



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

Case # 2014.109

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	07/10/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	07/09/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Mother			
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>The mother (██████████) stated yesterday morning (7/9/14) she woke up and continued having stomach pains. She stated she thought she had diarrhea. The step-grandfather, ██████████ arrived at the home to check on her and ran upstairs when he heard ██████████ screaming. ██████████ was sitting on the toilet and the infant was inside the toilet. The step-grandfather called 911 and they attempted to instruct him in performing CPR via telephone. EMS arrived at the home, cut the umbilical cord, and the infant was transported by EMS to ██████████ Hospital. Upon arrival, the infant had a mild heart beat and was transferred to the NICU. The infant was pronounced deceased shortly after. ██████████ stated that she had no idea that she was giving birth. ██████████ stated she did not know the infant was in the toilet until the step-grandfather arrived</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	██████████	Telephone #	() -			
Street Address:	██████████	City/State/Zip:				
Describe (in detail) interview with family:						
<p>On 7/10/14 at 10:13 AM, this CPSI had a phone interview with the Detective ██████████ in which we discussed the investigation with the family and also the follow up interviews at the home scene. Pending the autopsy results, there does not appear to be any inconsistencies or concerns in the family stories at this time. We will attend the Medical Examiners Inquiry sometime next week. CPSI will collect detailed reports from Detective ██████████ and place in the file.</p> <p>On 7/10/14 at 1:45 PM, CPSI met with the mother, ██████████ at ██████████ ██████████ Ms. ██████████ was hospitalized and visibly distraught, and she will continue to be hospitalized at least until tomorrow. This CPSI advised Ms. ██████████ of the Office of Child Safety's involvement and explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, and HIPPA Notice of Privacy Practices 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. Ms. ██████████ stated that (██████████) was the baby's father and that he was involved with her and the baby. This CPSI advised the mother of grief counseling and the Department's availability to help the family with services.</p> <p>On 7/10/14 at 1:45 PM, CPSI met with the Step-grandfather ██████████ at ██████████ ██████████ He advised me that he had talked with law enforcement and that they had gone back to the home and had gone over the events of the previous evening. Mr. ██████████ explained that he had done everything he could to help the baby and became emotional stating he had told everything to law enforcement</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):	Medical Examiner					
Name of Medical Examiner/Coroner:	██████████	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		

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

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Intake #:	██████████	Investigation #:	██████████	Date of Report:	7/20/14	Case #:	2014-109
Did CPS open an investigation on this Death/Near Death?				<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
Type:				Case #:			
Describe law enforcement or court involvement, if applicable: Detective ██████████ with ████████ Police Department is investigating.							
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): No other children							
Name:				Age:			
Name:				Age:			
Name:				Age:			
Name:				Age:			
Name:				Age:			
Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):							
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
Any media inquiry or is attention expected?				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):							
Contact Person:				Telephone Number: () -			
Case Manager: ██████████				Telephone Number: ██████████			
Team Leader ██████████				Telephone Number: ██████████			
Team Coordinator: ██████████				Telephone Number: ██████████			
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.						<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>Email to: ██████████</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or</p> <p>CHILD NEAR DEATH [secure email]</p>							



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 07/10/2014 07:17 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 07/10/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 07/10/2014 08:45 AM
 First Team Leader Assigned: [REDACTED] Date/Time 07/10/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 07/10/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail
 Narrative: The infant is not in state custody.

TFACTS: [REDACTED] and [REDACTED] were associated with Case ID # [REDACTED] but neither was listed as an alleged victim or perpetrator. No other CPS history was found for the family.

Open Court Custody/FSS/FCIP: None located

Closed Court Custody: None located

Open CPS: None located

Substantiated: None located

Death: None located



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

Screened out: None located

History (not listed above): None located

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

Reporter's name/relationship: [REDACTED]

Reporter states:

The infant is not in state custody.

The infant, [REDACTED], was born on [REDACTED] mother is [REDACTED] ([REDACTED]) resides with her mother, [REDACTED] and step-father, [REDACTED]

[REDACTED] was thirty-eight and a half weeks into her pregnancy. According to [REDACTED] she received regular prenatal care and had no complications during the pregnancy.

[REDACTED] stated on Tuesday night (July 8th) she started having stomach issues. She reported that she was going back and forth from the restroom and lying back down. [REDACTED] stated yesterday morning (July 9th) she woke up and was still having stomach pains. She stated she thought she had diarrhea.

