



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

Case # 2014.115

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	07/17/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	07/13/2014		
Child's Name:	████████████████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	████████████████████	Father:	████████████████████		
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	Child was not in state custody					

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

According to the ██████████ County Medical Examiner's report, the Infant was found to be unresponsive in her crib at approximately 0530 hours on the morning of 7/13/2014. No report was done by responding Deputy ██████████ of the ██████████ County Sheriff's Department. Deputy ██████████ reported that he never entered the home. No SUDI Monitoring Form has been completed. No reenactment of the scene has been done at this time. The ambulance report and the Emergency Room report do not list a mother's account of the fatality. The Emergency Provider Record states that when ██████████ arrived at the Emergency Room, she was cold to the touch and her lips were blue. According to the ambulance report, they were dispatched at 0548. The Narrative states that they were dispatched for a three month old not breathing well. When they arrived, they found the family (does not state who) at the roadside with the baby in their arms. It states that the baby was limp, not breathing, and fluid was noted in the nose. According to the Record of Death, ██████████ time of death was 07/13/2014 at 0619.

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

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

Describe (in detail) interview with family:

██████████ County Sheriff's Investigator, ██████████ and CPSI ██████████ have been unsuccessful in finding the mother as of 1:30 pm on 7/18/2014. No CPS referral was received at the time of death on 7/13/14. The report was not received until 7/17/14. The baby had already been buried by the time the referral was received. Efforts are still being made to locate ██████████ mother. Home visit attempts have been made to Ms. ██████████ address. A Home visit attempt was made to a reported address for ██████████ (maternal grandmother). All available contact numbers have been called. CPSI will continue efforts to locate ██████████.

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

The child was pronounced dead in the Emergency Room of ██████████ Hospital in ██████████ Tennessee on 07/13/2014 at 0619. No DCS referral was made at the time of death.

Describe disposition of body (Death):	Body was sent to ██████████ for an autopsy				
Name of Medical Examiner/Coroner:	Dr. ██████████	Was autopsy requested?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Type:	N/A	Case #:	N/A		

Describe law enforcement or court involvement, if applicable:

Deputy ██████████ of the ██████████ County Sheriff's Department was dispatched to the home when the ambulance was called. Deputy ██████████ stated that the ambulance was already on the scene and CPR had been started when he arrived. Deputy ██████████

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

did not enter the home and he did not do a report.

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):

At this time, it is believed that [REDACTED] is the only child that was in the home.

Name: N/A	Age: N/A

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
04/11/2014	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	ASPS
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information: None

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

Contact Person:	Telephone Number: () -
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: 07/17/2014 01:04 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 07/17/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 07/17/2014 02:27 PM
 First Team Leader Assigned: [REDACTED] Date/Time 07/17/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 07/17/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	[REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: Facsimile
 Notification: Letter

Narrative: Note: This is a facsimile Report.

TFACTS: Yes

Family Case ID's: [REDACTED]

Open Court Custody /FSS/ FCIP: No

Closed Court Custody No

Open CPS - No

Substantiated -04/15/2014, # [REDACTED] DEI, perp: [REDACTED]



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

Death No

Screened out 0

History (not listed above): None

DUPLICATE REFERRAL: NO

County: [REDACTED]
Notification: Letter
School/ Daycare: Unknown
Native American Descent: Unknown
Directions: None Provided., Tennessee

Note: Address, demographics and applicable phone numbers are listed under the oldest child victim, [REDACTED]

Reporter's name/relationship: [REDACTED]

Report states verbatim:

The child was not in DCS custody.

This will serve as notification that the [REDACTED] County Medical Examiner is investigating the death of baby [REDACTED] (DOB: [REDACTED]). This 2 month-old infant was found unresponsive in her crib at approximately 0530 hours on the morning of 7/13/2014. Emergency medical services transported the infant to [REDACTED] ER, where death was pronounced at 0619 hours by Dr. [REDACTED]. A scene investigation was conducted by [REDACTED] County Sheriff's Department and the decedent's remains were transported to the office for autopsy. The cause and manner of death are pending at this time. The mother's name is [REDACTED] (DOB: [REDACTED] SSN# [REDACTED] and her contact phone number is [REDACTED]. Our case number is [REDACTED].

Per SDM: Investigative Track, P1-[REDACTED] Team Leader, 7/17/14 @ 1:43 pm

Child Death or Preliminary Near Death Alert notified via-email

Regional Administrator [REDACTED] notified via 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: Age: 27 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Unable to Age: 10 Mos
Address [REDACTED]
Deceased Date:
School/ ChildCare Comments:
None

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 07/17/2014

Assignment Date: 07/17/2014

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/25/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: 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.

D. Case Workers

Case Worker: [REDACTED]

Date: 11/25/2014

Team Leader: [REDACTED]

Date: 11/25/2014

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:

This is a fatality case. [REDACTED] had already been transported to [REDACTED] for an autopsy. Inv. [REDACTED] and CPSI [REDACTED] went to the home and was able to view the nursery. No safety issues or hazards were noted on the date of the home visit. It should be noted that no one entered the home on the morning that [REDACTED] died due to the family waiting outside to flag the ambulance down.

