: 11/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/13/2014 10:35 PM Entered By: [REDACTED]

CPSI called [REDACTED] (mother) to obtain an update on her wellbeing. [REDACTED] did not answer the phone. CPSI left a message for [REDACTED] to contact CPSI. CPSI ended the call.



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: 09/17/2014 Contact Method: Attempted Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/13/2014
 Completed date: 11/13/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2014 10:39 PM Entered By: [REDACTED]

CPSI went to the family home at [REDACTED] to conduct a FTF visit with [REDACTED] (mother) to see how she was doing. No one answered the door. CPSI left a business card in the door and left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2014

Contact Method:

Contact Time: 12:09 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2014 12:03 PM Entered By: [REDACTED]

Conference/staffing:

This Children Protective Services investigation (CPS) investigation case was staffed and reviewed regarding the allegation(s) of neglect death in regard to [REDACTED]. Investigator [REDACTED] has received the autopsy causes of death is undetermined. Investigator [REDACTED] will conduct follow up visit with the siblings of [REDACTED] to assess their present safety and wellbeing.



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: 08/19/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/07/2014

Completed date: 11/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/07/2014 11:23 PM Entered By: [REDACTED]

CPSI is waiting on this case to be presented during CPIT review for final 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: 08/01/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/07/2014

Completed date: 11/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

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

CPSI received a copy of [REDACTED] autopsy from the [REDACTED] County Medical Examiner. The cause and manner of death is could not be determined. The full autopsy is placed in the CPS 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: 06/11/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/09/2014

Completed date: 11/09/2014

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: 11/09/2014 08:00 PM Entered By: [REDACTED]

CPSI received [REDACTED] medical record from [REDACTED] Clinic via mail.
 The records are placed in the CPS 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: 06/03/2014

Contact Method: Phone Call

Contact Time: 01:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/07/2014

Completed date: 11/07/2014

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: 11/07/2014 10:55 PM Entered By: [REDACTED]

CPSI called [REDACTED] (mother) back to obtain her information for her insurance to complete a referral for grief counseling. [REDACTED] gave CPSI her insurance information and then stated she does not know if she is ready to speak with someone about losing her baby. CPSI informed [REDACTED] that if she talks to a therapist about her loss it may help her deal with her loss. [REDACTED] stated she thinks she is going to wait a while before she talk about [REDACTED] (ACV). CPSI informed [REDACTED] that she can contact CPSI about her counseling whenever she gets ready to start and CPSI will make a referral for her or she can contact her insurance company to inquire about where she can go for counseling. [REDACTED] stated OK and she thanked CPSI for working with her. CPSI ended the call.



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: Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2014

Completed date: 07/08/2014

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: 07/08/2014 11:04 PM Entered By: [REDACTED]

CPSI received a telephone call from [REDACTED] (mother) inquiring if CPSI has received the autopsy on [REDACTED] CPSI informed [REDACTED] that CPSI has not received the autopsy at this time. [REDACTED] stated she was just wondering because she has not heard anything either. [REDACTED] stated she was doing OK but she sometimes wake up to feed [REDACTED] and she realize [REDACTED] is not there and begin to cry. [REDACTED] stated it has been very hard dealing with [REDACTED] being gone. CPSI asked [REDACTED] if she wants Grief Counseling to deal with [REDACTED] passing. [REDACTED] stated yeah she could use that. CPSI informed [REDACTED] that CPSI will put in a referral for her. [REDACTED] stated thanks. Before CPSI hung up the phone, [REDACTED] stated she has received phone calls, text messages, and notifications on Facebook from people saying she killed her baby and she was going to prison. [REDACTED] stated she did not do anything to [REDACTED] and she is tired of people saying she did. CPSI informed [REDACTED] that she needs to stay away from the negativity and stop letting people get to her. [REDACTED] stated her mother [REDACTED] has been telling her the same thing. [REDACTED] stated she will probably change her number so she does not have to deal with all that mess. [REDACTED] thanked CPSI for listening to her. CPSI informed [REDACTED] again that CPSI will do a referral for her counseling. [REDACTED] thanked CPSI again. CPSI ended the call.