The grandmother, [REDACTED], was getting ready for work and knew that [REDACTED] was not feeling well and was having discomfort. The grandmother was concerned and called the doctor's office when she was headed to work. The grandmother reported that she received the answering service and left a message. The grandmother left the home and went to work. The step-grandfather, [REDACTED], went to the gym to work out, leaving [REDACTED] at the home alone. The step-grandfather called [REDACTED] while he was away from the home and she reported still being in discomfort.

The step-grandfather arrived back at the home and ran upstairs when he heard [REDACTED] screaming. [REDACTED] was sitting on the toilet and the infant was inside the toilet. The step-grandfather called 911 and they attempted to instruct him in performing CPR via telephone. The step-grandfather stated CPR did not seem to be working. EMS arrived at the home and cut the umbilical cord. The infant was transported by EMS to [REDACTED] Hospital. [REDACTED] was transported by vehicle to the hospital. The infant had a mild heart beat and was transferred to the NICU. The infant was pronounced deceased shortly after.

Based on speaking with [REDACTED] she had no idea that she was giving birth. [REDACTED] stated she did not know the infant was in the toilet until the step-grandfather arrived upstairs.

An autopsy will be performed today; the cause of death is unknown at this time. The infant was born full term at thirtyeight weeks; the birth weight of the infant is unknown at this time.

Detective [REDACTED] with [REDACTED] Police Department is assigned to the case. The home environment was observed to verify the story, there was blood observed around the toilet. The home conditions were appropriate. The grandmother has a fifteen year old son (Unknown name). The son is spending the summer with relatives and was not home at the time of the incident.

Per SDM: Investigation Track / Priority 1 - [REDACTED] CM 3 on 7-10-14 at 8:24 A.M.

Email notification sent to [REDACTED] Regional Administrator [REDACTED], and the [REDACTED] email notification group.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Black/African

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 9 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 22 Yrs

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: Black/African

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
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 15 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 07/10/2014

Assignment Date: 12/10/2014

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
								09/18/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: CPSI [REDACTED] classifies case as Allegation Unsubstantiated Perpetrator Unsubstantiated per policy 14.7

D. Case Workers

Case Worker: [REDACTED]

Date: 09/18/2014

Team Leader: [REDACTED]

Date: 09/18/2014

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:

On 07/09/2014 [REDACTED] was born to her mother, [REDACTED], at the family residence upstairs in the toilet. [REDACTED] was pronounced deceased shortly after arriving to [REDACTED] Hospital by ambulance on 07/09/2014.

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

On 07/14/2014 [REDACTED] with the Medical Examiners Office reported the preliminary autopsy report showed no signs of trauma or foul play and indicated that [REDACTED] never actually took a breath.

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

On 07/10/2014 [REDACTED] reported to CPSI [REDACTED] she had been experiencing stomach pains on the night of 07/08/2014 and that on the morning of 07/09/2014 the stomach pains continued which she took as diarrhea. [REDACTED] reported she did not realize she had given birth to her daughter [REDACTED] until [REDACTED]



**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]

[REDACTED] her stepfather, had arrived home to find her screaming upstairs in the bathroom and infant [REDACTED] in the toilet. [REDACTED] reported [REDACTED] called 911 and proceeded to do CPR on the infant until EMS workers came to the family home. [REDACTED] reported [REDACTED] to be her only child.

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

CPSI [REDACTED] unable to identify any witnesses in this case.

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

CPSI [REDACTED] classifies case as Allegation Unsubstantiated Perpetrator Unsubstantiated per policy 14.7 as there was not enough evidence to support allegation of Neglect Death.

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] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 04/20/2015 Contact Method:
Contact Time: 10:15 AM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 04/20/2015
Completed date: 04/20/2015 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: 04/20/2015 10:30 AM Entered By: [REDACTED]
[REDACTED] Summary:

The Department of Children's Services (DCS) Child Protective Services Unit received a referral on 07/10/2014 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED].