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

[REDACTED] autopsy was signed by [REDACTED] MD on 11/14/2014. The Summary and Interpretation stated that the autopsy revealed no evidence of traumatic injury. It also stated: The organs appeared to be normally developed. Microscopic examination revealed mild to moderate microvesicular steatosis of the liver. Toxicology analysis of a postmortem blood sample revealed the presence of atropine that is consistent with CPR measures and is otherwise negative for alcohol, screened drugs of abuse and selected therapeutic medications. Nasopharyngeal viral swab culture and cerebrospinal consistent with postmortem contamination. Vitreous electrolyte analysis reveals post mortem changes. Based on the autopsy findings, toxicology results



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]

and additional studies, reported circumstances and available investigative information, the cause of death is certified as sudden unexplained infant death. The manner of death is classified as undetermined.

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

The alleged perpetrator was unknown in the case.

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

[REDACTED] (mother), [REDACTED] (father) and [REDACTED] (grandmother). It was reported that [REDACTED] had been having trouble with spitting up and getting choked since she was born. They stated that this had been reported on several occasions. They stated that [REDACTED] had run a fever continuously from the time she had her shots to the time she passed away. [REDACTED] stated that she called [REDACTED] office because [REDACTED] had knots on her legs from the shots and she had fever. [REDACTED] stated that she was told to massage the knots and to give [REDACTED] Tylenol for fever. It was reported that [REDACTED] had been very fussy the night before she died and [REDACTED] had slept on the floor in the nursery because [REDACTED] didn't feel well. [REDACTED] stated that she woke up because there was a strange smell in the room and when she checked on [REDACTED] she was not breathing.

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

According to medical records, [REDACTED] was born prematurely (at 34 weeks). At birth she tested positive for opiates. According to pharmacy records, [REDACTED] had prescriptions written for hydrocodone during her pregnancy by Dr. [REDACTED] and [REDACTED]. [REDACTED] was in the hospital from her birth on 4/9/14 until she was discharged on 4/24/2014. [REDACTED] was kept in the hospital to be monitored and treated for sepsis. After 48 hours, sepsis was ruled out and [REDACTED] remained in the hospital for 14 days due to low birth weight and the need to gain weight with oral feedings prior to discharge. [REDACTED] pediatrician was Dr. [REDACTED]. She completed all recommended follow up appointments with Dr. [REDACTED]. On 6/12/14, [REDACTED] was given immunizations for: DTaP-HepB-IPV (DTP group, Polio, Hep B), HIB-OMP, Rotavirus and PCV13. It was reported during this visit that [REDACTED] had been spitting up some and was getting choked.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/28/2015

Completed date: 01/28/2015

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: 01/28/2015 02:42 PM Entered By: [REDACTED]

Final approval to close case was given on this date by RID [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: 01/20/2015

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/20/2015

Completed date: 01/20/2015

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: 01/20/2015 02:29 PM Entered By: [REDACTED]

Closing Safety Assessment completed and sent to IC [REDACTED] for approval.



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: 12/04/2014

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/20/2015

Completed date: 01/20/2015

Completed By: [REDACTED]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/20/2015 09:57 AM Entered By: [REDACTED]

CPSI [REDACTED] presented this case at CPIT meeting since the autopsy has been received. It was agreed that this case should be closed as AUPU based on the autopsy information. All forms were completed and signed by CPIT members. There was no recommendation made to file any type of charges due to the autopsy findings.



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: 11/25/2014

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/25/2014

Completed date: 11/25/2014

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: 11/25/2014 10:36 AM Entered By: [REDACTED]

The Tennessee Department of Children's Services (DCS) received a referral on 7/17/2014, with an allegation of Child Neglect Death regarding noncustodial child, [REDACTED]. The report to DCS listed an Unknown Participant [REDACTED] as the alleged perpetrator of a neglect death.

The referral stated: The [REDACTED] County Medical Examiner is investigating the death of baby [REDACTED]. The two month old was found unresponsive in her crib at approximately 0530 hours on the morning of 7/13/2014. Emergency medical services transported the infant to [REDACTED] Hospital [REDACTED] ER, where death was pronounced at 0619 hours by Dr. [REDACTED]. A scene investigation was conducted by the [REDACTED] County Sheriff's Department and the decedents remains were transported to the office for an autopsy. The cause and manner of death are pending.

The investigation into this incident was conducted by the [REDACTED] County Sheriff's Department (Inv. [REDACTED] and Department of Children's Services (CPSI [REDACTED])). Numerous interviews were conducted with family and medical professionals. All medical records were requested and received.

According to medical records, [REDACTED] was born prematurely (at 34 weeks). At birth she tested positive for opiates. According to pharmacy records, [REDACTED] had prescriptions written for hydrocodone during her pregnancy by Dr. [REDACTED] and [REDACTED]. [REDACTED] was in the hospital from her birth on 4/9/14 until she was discharged on 4/24/2014. [REDACTED] was kept in the hospital to be monitored and treated for sepsis. After 48 hours, sepsis was ruled out and [REDACTED] remained in the hospital for 14 days due to low birth weight and the need to gain weight with oral feedings prior to discharge. [REDACTED] pediatrician was Dr. [REDACTED]. She completed all recommended follow up appointments with Dr. [REDACTED]. On 6/12/14, [REDACTED] was given immunizations for: DTaP-HepB-IPV (DTP group, Polio, Hep B), Hib-OMP, Rotavirus and PCV13. It was reported during this visit that [REDACTED] had been spitting up some and was getting choked.