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: 05/21/2014

Contact Method: Face To Face

Contact Time: 04:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/07/2014

Completed date: 10/07/2014

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: 10/07/2014 11:29 PM Entered By: [REDACTED]

CPSI spoke with the Grandmother/Guardian [REDACTED] to obtain an update on the family. [REDACTED] stated everybody is holding things together pretty well. [REDACTED] stated the girls talk about [REDACTED] all the time and when they come outside they look at the sky and speak to [REDACTED]. [REDACTED] stated she has been talking with the mother [REDACTED] a lot lately because [REDACTED] has been listening to negativity from people which it keeps [REDACTED] upset. [REDACTED] stated she pray that one day [REDACTED] will leave everybody alone and focus on herself and her other girls. [REDACTED] stated she is going to be a support person for [REDACTED] and ensure the girls are safe. CPSI thanked [REDACTED] for her support and thanked her for allowing CPSI to visit with the girls. CPSI ended the visit and left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/21/2014

Contact Method: Face To Face

Contact Time: 03:43 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/07/2014

Completed date: 10/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/07/2014 11:27 PM Entered By: [REDACTED]

CPSI arrived at the family home at [REDACTED] to conduct a FTF with [REDACTED] and [REDACTED] (siblings). CPSI spoke with each alone outside on the front porch. CPSI made another introduction to each girl then asked them how they are doing. [REDACTED] stated she was fine. [REDACTED] talked about her day at school and how she is ready for the summer. CPSI asked [REDACTED] about her baby sister [REDACTED] stated she was sleep when [REDACTED] got sick and was taken to the hospital. [REDACTED] denies seeing anything that morning (April 26, 2014) before her mom [REDACTED] left with [REDACTED] stated her mom was crying a lot when [REDACTED] died but she told her mom it will be alright. [REDACTED] stated she loves and misses her baby sister. CPSI asked [REDACTED] if CPSI can take a picture of her for CPSI file. [REDACTED] nodded her head yes. CPSI obtained a picture of [REDACTED] and thanked her for speaking with CPSI.

CPSI spoke with [REDACTED] on the front porch alone. CPSI observed [REDACTED] to appear shy by biting her nails and talking low. CPSI asked [REDACTED] about school. [REDACTED] stated good. CPSI asked [REDACTED] about her baby sister [REDACTED] when [REDACTED] got sick and went to the hospital. [REDACTED] wasnt able to talk about [REDACTED] on the morning of April 26th when [REDACTED] passed. [REDACTED] continued to say she did not know. [REDACTED] was not very talkative during the interview. CPSI did not pressure [REDACTED] to talk about the allegation. CPSI made small talk with [REDACTED] before ending the visit. CPSI obtained a photo of [REDACTED] for the CPS file. CPSI ended the visit.



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: 05/21/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/09/2014

Completed date: 11/09/2014

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: 11/09/2014 07:58 PM Entered By: [REDACTED]

CPSI received all of [REDACTED] medical records from [REDACTED] Hospital via mail. The records are placed in the CPS 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: 05/19/2014

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/07/2014

Completed date: 10/07/2014

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: 10/07/2014 10:46 PM Entered By: [REDACTED]

CPSI called the mother [REDACTED] to inquire about what time her other children [REDACTED] and [REDACTED] so CPSI can conduct a FTF visit with them. [REDACTED] stated the children get home from school around 3:30 PM. CPSI informed [REDACTED] that CPSI wants to visit with them on Wednesday evening. [REDACTED] stated she will let her mom [REDACTED] so the children can come straight home from school. CPSI thanked [REDACTED] and ended the call.