[REDACTED] was born [REDACTED] to [REDACTED] resides in the home with her mother [REDACTED] and step father [REDACTED]. At the time of delivery [REDACTED] was 38 and 1/2 weeks pregnant. According to [REDACTED] she received regular prenatal care and had no complications during her pregnancy. [REDACTED] reported on Tuesday night 07/08/2014 she started having stomach problems. She reported that she was going back and forth to the restroom and then coming back to lay down. [REDACTED] reported on the morning of Wednesday 07/09/2014 she woke up and was still having stomach pains. She reported she thought she might have had diarrhea. [REDACTED] mother, [REDACTED], was getting ready for work and knew that [REDACTED] was not feeling well and was having discomfort so she called the doctor's office when she was headed to work out of concern. [REDACTED] reported that when she called the doctor's office she got an answering machine service and left a voicemail. [REDACTED], [REDACTED] stepfather, went to the gym to exercise, leaving [REDACTED] home alone. [REDACTED] called [REDACTED] while he was away from the home and [REDACTED] reported she was still in discomfort. [REDACTED] arrived back at the home and ran upstairs when he heard [REDACTED] screaming. [REDACTED] was sitting on the toilet and the infant was inside the toilet. [REDACTED] called 911 and 911 attempted to instruct [REDACTED] in performing CPR via telephone. [REDACTED] reported CPR did not seem to working. EMS arrived to the family home and cut the umbilical cord. The infant was transported to [REDACTED] Hospital. [REDACTED] was transported by vehicle to the hospital. The infant had a mild heart beat and was transferred to the NICU. The infant was pronounced deceased shortly after. Based on speaking with [REDACTED] she had no idea she was giving birth and that the infant was in the toilet until [REDACTED] arrived upstairs. The cause of death is unknown as the autopsy is still pending.

The investigation into the incident was conducted by [REDACTED] Police Detective [REDACTED], DCS Child Protective Services Unit Lead Investigator [REDACTED], and Investigator [REDACTED]. The investigation into the incident was reassigned to DCS Child Protective Services Unit Lead Investigator [REDACTED], and Investigator [REDACTED].

The report to DCS listed [REDACTED] as the alleged perpetrator of Child Neglect Death. Numerous interviews were



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

conducted with family members and medical professionals.

As part of the investigation, [REDACTED] with the Medical Examiner's Office was interviewed. He reported [REDACTED] preliminary autopsy had no indications of trauma or "foul play". He reported [REDACTED] had no congenital deformities. He reported [REDACTED] had no lung expansion; therefore, indicating [REDACTED] never took a breath.

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 initially presented to the [REDACTED] County Child Protective Investigation Team on 08/28/2014. The Team members were unable to come up with an agreement that there was insufficient or sufficient evidence to unsubstantiate or substantiate the allegation of Child Neglect Death due to the final autopsy report still pending.

It appears [REDACTED] stomach pain immediately prior to 07/09/2014 was the result of her pregnancy and that she had given birth to [REDACTED] on [REDACTED] at her family residence while on the toilet of the upstairs bathroom.

CPSI [REDACTED] received the final autopsy report by mail on 03/30/2015 from the Forensic Medical Examiner's Office. The final autopsy report stated the cause of death to be complications of an unattended delivery and the manner of death natural.

The case was presented to [REDACTED] County Child Protective Investigation Team on 04/02/2015. The Team members were able to come up with an agreement that there was insufficient evidence to substantiate the allegation of Child Neglect Death due to the final autopsy reporting the manner of death as natural.

Currently 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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2015

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/03/2015

Completed date: 04/03/2015

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: 04/03/2015 10:03 AM Entered By: [REDACTED]

CPSI [REDACTED] presented this case to the Child Protective Investigation Team (CPIT) on this day and at this time. All parties agreed with the classification Allegation Unsubstantiated Perpetrator Unsubstantiated. CPSI [REDACTED] had form 0561 completed and signed to be placed in case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/30/2015	Contact Method:
Contact Time: 11:40 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/30/2015
Completed date: 03/30/2015	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: 03/30/2015 11:43 AM Entered By: [REDACTED]

CPSI [REDACTED] received the autopsy report for [REDACTED] by mail from the Office of the Medical Examiner, Center for Forensic Medicine, [REDACTED] Tennessee. The report listed the cause of death as complications of unattended delivery and the manner of death natural. CPSI [REDACTED] reviewed the entire report to be placed in case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/20/2015

Completed date: 04/20/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/20/2015 11:09 AM Entered By: [REDACTED]

Case was reviewed today CPSI will follow up with autopsy request



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/09/2015

Contact Method:

Contact Time: 12:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/09/2015

Completed date: 03/09/2015

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: 03/09/2015 12:57 PM Entered By: [REDACTED]