According to ambulance records, they were dispatched 0549 on 7/13/14, for a three month infant not breathing well. When they arrived at the home, they found the family on the side of the road with the baby in their arms. The report stated that the baby was limp and not breathing. It was noted that there was fluid in [REDACTED] nose. CPR was initiated by the ambulance personnel. When they began to bag [REDACTED] a large amount of fluid came out of [REDACTED] mouth and nose. Atropine and Epi was administered twice during CPR by ambulance personnel. The ambulance arrived at



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] Hospital at 0616. [REDACTED] was notified of [REDACTED] death at 0619.

[REDACTED] (mother), [REDACTED] (father) and [REDACTED] (grandmother). It was reported that [REDACTED] had been having trouble with spitting up and getting choked since she was born. They stated that this had been reported on several occasions. They stated that [REDACTED] had run a fever continuously from the time she had her shots to the time she passed away. [REDACTED] stated that she called Dr. [REDACTED] office because [REDACTED] had knots on her legs from the shots and she had fever. [REDACTED] stated that she was told to massage the knots and to give [REDACTED] Tylenol for fever. It was reported that [REDACTED] had been very fussy the night before she died and [REDACTED] had slept on the floor in the nursery because [REDACTED] didn't feel well. [REDACTED] stated that she woke up because there was a strange smell in the room and when she checked on [REDACTED] she was not breathing.

[REDACTED] has had a very hard time over months since [REDACTED] passed away. CPSI was able to set [REDACTED] up for counseling with [REDACTED] to help her with her feelings of anger and loss.

[REDACTED] autopsy was signed by [REDACTED] MD on 11/14/2014. The Summary and Interpretation stated that the autopsy revealed no evidence of traumatic injury. It also stated: The organs appeared to be normally developed. Microscopic examination revealed mild to moderate microvesicular steatosis of the liver. Toxicology analysis of a postmortem blood sample revealed the presence of atropine that is consistent with CPR measures and is otherwise negative for alcohol, screened drugs of abuse and selected therapeutic medications. Nasopharyngeal viral swab culture and cerebrospinal consistent with postmortem contamination. Vitreous electrolyte analysis reveals post mortem changes. Based on the autopsy findings, toxicology results and additional studies, reported circumstances and available investigative information, the cause of death is certified as sudden unexplained infant death. The manner of death is classified as undetermined.

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.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death. The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

Narrative Type: Addendum 1 Entry Date/Time: 01/20/2015 09:57 AM Entered By: [REDACTED]

CPSI [REDACTED] presented this case at CPIT meeting on 12/4/2014, since the autopsy has been received. It was agreed that this case should be closed as AUPU based on the autopsy information. All forms were completed and signed by CPIT members. There was no recommendation made to file any type of charges due to the autopsy findings.



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: 11/25/2014

Contact Method: Correspondence

Contact Time: 12:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 12:15 PM Entered By: [REDACTED]

Notice of Classification sent to DA and Juvenile Court.



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: 11/25/2014

Contact Method: Correspondence

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 12:13 PM Entered By: [REDACTED]

CPSI [REDACTED] classified the case as AUPU and forwarded the classification to LI [REDACTED] for approval



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: 11/25/2014

Contact Method: Correspondence

Contact Time: 11:50 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 12:12 PM Entered By: [REDACTED]

CPSI staffed the autopsy with DCS Nurse [REDACTED] for clarification prior to entering 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: 11/25/2014

Contact Method:

Contact Time: 11:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/25/2014

Completed date: 11/25/2014

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: 11/25/2014 11:44 AM Entered By: [REDACTED]

Report of Investigation by County Medical Examiner downloaded to documents section in TFACTS



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:	11/25/2014	Contact Method:	Correspondence
Contact Time:	08:48 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/25/2014
Completed date:	11/25/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/25/2014 09:05 AM Entered By: [REDACTED]

CPSI [REDACTED] received a copy of the Autopsy performed on [REDACTED] The Summary and Interpretation stated:

The descendent was a three month old female infant with a clinical history of prematurity (gestational age at birth 34 weeks) who reportedly was discovered unresponsive in her crib. EMS responded and proceeded with CPR and transported her to the hospital where continued CPR was performed but was unsuccessful and she was pronounced deceased. Autopsy was ordered by the [REDACTED] County Medical Examiner.

The autopsy reveals no evidence of traumatic injury. The organs appear to be normally developed. Microscopic examination reveals mild to moderate microvesicular steatosis of the liver. Toxicology analysis of a postmortem blood sample reveals the presence of atropine that is consistent with CPR measures and is otherwise negative for alcohol, screened drugs of abuse and selected therapeutic medications. Nasopharyngeal viral swab culture and cerebrospinal consistent with postmortem contamination. Vitreous electrolyte analysis reveals post mortem changes.