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: 05/13/2014

Contact Method:

Contact Time: 03:34 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2014

Completed date: 07/08/2014

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: 07/08/2014 10:47 PM Entered By: [REDACTED]

CPSI faxed a request to the [REDACTED] County Medical Examiner requesting a copy of [REDACTED] autopsy when available.



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: 05/09/2014

Contact Method:

Contact Time: 12:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2014 11:58 AM Entered By: [REDACTED]

Conference/staffing:

This Children Protective Services investigation (CPS) investigation case was staffed and reviewed regarding the allegation(s) of neglect death in regard to [REDACTED]. Investigator [REDACTED] has requested the medical from the Primary Care Physician (PCP). She has received the records requested from [REDACTED] (MED). She however is waiting on the medical records from the [REDACTED] Hospital and the PCP. Investigator [REDACTED] will also follow up with the sibling who is not in the mothers custody.



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: 05/08/2014

Contact Method:

Contact Time: 02:07 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/07/2014

Completed date: 10/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2014 10:36 PM Entered By: [REDACTED]

CPSI received [REDACTED] medical records from [REDACTED] Hospital via fax that were dated January 28, 2014 to March 14, 2014.

The records are placed in the CPS 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: 05/05/2014

Contact Method:

Contact Time: 03:28 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2014

Completed date: 07/08/2014

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: 07/08/2014 10:41 PM Entered By: [REDACTED]

CPSI faxed three releases of information forms to [REDACTED] Hospital [REDACTED] Hospital, and [REDACTED] Clinic requesting medical records on [REDACTED] CPSI is waiting on each record to be forwarded to CPSI via fax or mail.



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:	05/02/2014	Contact Method:	Face To Face
Contact Time:	12:35 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/08/2014
Completed date:	07/08/2014	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)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/08/2014 10:38 PM Entered By: [REDACTED]

CPSI was introduced to the father [REDACTED] at the graveside service by a funeral home worker. CPSI made an introduction and gave condolences to [REDACTED]. CPSI gave [REDACTED] one of CPSI business cards and asked [REDACTED] to contact CPSI at a later date. [REDACTED] stated OK and thanked CPSI for coming to the service in support of the family. CPSI left the graveside.



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: 05/02/2014

Contact Method: Face To Face

Contact Time: 10:02 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/02/2014

Completed date: 05/02/2014

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: 05/02/2014 02:56 PM Entered By: [REDACTED]

CPSI conducted a FTF visit with [REDACTED] at [REDACTED] Funeral Home during her family viewing today May 2, 2014. CPSI obtained a photo of [REDACTED] for the CPS file.

The Graveside Service for [REDACTED] was held today at 12:00 PM at [REDACTED] 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:	05/01/2014	Contact Method:	Face To Face
Contact Time:	10:55 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/08/2014
Completed date:	07/08/2014	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: 07/08/2014 10:28 PM Entered By: [REDACTED]