CPSI [REDACTED] called the Medical Examiner's Office at [REDACTED] and spoke to Ms. [REDACTED]. She reported that [REDACTED] autopsy report is still pending. CPSI [REDACTED] ended phone conversation by thanking her for her time and for speaking with CPSI [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/09/2015

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/09/2015

Completed date: 03/09/2015

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: 03/09/2015 12:39 PM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from Ms. [REDACTED] at [REDACTED]. She was calling to see if CPSI [REDACTED] had received the death certificate and/or autopsy report for [REDACTED]. CPSI [REDACTED] reported to Ms. [REDACTED] that CPSI [REDACTED] had not received either yet but would call the Medical Examiner's Office to check on the status of them. CPSI [REDACTED] ended phone conversation by thanking Ms. [REDACTED] for her time and for working with the department and CPSI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
 Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/28/2015 Contact Method:
 Contact Time: 11:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 12/22/2014
 Completed date: 02/12/2015 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: 12/22/2014 10:40 AM Entered By: [REDACTED]
 [REDACTED] Summary:

The Department of Children's Services (DCS) Child Protective Services Unit received a referral on 07/10/2014 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED].

[REDACTED] was born [REDACTED] to [REDACTED] resides in the home with her mother [REDACTED] and step father [REDACTED]. At the time of delivery [REDACTED] was 38 and 1/2 weeks pregnant. According to [REDACTED] she received regular prenatal care and had no complications during her pregnancy. [REDACTED] reported on Tuesday night 07/08/2014 she started having stomach problems. She reported that she was going back and forth to the restroom and then coming back to lay down. [REDACTED] reported on the morning of Wednesday 07/09/2014 she woke up and was still having stomach pains. She reported she thought she might have had diarrhea. [REDACTED] mother, [REDACTED], was getting ready for work and knew that [REDACTED] was not feeling well and was having discomfort so she called the doctor's office when she was headed to work out of concern. [REDACTED] reported that when she called the doctor's office she got an answering machine service and left a voicemail. [REDACTED], [REDACTED] stepfather, went to the gym to exercise, leaving [REDACTED] home alone. [REDACTED] called [REDACTED] while he was away from the home and [REDACTED] reported she was still in discomfort. [REDACTED] arrived back at the home and ran upstairs when he heard [REDACTED] screaming. [REDACTED] was sitting on the toilet and the infant was inside the toilet. [REDACTED] called 911 and 911 attempted to instruct [REDACTED] in performing CPR via telephone. [REDACTED] reported CPR did not seem to working. EMS arrived to the family home and cut the umbilical cord. The infant was transported to [REDACTED] Hospital. [REDACTED] was transported by vehicle to the hospital. The infant had a mild heart beat and was transferred to the NICU. The infant was pronounced deceased shortly after. Based on speaking with [REDACTED] she had no idea she was giving birth and that the infant was in the toilet until [REDACTED] arrived upstairs. The cause of death is unknown as the autopsy is still pending.

The investigation into the incident was conducted by [REDACTED] Police Detective [REDACTED], DCS Child Protective Services Unit Lead Investigator [REDACTED], and Investigator [REDACTED]. The investigation into the incident was reassigned to DCS Child Protective Services Unit Lead Investigator [REDACTED], and Investigator [REDACTED].

The report to DCS listed [REDACTED] as the alleged perpetrator of Child Neglect Death. Numerous interviews were



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

conducted with family members and medical professionals.

As part of the investigation, [REDACTED] with the Medical Examiner's Office was interviewed. He reported [REDACTED] preliminary autopsy had no indications of trauma or "foul play". He reported [REDACTED] had no congenital deformities. He reported [REDACTED] had no lung expansion; therefore, indicating [REDACTED] never took a breath.

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 initially presented to the [REDACTED] County Child Protective Investigation Team on 08/28/2014. The Team members were unable to come up with an agreement that there was insufficient or sufficient evidence to unsubstantiate or substantiate the allegation of Child Neglect Death due to the final autopsy report still pending.

It appears [REDACTED] stomach pain immediately prior to 07/09/2014 was the result of her pregnancy and that she had given birth to [REDACTED] at her family residence while on the toilet of the upstairs bathroom.

Currently 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.