Based on the autopsy findings, toxicology results and additional studies, reported circumstances and available investigative information, the cause of death is certified as sudden unexplained infant death. The manner of death is classified as undetermined.

A copy of the completed autopsy can be found in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/24/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 08:55 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted the District Attorney's office to see if they had received an autopsy on [REDACTED]. It was reported that the report had been received. CPSI requested a copy of the report for DCS records so the case could 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: 10/13/2014

Contact Method:

Contact Time: 11:41 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/13/2014

Completed date: 10/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/13/2014 11:45 AM Entered By: [REDACTED]

Case staffed with CPSI and present was IC [REDACTED] PC [REDACTED] and LI [REDACTED] Autopsy is still pending.



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: 09/25/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/29/2014
 Completed date: 09/29/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/29/2014 12:02 PM Entered By: [REDACTED]

Case staffed on this date with IC [REDACTED] LI [REDACTED] and CPSI [REDACTED] CPSI reports she calls weekly for update on when autopsy. It has been requested. There are no other children. Case will remain open.



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: 09/04/2014

Contact Method: Phone Call

Contact Time: 04:18 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/04/2014

Completed date: 09/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2014 04:18 PM Entered By: [REDACTED]

CPSI [REDACTED] called to check on the status of the autopsy. It is still incomplete at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2014

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2014

Completed date: 09/04/2014

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: 09/04/2014 04:17 PM Entered By: [REDACTED]

CPSI discussed this case with the CPIT team. It was agreed that the case would be continued until the autopsy was completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2014 09:26 AM Entered By: [REDACTED]

CPSI [REDACTED] scanned birth records for [REDACTED] to [REDACTED] Safety Nurse, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/27/2014

Completed date: 08/27/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/27/2014 02:33 PM Entered By: [REDACTED]

Awaiting autopsy results and no other children in the home. Mom is in counseling for grief and loss.



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: 08/27/2014 Contact Method: Correspondence
 Contact Time: 12:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/28/2014
 Completed date: 08/28/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2014 09:25 AM Entered By: [REDACTED]

CPSI [REDACTED] scanned [REDACTED] records from Dr. [REDACTED] office and the ER records/ambulance records from the day she passed away to [REDACTED], Safety Nurse for the [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method: Correspondence

Contact Time: 11:42 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2014 09:23 AM Entered By: [REDACTED]

CPSI [REDACTED] received an email from [REDACTED], RN, Child Safety Nurse for the [REDACTED] requesting all medical records that CPSI had obtained on [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/25/2014 Contact Method: Correspondence
 Contact Time: 10:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/26/2014
 Completed date: 08/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 03:36 PM Entered By: [REDACTED]
 CPSI received an email sent by RI [REDACTED] regarding this fatality case. The email stated that there were no more immediate tasks to complete at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/20/2014

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/20/2014

Completed date: 08/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/20/2014 10:33 AM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] at the [REDACTED] Forensic Center to check on the status of the autopsy on [REDACTED]. The operator stated that [REDACTED] would not be back in until later in the week. CPSI asked if there was anyone else I could speak with to get a status update on the autopsy. The operator checked the system and stated that the status was still pending and no report had been issued at this time. CPSI thanked her for her time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/20/2014

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/20/2014

Completed date: 08/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/20/2014 10:35 AM Entered By: [REDACTED]

CPSI called [REDACTED] to let her know that the results of the autopsy was still pending at this time. She had requested that CPSI call her and let her know if it was complete and if it was complete who she needed to call to get information on her baby's autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/18/2014

Contact Method: Phone Call

Contact Time: 12:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2014

Completed date: 08/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2014 01:07 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] at [REDACTED] Counseling Center. She reported that [REDACTED] did show up for her intake. [REDACTED] was with her mother, [REDACTED] [REDACTED] stated that she was appropriate and even laughed a little. She said that she would become tearful when discussing the baby's death. [REDACTED] has a follow up appointment with [REDACTED] therapist on 08/21/2014. She also has an appt to see the doctor for a medication evaluation.



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: 08/15/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 03:31 PM Entered By: [REDACTED]

CPSI [REDACTED] sent an email to IC [REDACTED] and LI [REDACTED] requesting that the fatality case be reviewed to see if anything else needed to be done at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/15/2014

Contact Method: Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2014

Completed date: 08/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 05:15 PM Entered By: [REDACTED]

CPSI called [REDACTED] to see what the progress was on the autopsy report and to make sure she had no more questions about the case. CPSI left my office number and my cell phone number for [REDACTED] to call me back.



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: 08/15/2014

Contact Method: Phone Call

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2014

Completed date: 08/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 05:18 PM Entered By: [REDACTED]

CPSI attempted to contact [REDACTED] and [REDACTED] several times on this date to see if [REDACTED] was able to go to [REDACTED]. CPSI called the contact number that has been provided for them. No one answered the three different times that CPSI called. CPSI was unable to leave a message because the mailbox has not been set up.



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: 08/13/2014

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2014

Completed date: 08/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 05:04 PM Entered By: [REDACTED]

CPSI was able to talk with the therapist that [REDACTED] would see today. CPSI gave her the information needed in an attempt to make [REDACTED] first visit/intake a bit easier for her. CPSI gave the therapist [REDACTED] number and she was going to get special permission to call her and talk with her a bit before she came in today in an attempt to calm her and make the visit less traumatic. The therapist agreed to call CPSI and keep me informed.