CPSI spoke with Ms. [REDACTED] (mother of [REDACTED] MGM of [REDACTED] to speak with her about the investigation. [REDACTED] stated the previous night (April 25th) she assisted [REDACTED] with caring for [REDACTED] (victim). [REDACTED] stated she changed and feed [REDACTED] a bottle around 10:30-11:00 PM then put her to bed. [REDACTED] stated she had to leave for work early on April 26th so she took [REDACTED] and put her in the bed with the mother [REDACTED] stated she left going to work around 4:00 AM. [REDACTED] stated couple hours later she received a telephone call that [REDACTED] was transported to the hospital and [REDACTED] was unresponsive. [REDACTED] stated despict [REDACTED] having a heart murmur [REDACTED] never displayed any issues at home. [REDACTED] stated she never saw [REDACTED] mistreat or neglect [REDACTED] in any way. [REDACTED] stated [REDACTED] really loved [REDACTED] because [REDACTED] was the only child that [REDACTED] had in her custody. [REDACTED] stated [REDACTED] was very attentive to [REDACTED] and her needs. [REDACTED] stated she never had any concerns with [REDACTED] parenting. CPSI asked [REDACTED] about [REDACTED] involvement with her other two girls [REDACTED]). [REDACTED] stated [REDACTED] is a great mother to the girls and [REDACTED] is involved in the girls school and medical needs. [REDACTED] stated [REDACTED] has never stopped being the girls mother the only thing changed was custody. [REDACTED] stated she is supporting [REDACTED] and she hopes [REDACTED] remain drug free and she dont allow this traumatic event to make her [REDACTED] want to go back to drugs. [REDACTED] stated [REDACTED] has done good with being drug free and she prays every day [REDACTED] will stay away from the negative crowd and drug environment. CPSI gave [REDACTED] one of CPSI business cards and informed her that CPSI will come back to the home later to speak with the girls [REDACTED]. [REDACTED] stated OK. [REDACTED] and CPSI thanked each other. CPSI left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/01/2014 Contact Method: Face To Face
 Contact Time: 09:35 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/08/2014
 Completed date: 07/08/2014 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: 07/08/2014 10:05 PM Entered By: [REDACTED]

CPSI went to the family home at [REDACTED] to conduct a FTF visit with the mother [REDACTED]. CPSI made an introduction to [REDACTED] and [REDACTED] invited CPSI inside of the home. [REDACTED] led CPSI into the living room and asked CPSI to have a sit. CPSI gave [REDACTED] condolence for her loss of her baby [REDACTED]. CPSI then explained the nature of the home visit and the investigation. [REDACTED] asked CPSI if she could take CPSI into the bedroom where her and [REDACTED] were sleeping so she could show CPSI where everything occurred. CPSI agreed to go to the bedroom with [REDACTED]. CPSI asked [REDACTED] if it was OK if CPSI obtain photos or a video of her reenactment. [REDACTED] stated thats fine. [REDACTED] reenacted the incident to CPSI while explaining what had occurred on April 26th. [REDACTED] stated her and [REDACTED] (victim) were lying in her bed the morning of April 26th around 4:00 AM. [REDACTED] stated she had just finished feeding [REDACTED] a bottle and had [REDACTED] propped up on a pillow next to her. [REDACTED] stated she played with [REDACTED] until [REDACTED] fell asleep. [REDACTED] stated around 6:30-6:40AM she woke up and found [REDACTED] on the other side of the bed face down on the blanket. [REDACTED] stated she moved [REDACTED] and noticed that [REDACTED] did not move to her touch. [REDACTED] stated she felt [REDACTED] legs and her legs were stiff and 'slight cold'. [REDACTED] stated she then noticed [REDACTED] t-shirt, chest, and the bed were soaking wet. [REDACTED] stated she did not see any blood or anything coming out of [REDACTED] nose or mouth. [REDACTED] stated she panicked and called [REDACTED] father [REDACTED] and told him she can not wake [REDACTED] up. [REDACTED] stated [REDACTED] stated he was on his way to her home. [REDACTED] stated she dialed 911 requesting an ambulance for [REDACTED]. [REDACTED] stated she started administering CPR on [REDACTED] until EMT arrived at her home. [REDACTED] stated [REDACTED] did not have anything (pacifier or blanket) in her mouth when she found her unresponsive. [REDACTED] stated [REDACTED] did not display any stranger behaviors or medical issues prior to going to sleep. [REDACTED] stated [REDACTED] was previously on Phenobarbital (until April 18th) from [REDACTED] Clinic due to her heroine addiction in the past and she was taking Methadone during her pregnancy. [REDACTED] stated [REDACTED] had a heart murmur and was diagnosed with Neonatal Abstinence Syndrome at birth. [REDACTED] stated she was addicted to heroine for 2 years and she was incarcerated in 2011 for possession of a weapon and theft of property under \$500 thats why she lost custody of her other children [REDACTED], [REDACTED], and [REDACTED]. [REDACTED] stated last year from August 2013 to November 2013 she was incarcerated on aggravated burglary charges. [REDACTED] stated she started going to the Methadone Clinic in August 2013 because the jail would transport her to the clinic. [REDACTED] stated on November 1, 2013 she was transported to inpatient at [REDACTED] for continuous rehab. [REDACTED] stated she was at [REDACTED] until April 10, 2014. [REDACTED] stated after [REDACTED] was born on January 28, 2014 at the [REDACTED] Hospital, she went back to [REDACTED]. [REDACTED] stated [REDACTED] stayed in the hospital at [REDACTED] until March 15, 2014 due to her Neonatal Abstinence Syndrome. [REDACTED] stated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] PCP (Primary Care Physician) is Dr. [REDACTED] at [REDACTED] Clinic. [REDACTED] disclosed that the only health issue she has is blood clots in her lungs and Hepatitis C. [REDACTED] stated her support person is her mother [REDACTED] who she currently resides with. [REDACTED] informed CPSI that she has [REDACTED] Health Care Insurance. CPSI inquired about [REDACTED] father. [REDACTED] stated the father is [REDACTED] (DOB: [REDACTED]). CPSI obtained [REDACTED] graveside services information as Friday May 2, 2014 at 12:00 PM. [REDACTED] Funeral Home is in charge of the services. [REDACTED] stated she is willing to cooperate with DCS and law enforcement and willing to accept services if required. CPSI explained the required DCS forms to [REDACTED] and obtained her signature on HIPAA, Clients Rights, Native American Verification, Title VI, and Release of Information. CPSI gave [REDACTED] a copy of each required form and one of CPSI business cards for future contact. CPSI thanked [REDACTED] for speaking with CPSI. CPSI ended the visit with [REDACTED].