Pending Autopsy Report



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/02/2015	Contact Method: Face To Face
Contact Time: 02:00 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/05/2015
Completed date: 01/05/2015	Completed By: [REDACTED]
Purpose(s): Well Being,Safety - Child/Community,Service Planning,Permanency	
Contact Type(s): Alleged Perpetrator Interview,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/05/2015 12:31 PM Entered By: [REDACTED]

CPSI [REDACTED] met with Ms. [REDACTED] at her mother's home at [REDACTED] to explain to her that CPSI [REDACTED] was reassigned her family case and CPSI [REDACTED] wanted to come introduce herself and conduct a home visit. Ms. [REDACTED] agreed for CPSI [REDACTED] to enter the residence and conduct a walk through of the two level apartment. During walk through CPSI [REDACTED] observed no visible safety hazards. Ms. [REDACTED] advised CPSI [REDACTED] her family had recently buried her daughter's ashes and they just wanted some closure. CPSI [REDACTED] assured Ms. [REDACTED] that her family case with the department would be closed as soon as possible. Ms. [REDACTED] acknowledged she understood and CPSI [REDACTED] gave her CPSI [REDACTED] business card after asking did she have any questions for CPSI [REDACTED] in which Ms. [REDACTED] denied. CPSI [REDACTED] ended face to face contact with Ms. [REDACTED] by thanking her for her time and for cooperating with the department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/11/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/22/2014

Completed date: 12/22/2014

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: 12/22/2014 10:44 AM Entered By: [REDACTED]

CPSI [REDACTED] was reassigned this case from CPSI [REDACTED] by IC [REDACTED] and LI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/20/2015

Completed date: 04/20/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/20/2015 11:14 AM Entered By: [REDACTED]

CPSI [REDACTED] is still awaiting the autopsy at this time, grief counseling will be offered to the family



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/06/2014

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/06/2014

Completed date: 11/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/06/2014 02:34 PM Entered By: [REDACTED]

Collateral Contact

This CPSI contacted the Medical Examiners office to determine if the final autopsy is completed. The report is not complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/04/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/06/2014

Completed date: 11/06/2014

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: 11/06/2014 02:41 PM Entered By: [REDACTED]

CPIT Panel

CPIT Panel met today to review the case. The final autopsy is not completed. Review continued until next CPIT.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/17/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED].

Recorded For:

Location: DCS Office

Created Date: 11/06/2014

Completed date: 11/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED].

Narrative Details

Narrative Type: Original Entry Date/Time: 11/06/2014 02:32 PM Entered By: [REDACTED].

Collateral Contact

This CPSI contacted the Medical Examiners office to determine if the final autopsy is completed. The report is not complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/15/2014

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/06/2014

Completed date: 11/06/2014

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: 11/06/2014 02:42 PM Entered By: [REDACTED]

CPIT Panel

CPIT Panel met today to review the case. The final autopsy is not completed. Review continued until next CPIT.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/10/2014

Contact Method: Phone Call

Contact Time: 11:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/06/2014

Completed date: 11/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/06/2014 02:31 PM Entered By: [REDACTED]

Collateral Contact

This CPSI contacted the Medical Examiners office to determine if the final autopsy is completed. The report is not complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/23/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/06/2014

Completed date: 11/06/2014

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: 11/06/2014 02:43 PM Entered By: [REDACTED]

CPIT Panel

CPIT Panel met today to review the case. The final autopsy is not completed. Review continued until next CPIT.

I



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method: Phone Call

Contact Time: 10:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/06/2014

Completed date: 11/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/06/2014 02:30 PM Entered By: [REDACTED]

Collateral Contact

This CPSI contacted the Medical Examiners office to determine if the final autopsy is completed. The report is not complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/06/2014

Completed date: 11/06/2014

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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/06/2014 02:37 PM Entered By: [REDACTED]

CPIT Panel

CPIT Panel met today to review the case. The final autopsy is not completed. Review continued until next CPIT.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/27/2014

Completed date: 08/27/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/27/2014 03:50 PM Entered By: [REDACTED]

IC [REDACTED] discussed child death with CPSI [REDACTED] and LI [REDACTED]. Possible stillborn death, but this couldn't be verified through medical professionals. There are no other children in the home. Parents aren't together, but the father had planned to be involved in the child's life. Mother resides in the home with her parents and grief counseling was offered. CPSI has had contact with Det. [REDACTED] and she doesn't have any concerns. Autopsy and CPIT pending. IC provided feedback and asked for additional tasks to be completed. Case will be reviewed again by IC at MSW Review 9/19/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/27/2014