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: 08/13/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2014

Completed date: 08/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 05:01 PM Entered By: [REDACTED]

CPSI called [REDACTED] and explained the situation with each counseling center so that she could make an informed decision on where she wanted to go. [REDACTED] decided to go with [REDACTED] Counseling Center. CPSI asked her if she would like for me to call ahead and give them her information and a summary of her situation. [REDACTED] thanked CPSI for her help and stated that she would appreciate that.



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: 08/13/2014

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2014

Completed date: 08/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 04:59 PM Entered By: [REDACTED]

CPSI called [REDACTED] S, [REDACTED] Hospital, and [REDACTED] Counseling. CPSI was able to talk with therapist at all three agencies about [REDACTED] and her current situation in an attempt to get her an emergency appointment. [REDACTED] Counseling reported that they have a "walk in time" from 1:00 to 3:00 daily. They stated that [REDACTED] could come today with this provision. CPSI agreed to call [REDACTED] with the information and the 800 number to call with her insurance information.



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: 08/12/2014 Contact Method: Face To Face
 Contact Time: 01:30 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/15/2014
 Completed date: 08/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/15/2014 04:55 PM Entered By: [REDACTED]

CPSI [REDACTED] and Inv. [REDACTED] met with [REDACTED] and [REDACTED] on this date at the DCS office. [REDACTED] started crying almost immediately upon entering the room. She stated that she missed her baby girl and she wanted to know why she died. [REDACTED] reported that the baby's father has left her and he has another woman pregnant. [REDACTED] stated that there was too much drama over that and she just couldn't deal with all of that right now. CPSI [REDACTED] and Inv. [REDACTED] spent a lot of time just listening to [REDACTED] and allowing her to express her grief over losing her child. We talked to [REDACTED] and [REDACTED] about counseling. [REDACTED] said that she would be glad to have counseling. CPSI told her that I would work on getting her an appt this afternoon so that she can have the support. They stated that [REDACTED] is taking Zoloft but they don't think it is really helping.

[REDACTED] gave us the following timeline:

1:00 am - Baby was hungry and fussy. [REDACTED] fed her and changed her diaper. [REDACTED] laid down with [REDACTED] on her chest for comfort.

3:00 am - Baby woke up again and took another bottle. [REDACTED] put the baby in her crib and [REDACTED] fixed herself a bed in the floor beside the crib

Between 5:30 and 6:00 am - [REDACTED] stated that she woke up because there was a very weird odor in the room. She said that she got up to check on the baby. The baby was not breathing. [REDACTED] described the baby as still being warm but having blue lips. [REDACTED] stated that there was foamy stuff coming for the baby's left nostril and there was a small drop of blood on the right side of her mouth. [REDACTED] stated that the baby was laying on her side which was the same way she put her to sleep earlier that night.

[REDACTED] kept saying over and over, if I had just kept her on my chest I would have known she wasn't breathing and she might be alive. [REDACTED] expressed a lot of guilt feelings about putting the baby in the crib.

[REDACTED] talked about the baby spitting up and it taking her breath when that happened. [REDACTED] stated that she talked with the nurses and the doctor about this at the hospital because it scared her. She said that she also asked about it on subsequent visits to Dr. [REDACTED] office.

CPSI asked [REDACTED] about the knots on her leg and the fever that the baby ran after her shots. [REDACTED] stated that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

she was giving the baby 1.25(in a dropper). [REDACTED] stated that she used a full bottle and part of a second during the month after the baby had shots. She said that the first time she used infant tylenol (name brand) the second time she used Little Remedies. [REDACTED] said that the last dose [REDACTED] had prior to her death was around 8:00 or 9:00 pm the night before. [REDACTED] stated that she had given her a bath and some tylenol to her her ready for bed.

The family talked about the knots on [REDACTED] legs from her shots. CPSI asked her if she took the baby back to the doctor. [REDACTED] stated that she called Dr [REDACTED] office and they told her to do the tylenol for fever and to keep massaging the knots on her legs. [REDACTED] stated that it was probably about two weeks after [REDACTED] shots that she called the doctor about this.

[REDACTED] was extremely emotional during the interview. We stopped the questions several times to allow her to catch her breath. We attempted to comfort the family and let them talk about their grief. They stated that they wanted the autopsy so they would know what caused [REDACTED] death.

CPSI gave the family business cards again and made sure that [REDACTED] knew what safety measures to take in case she felt that [REDACTED] grief caused the need for her to be evaluated for her safety.