The following information is on [REDACTED] other children:

[REDACTED] male sibling DOB: [REDACTED] in custody of his Paternal Aunt [REDACTED])

[REDACTED] female sibling DOB: [REDACTED] and [REDACTED] female sibling DOB: [REDACTED] (both are in custody of MGM [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: 05/01/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2014

Completed date: 07/08/2014

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: 07/08/2014 10:29 PM

Entered By: [REDACTED]

Case presented to Morning CPIT and it was stamped DCS to handle as appropriate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2014

Contact Method: Phone Call

Contact Time: 03:28 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/03/2014

Completed date: 05/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/03/2014 07:20 PM Entered By: [REDACTED]

CPSI received a telephone call from [REDACTED] (mother/perp) stating she obtained CPSI business card that was left in her front door. CPSI made an introduction to [REDACTED] and informed her that the department received a referral on [REDACTED] (victim) and CPSI needs to conduct a home visit with her within 24 hours. [REDACTED] stated she was gone to the funeral home to make arrangements for [REDACTED] funeral and she is headed back out to go and find [REDACTED] a dress to wear. [REDACTED] stated she will be available to meet with CPSI in the morning Thursday May 1, 2014 around 9:30-9:45 AM. CPSI agreed to meet [REDACTED] in the morning at her requested time. CPSI asked [REDACTED] if she has any other children in her home. [REDACTED] stated she has three other children but they are not in her custody at the time. CPSI informed [REDACTED] that CPSI will obtain all her family information during her meeting but CPSI had to inquire if there were other children. CPSI informed [REDACTED] that due to her not having her other children then the home visit is good for in the morning. [REDACTED] stated OK. CPSI informed [REDACTED] to contact CPSI in the morning if anything changes or if the time is not good for her. [REDACTED] stated OK. CPSI gave [REDACTED] CPSI cell phone number in case she needs to contact CPSI prior to the home visit. CPSI thanked [REDACTED] for contacting CPSI as promptly as she did. CPSI ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2014

Contact Method: Attempted Face To Face

Contact Time: 02:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 05/03/2014