Completed date: 08/27/2014

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: 08/27/2014 11:07 AM Entered By: [REDACTED]

Collateral Contact (8/27/14 @ 11:00 AM)

CPSI talked with the Medical Examiners Office regarding Final Autopsy. It is not complete yet.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/27/2014

Completed date: 08/27/2014

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: 08/27/2014 10:55 AM Entered By: [REDACTED]

Collateral Contact (8/27/14 @ 10:30 AM)

CPSI contacted Detective [REDACTED] regarding the final autopsy report. She stated it was not complete and she will contact me when she receives a copy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2014

Contact Method: Attempted Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 11:22 AM Entered By: [REDACTED]

Collateral Contact (8/26/14 @ 9:30 AM)

This CPSI attempted a phone call to Det. [REDACTED] regarding results from [REDACTED] Autopsy. CPSI left message.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/02/2014

Contact Method: Face To Face

Contact Time: 11:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 11:18 AM Entered By: [REDACTED]

Collateral Contact (8/2/14 @ 11:00 PM)

CPSI discussed the progress on the final autopsy with Detective [REDACTED] at the [REDACTED] Police Station. Det. [REDACTED] stated that she had not received the final autopsy results to date. She stated she will let me know when she does receive them.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/14/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/14/2014

Completed date: 07/14/2014

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: 07/14/2014 11:40 AM Entered By: [REDACTED]

Collateral Contact (7/14/14 @ 9:00)

There was a meeting at the Medical Examiner's Office involving Dr. [REDACTED] M.E., Detective [REDACTED], Lead Investigator [REDACTED] and this CPSI. [REDACTED] gave us the preliminary autopsy finding and indicated at this point there was no indication of trauma, no congenital deformities, and that there was no lung expansion, indicating that the fetus never took a breath. [REDACTED] looked at Det. [REDACTED] photos of the scene and stated that his findings were consistent with the story that the grand father gave to law enforcement and there are no current indications of "foul play". [REDACTED] explained that he needed to find further information from [REDACTED] Hospital regarding the fetus' death (did [REDACTED] find this a "Live or Still Birth" in their records). There still remains further tests and information to complete the autopsy. Detective [REDACTED] indicated that she would follow up with [REDACTED] regarding the "Birth Certificate." This CPSI will follow up and attach the information to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/11/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/11/2014

Completed date: 07/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2014 11:43 AM Entered By: [REDACTED]

Child Death/Near Death Report (7/11/2014)

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 Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/10/2014

Contact Method: Face To Face

Contact Time: 01:46 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/18/2014

Completed date: 09/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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: 09/18/2014 11:22 AM Entered By: [REDACTED]

Baby birth death. Awaiting autopsy results. Preliminary finding shows lungs did not expand.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/10/2014	Contact Method: Face To Face
Contact Time: 01:45 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 07/11/2014
Completed date: 07/11/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Alleged Perpetrator Interview, Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2014 11:50 AM Entered By: [REDACTED]

Parent Interview (On 7/10/14 at 1:45 PM)

This CPSI met with the mother, [REDACTED] at [REDACTED] Medical Center. Ms. [REDACTED] was hospitalized and visibly distraught, and she will continue to be hospitalized at least until tomorrow. This CPSI advised Ms. [REDACTED] of the Office of Child Safety's involvement and explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, and HIPPA Notice of Privacy Practices 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. Ms. [REDACTED] stated that [REDACTED] was the baby's father and that he was involved with her and the baby. This CPSI advised the mother of the availability of grief counseling and the Department's availability to help the family with services.

On 7/10/14 at 2:45 PM, CPSI met with the Step-grandfather [REDACTED] at [REDACTED] Medical Center. He advised me that he had talked with law enforcement and that they had gone back to the home and had gone over the events of the previous evening. Mr. [REDACTED] explained that he had done everything he could to help the baby and became emotional stating he had told everything to law enforcement. This CPSI advised Mr. [REDACTED] of grief counseling and the Department's availability to help the family with services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/10/2014	Contact Method:	Phone Call
Contact Time:	10:13 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/11/2014
Completed date:	07/11/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