Narrative Type: Addendum 1 Entry Date/Time: 08/20/2014 10:26 AM Entered By: [REDACTED]

CPSI explained the Client's Rights Handbook, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA), Notice of Equal Access to Programs and Services, and the Release of Information to and from DCS. Copies of the Client Rights Handbook, Notification of Equal Access, and HIPAA were provided to the family. CPSI obtained signed acknowledgements of such forms and copies have been placed into the hard 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: 08/07/2014

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2014

Completed date: 09/04/2014

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: 09/04/2014 04:16 PM Entered By: [REDACTED]

CPSI discussed this case with the CPIT team. It was agreed that the case would be continued until the autopsy was completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/23/2014 Contact Method: Phone Call
 Contact Time: 03:30 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/23/2014
 Completed date: 07/23/2014 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: 07/23/2014 05:07 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] on this date to discuss this case and to share information that was gathered at the home visit. CPSI [REDACTED] gave [REDACTED] the grandmother's account of things that led up to the baby going to bed and the medical information that was provided for us. CPSI [REDACTED] forwarded two pictures that were taken of the baby bed to [REDACTED]. One was of the bedding that was reportedly used on the night that [REDACTED] found the baby and a second picture was of a clear stain that was on the pink bottom sheet in the baby's crib. CPSI also informed [REDACTED] that we completed the SUDI form and that Inv. [REDACTED] would be sending it to her. [REDACTED] thanked CPSI for my time and information. [REDACTED] stated that they had no preliminary information ready for release. She stated that they were still waiting on the records from [REDACTED] Hospital and then she would get everything together and forward it for the doctor to 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: 07/22/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/23/2014

Completed date: 07/23/2014

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: 07/23/2014 05:02 PM Entered By: [REDACTED]

CPSI [REDACTED] and Inv. [REDACTED] met at the DCS office on this date. CPSI [REDACTED] assisted Inv. [REDACTED] with information to complete the SUDI form to sent to the Forensic Investigator.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/21/2014 Contact Method:
 Contact Time: 04:37 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/26/2014
 Completed date: 08/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 03:00 PM Entered By: [REDACTED]

Case staffed on this date with Inv. [REDACTED] Contacts have been made with the family. She and LE were able to see the house, the baby's room, photos were taken. They spoke to hte grandmother who was present in the home when the death occurred.She was able to an account of the night before the baby passed away. The mother was present but was unable to be interviewed on the initial contact due to being on strong medicaton to assist with her grief. Mom has been put on Zololoft because she was an emotional wreck.. The family are extremely worried about the mother. Inv. [REDACTED] spoke to the family about grief counseling. There are no other children who live in 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: 07/21/2014 Contact Method: Face To Face
 Contact Time: 03:30 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/23/2014
 Completed date: 08/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/23/2014 05:20 PM Entered By: [REDACTED]

CPSI [REDACTED] and Inv. [REDACTED] went to visit the home of [REDACTED] TN [REDACTED]. When we arrived, [REDACTED] answered the phone. He stated that he was [REDACTED] birth father. We asked to speak with [REDACTED]. He pointed to the couch and stated that she was asleep. CPSI observed [REDACTED] to be asleep in a fetal position covered up by a blanket. [REDACTED] stated that they had given [REDACTED] some medicine because she was not dealing with the baby's death very well. [REDACTED] reported that he was not at the home the night that [REDACTED] passed away. He stated that he had been in jail up until two days prior to her death. We asked if anyone else had been at the home the night this happened. [REDACTED] reported that [REDACTED] mother, [REDACTED] had been at the house. He went to the back of the house to get [REDACTED] to meet with us. [REDACTED] came to the kitchen area to meet with us. Inv. [REDACTED] explained that we were there as a follow up to [REDACTED] passing away. [REDACTED] asked if she could answer our questions so that she didn't have to wake [REDACTED] up. She stated that [REDACTED] was having a really hard time right now dealing with her baby dying. She said that [REDACTED] had gone to a doctor's appointment with her and when the doctor saw what shape [REDACTED] was in, he wrote her a prescription for medication to try and help her nerves. CPSI [REDACTED] asked for clarification on [REDACTED] legal name. She stated that [REDACTED] was her maiden name and [REDACTED] was her married name. [REDACTED] stated that [REDACTED] and [REDACTED] were married on 11/9/2012 in [REDACTED] County. [REDACTED] stated that she was living in the home with [REDACTED] and [REDACTED] (brother). She stated that the night that [REDACTED] passed away, she was in the home along with [REDACTED] and [REDACTED] girlfriend, [REDACTED].

[REDACTED] reported that [REDACTED] was not sick. She stated that [REDACTED] was a premie and had spent several weeks in the hospital. [REDACTED] and [REDACTED] stayed at the hospital to help care for the baby during this time. [REDACTED] stated that [REDACTED] had gotten her first set of shots from [REDACTED] office a month before she died. She said that [REDACTED] had run a low grade fever and had knots in her legs for the next month. [REDACTED] reported that they were giving [REDACTED] infant tylenol (little remedies) for the last month.

[REDACTED] stated that the night prior to [REDACTED] death, she was very fussy. She said that [REDACTED] had fed her and put her to sleep. [REDACTED] stated that the baby was up and down all night because she was so fussy. [REDACTED] reported that [REDACTED] made a pallet in the baby's room to be near the baby while she slept. [REDACTED] stated that she thought the baby last ate around 4:30 pm. When asked about the position of the baby [REDACTED] stated that the baby normally slept on her side. [REDACTED] believes that the baby may have rolled over on her stomach when



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] found her. [REDACTED] stated that she was asleep and [REDACTED] came running into her room and the baby was blue. [REDACTED] stated that [REDACTED] stated that when she woke up there was a very strong odor in the room and she knew something was not right.