Completed date: 05/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/03/2014 07:11 PM Entered By: [REDACTED]

CPSI went back to the family home at [REDACTED] to conduct a FTF visit with the family. CPSI knocked on the front door again several times but no one answered. CPSI observed CPSI business card that was left in the front door when CPSI previously visit the home earlier today. CPSI left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2014

Contact Method: Phone Call

Contact Time: 12:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/03/2014

Completed date: 05/03/2014

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: 05/03/2014 06:52 PM Entered By: [REDACTED]

CPSI called the [REDACTED] County Medical Examiner office to speak with Investigator [REDACTED] to inquire about an autopsy on [REDACTED]. [REDACTED] informed CPSI that only partial of the autopsy is complete and it may take up to 4-6 weeks before the final report is ready. CPSI inquired if the mother [REDACTED] has any other children in her home. [REDACTED] stated he is unsure if there are any other children. [REDACTED] stated it was not noted on their records or file pertaining to [REDACTED] siblings or other family members. [REDACTED] stated he has the family address as [REDACTED] but it is unknown who else resides in the home. [REDACTED] stated he will have to review the file to see if anyone else is listed for the family. [REDACTED] obtained CPSI contact information to contact CPSI if he finds any additional information on the family. [REDACTED] stated someone from the medical examiner office will contact CPSI once the autopsy is finalized and the cause of death is determined. CPSI thanked [REDACTED] and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2014

Contact Method: Attempted Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/01/2014

Completed date: 05/01/2014

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: 05/01/2014 04:36 PM Entered By: [REDACTED]

FTF was not conducted by CPSI on this date with victim [REDACTED] due to [REDACTED] being at the [REDACTED] County Medical Examiners Office at [REDACTED] for an 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: 04/30/2014 Contact Method: Attempted Face To Face
 Contact Time: 10:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 05/03/2014
 Completed date: 05/03/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/03/2014 07:05 PM Entered By: [REDACTED]

CPSI went to the family home at [REDACTED] to conduct a FTF visit with the family. CPSI knocked on the front door and the front window several times but no one responded. CPSI left one of CPSI business cards in the front door. CPSI left the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2014

Contact Method: Attempted Phone Call

Contact Time: 08:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/03/2014

Completed date: 05/03/2014

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: 05/03/2014 06:50 PM Entered By: [REDACTED]

CPSI called the referent to speak with him about the referral CPSI received on [REDACTED] (victim). The referent was not available so CPSI left a message asking the referent to contact CPSI. CPSI ended the call.



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: 04/29/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/03/2014

Completed date: 05/03/2014

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: 05/03/2014 06:49 PM Entered By: [REDACTED]

On 4/29/14 CPSI [REDACTED] received a referral from LI [REDACTED] for Neglect Death on [REDACTED] (victim). The alleged perpetrator listed is birth mother [REDACTED]. Response due date is by 4/30/14 by 11:16 AM.

The [REDACTED] stated this will serve as notification that the [REDACTED] County Medical Examiner is investigating the death of [REDACTED] (DOB [REDACTED]). This 2 month-old infant was found unresponsive on the bed at 0700 hrs on the morning of 04/26/14.

Paramedics with [REDACTED] Fire Department Ambulance [REDACTED] responded to the residence at [REDACTED] and transported the victim to [REDACTED] arriving at 0753 hours where death was pronounced at 0805 hours. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]) and the father is Unknown.) Our case # is [REDACTED].

CPSI conducted a TFACTS search on the family and found two prior investigations. On August 14, 2012 an assessment case was received for DEC/ABANDONMENT on [REDACTED] with the perpetrator listed as birth mother [REDACTED]. The classification was DEC Services Required and Abandonment no services needed. On August 15, 2012 another assessment case was received for LOS on [REDACTED] with the perpetrator listed as birth mother [REDACTED]. The classification was Services Required. CPSI will request the CPS file.