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

On 7/10/14 at 10:13 AM, this CPSI had a phone interview with the Detective [REDACTED] in which we discussed the investigation with the [REDACTED] family and also the follow up interviews at the home scene. Pending the autopsy results, there does not appear to be any inconsistencies or concerns in the family stories at this time. The story (as taken from referral made by Detective [REDACTED] is basically that the mother ([REDACTED] stated yesterday morning (7/9/14) she woke up and continued having stomach pains. She stated she thought she had diarrhea. The step-grandfather arrived at the home to check on her and ran upstairs when he heard [REDACTED] screaming. [REDACTED] was sitting on the toilet and the infant was inside the toilet. The step-grandfather called 911 and they attempted to instruct him in performing CPR via telephone. EMS arrived at the home, cut the umbilical cord, and the infant was transported by EMS to [REDACTED] Hospital. Upon arrival, the infant had a mild heart beat and was transferred to the NICU. The infant was pronounced deceased shortly after. [REDACTED] stated that she had no idea that she was giving birth. [REDACTED] stated she did not know the infant was in the toilet until the step-grandfather arrived.

Det. [REDACTED] was at the ME's office awaiting the autopsy. We will attend the Medical Examiners Inquiry sometime next week. CPSI will collect detailed reports from Detective [REDACTED] and place in the file.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/10/2014

Contact Method:

Contact Time: 10:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/30/2014

Completed date: 12/30/2014

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: 12/30/2014 12:03 PM Entered By: [REDACTED]

INITIAL CASE SUMMARY:

Investigator [REDACTED] was assigned the following P1 referral:

The infant is not in state custody. The infant, [REDACTED], was born on [REDACTED] mother is [REDACTED]). [REDACTED] resides with her mother, [REDACTED] and step-father, [REDACTED] was thirty-eight and a half weeks into her pregnancy. According to [REDACTED] she received regular prenatal care and had no complications during the pregnancy. [REDACTED] stated on Tuesday night (July 8th) she started having stomach issues. She reported that she was going back and forth from the restroom and lying back down. [REDACTED] stated yesterday morning (July 9th) she woke up and was still having stomach pains. She stated she thought she had diarrhea. The grandmother, [REDACTED], was getting ready for work and knew that [REDACTED] was not feeling well and was having discomfort. The grandmother was concerned and called the doctor's office when she was headed to work. The grandmother reported that she received the answering service and left a message. The grandmother left the home and went to work. The step-grandfather, [REDACTED], went to the gym to work out, leaving [REDACTED] at the home alone. The step-grandfather called [REDACTED] while he was away from the home and she reported still being in discomfort. The step-grandfather arrived back at the home and ran upstairs when he heard [REDACTED] screaming. [REDACTED] was sitting on the toilet and the infant was inside the toilet. The step-grandfather called 911 and they attempted to instruct him in performing CPR via telephone. The step-grandfather stated CPR did not seem to be working. EMS arrived at the home and cut the umbilical cord. The infant was transported by EMS to [REDACTED] Hospital. [REDACTED] was transported by vehicle to the hospital. The infant had a mild heart beat and was transferred to the NICU. The infant was pronounced deceased shortly after. Based on speaking with [REDACTED] she had no idea that she was giving birth. [REDACTED] stated she did not know the infant was in the toilet until the step-grandfather arrived upstairs. An autopsy will be performed today; the cause of death is unknown at this time. The infant was born full term at thirtyeight weeks; the birth weight of the infant is unknown at this time. Detective [REDACTED] with [REDACTED] Police Department is assigned to the case. The home environment was observed to verify the story, there was blood observed around the toilet. The home conditions were appropriate. The grandmother has a fifteen year old son (Unknown name). The son is spending the summer with relatives and was not home at the time of the incident.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Alleged Perpetrator(s) and Relationship(s): [REDACTED]; Birth Mother

CPIT convened per local protocol in this case as the allegations are Severe.

CPSI [REDACTED] verified the family's history of involvement with DCS through a search with DCS through a search of TNKids/TFACTS and the following history was found:

CASE ID: [REDACTED]

ACV: [REDACTED]

AP: [REDACTED]

Allegation: Sexual Abuse

Classification: Allegation Unsubstantiated Perpetrator Unsubstantiated

Family Composition:

- [REDACTED] Grandfather
- [REDACTED] - Grandmother
- [REDACTED] - Birth Mother (DOB [REDACTED])
- [REDACTED] - Child (DOB & DOD [REDACTED])

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