We asked [REDACTED] if she could give us a timeline to the best of her knowledge. She stated the following:

2:30 am - [REDACTED] fed the baby and she whined. She went to sleep.
 4:30 am - Baby woke up whining again - put in crib on her side and mom laid down in the floor in the nursery
 5:30 am - mom woke up to very strong odor and checked on the baby. The baby was blue.

[REDACTED] denied that there were any pillows or toys in the crib with [REDACTED]. She stated that the same sheets were still on the bed, because they just could not bring themselves to do anything with the room at this time. CPSI and Inv. [REDACTED] asked [REDACTED] if she would be up to showing us the baby's room and bed. [REDACTED] said that she would accompany us into the nursery.

Upon entering the Nursery, CPSI saw the baby's crib across the room from the door. The pink sheets were noted to have a dry clear stain on them. [REDACTED] pulled the blankets up and showed CPSI that the baby was under a very light flannel blanket. The baby bed had a pink sheet tightly fitted on the bottom. The top flannel blanket was tight at the bottom but loose on the top. To the left of the baby bed there was a small garbage can that had diapers and bottles in it. Beside the garbage can was a changing table. There were a lot of diapers and wipes here. On the side wall to the left of the bed, there was an older dresser that had no drawers in it. There were diapers, wipes, and other needed baby items on it. (such a baby wash, powder, lotion, etc). There was a large pile of clothes beside the small dresser. CPSI noted a baby bathtub in this stuff. There was a rocking chair beside the clothes pile. Beside the rocking chair was a baby bassinet. The bassinet was not being used and was piled full of clothes. On the side wall to the right of the baby bed, there was a shelf with a lot of light blankets and fleece blankets. Beside the shelf there was as book case. The book case had the baby's clothing, medicine (such as tylenol) and other baby items on it. CPSI noted small bottles of formula for the baby. She was on Infamil - Infant Care. There was another big pile of clothing beside the bookcase.

CPSI and Inv. [REDACTED] did not notice any hazards in the room. The piles of clothing would have become an issue once [REDACTED] was crawling or walking but at this point she is not mobile.

CPSI asked [REDACTED] about the "choking" that was reported to Dr. [REDACTED] during June. She stated that sometimes the baby would get choked when she spit up or took formula. [REDACTED] stated that milk would come out her nose and it would take her breath. [REDACTED] stated that [REDACTED] did this during the two weeks she was in the hospital as well as after she got home. [REDACTED] stated that Dr. [REDACTED] told them to suction it out.

We thanked [REDACTED] for helping us and allowing us into her home. CPSI talked with [REDACTED] about counseling services that could be set up for [REDACTED] or any of the other household members that were having trouble coping with [REDACTED] death. [REDACTED] stated that she felt that [REDACTED] would need it.

CPSI explained that I would be going on vacation and gave her LI [REDACTED] information in case she needed anything during this time. CPSI explained that I would need to talk with [REDACTED] and have her sign forms. CPSI told [REDACTED] that I would work with [REDACTED] anyway needed to make her more comfortable in this situation. We also discussed immediate steps that could be taken if [REDACTED] gets any worse, such as, taking her to the Emergency Room.

** CPSI notes that [REDACTED] was the only child in this home**

Narrative Type: Addendum 1 Entry Date/Time: 08/15/2014 05:06 PM Entered By: [REDACTED]

CPSI attempted to take pictures of the bed on this date. CPSI took several pictures but it was very hard to get the lighting right because of the bright window right by the crib. Pictures will be printed and placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/18/2014

Contact Method:

Contact Time: 04:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/23/2014

Completed date: 07/23/2014

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: 07/23/2014 04:59 PM Entered By: [REDACTED]

No Observation of the Child could be completed due to the baby being buried yesterday.

No other children have been interviewed. At this time, there is no knowledge that there are any other children in the home.

No SDM Assessment was completed on this case due to their being no other children in 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: 07/18/2014

Contact Method:

Contact Time: 04:40 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/23/2014

Completed date: 07/23/2014

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: 07/23/2014 04:56 PM Entered By: [REDACTED]

CPSI [REDACTED] forwarded the Form CS-0635 Notification of Child Death Form to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/18/2014

Contact Method:

Contact Time: 02:54 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/23/2014

Completed date: 07/23/2014

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: 07/23/2014 04:49 PM Entered By: [REDACTED]

CPSI [REDACTED] completed the Form CS-0635 Notification of Child Death Form. CPSI emailed the form to LI [REDACTED] IC [REDACTED], Program Coordinator [REDACTED], and RI [REDACTED] for approval



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/18/2014 Contact Method: Phone Call
 Contact Time: 02:00 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/23/2014
 Completed date: 07/23/2014 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: 07/23/2014 04:38 PM Entered By: [REDACTED]

CPSI [REDACTED] called and spoke with [REDACTED] Forensic Investigator for the [REDACTED] Forensic Examiner's office. CPSI provided [REDACTED] information that had been provided to DCS at this point about the case. [REDACTED] stated that they were still running pathology on the case. [REDACTED] asked if there was anyway CPSI could help get a SUDI form. She stated that she had talked with Deputy [REDACTED] but he had no report and he had not completed a SUDI form. CPSI explained to [REDACTED] that from what we have been able to find out, no one entered the home on the day the child passed away. Deputy [REDACTED] did not go inside and the family was waiting by the road to flag the ambulance down when they arrived. CPSI stated that CPSI had not been able to find any documented account of [REDACTED] story when she found the baby. CPSI explained that myself and Inv. [REDACTED] had attempted to meet with the mother and grandmother today but had not been able to find them. CPSI gave [REDACTED] Inv. [REDACTED] phone number so she could reach her if needed. CPSI told [REDACTED] that as soon as we could get more information about the case and then home that we would contact her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/18/2014

Contact Method: Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/23/2014

Completed date: 07/23/2014

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: 07/23/2014 04:20 PM Entered By: [REDACTED]

CPSI [REDACTED] checked DHS records, hospital records, and Dr. [REDACTED] records to see if they had any additional addresses or phone numbers on file for the family or emergency contact information.

Inv. [REDACTED] also checked law enforcement records for any additional information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/18/2014 Contact Method: Attempted Face To Face
 Contact Time: 09:15 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/23/2014
 Completed date: 07/23/2014 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: 07/23/2014 04:19 PM Entered By: [REDACTED]

CPSI [REDACTED] and Inv. [REDACTED] traveled to the home of [REDACTED] at [REDACTED] in [REDACTED] TN. [REDACTED]. CPSI knocked several times and no one answered the door. Inv. [REDACTED] walked around the outside of the home and did not see any signs of anyone in the house. There was a small car there. Inv. [REDACTED] ran the tags and they came back to a different address.

CPSI [REDACTED] called the number on file for [REDACTED] two different times [REDACTED]. A male answered the phone and kept saying that he could not hear me. Inv. [REDACTED] tried to call the same number three different time sand it went straight to voice mail.

CPSI [REDACTED] called the emergency number listed on the ER Records for [REDACTED]. That number was no longer a working number.

CPSI [REDACTED] and Inv. [REDACTED] traveled to [REDACTED] in [REDACTED]. This address was listed on the ER Records as [REDACTED] address. An older gentleman answered and stated that he did not know [REDACTED] or [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method: Correspondence

Contact Time: 04:40 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/23/2014

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: 07/23/2014 04:24 PM Entered By: [REDACTED]

CPSI [REDACTED] received records from Dr. [REDACTED] office. Records can be found in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 04:33 PM Entered By: [REDACTED]

TFACTS Case History Search was Completed on this date. One referral was found on [REDACTED]

Inv # [REDACTED] - Received 4/11/2014 - Alleged Child Victim is [REDACTED] - Alleged Perpetrator is [REDACTED] - Allegation is Drug Exposed Infant.

Case Summary entered by CPSI [REDACTED]

After meeting with the family CPSI learned that [REDACTED] did use THC while she was pregnant. Both [REDACTED] and [REDACTED] tested positive while in the hospital. CPSI met with [REDACTED] after they were released and [REDACTED] consented to a drug screen; she only tested positive for opiates, which she had a prescription for. [REDACTED] meconium showed that she was positive for THC and opiates. The opiates are a result of [REDACTED] medication. CPSI is substantiating these allegations because of [REDACTED] positive drug screen. CPSI performed a walkthrough of the family home and found it to have running water, food, electricity, and beds.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method: Phone Call

Contact Time: 04:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/23/2014

Completed date: 07/23/2014

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: 07/23/2014 04:39 PM Entered By: [REDACTED]

Referent Interview was completed on this date to begin the Investigation process.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method: Phone Call

Contact Time: 04:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 04:13 PM Entered By: [REDACTED]

CPSI [REDACTED] called Pediatrician Dr. [REDACTED] office [REDACTED]. CPSI spoke with medical records. They confirmed that [REDACTED] was a patient in their office. CPSI was told to fax a release of information to their office and they would fax me the records back this afternoon.

CPSI Faxed the Release of Information to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method:

Contact Time: 03:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 03:47 PM Entered By: [REDACTED]

Confidential Notification Letter for Reporter was mailed to the referent on this date by CPSI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method: Phone Call

Contact Time: 02:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,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: 07/17/2014 03:36 PM Entered By: [REDACTED]

CPSI [REDACTED] convened CPIT on this date with Inv [REDACTED] of the [REDACTED] County Sheriff's Dept. [REDACTED] was aware of the child death. Arrangements were made for CPSI [REDACTED] and Inv. [REDACTED] to go to the home in the morning. Inv. [REDACTED] stated that Deputy [REDACTED] responded to the home on Sunday. He stated that when he arrived the EMS was still doing CPR on the child. Deputy [REDACTED] did not enter the home. No pictures were taken and no report has been done. The child was later pronounced dead at the [REDACTED] Hospital Emergency Room.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 03:30 PM Entered By: [REDACTED]

CPSI [REDACTED] Updated Demographic Information for [REDACTED] in TFACTS to show deceased and date of death. Cause of death was entered as undetermined until a preliminary results are received from medical examiners office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method: Phone Call

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 03:56 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] (worker) at the [REDACTED] County Health Dept. ([REDACTED]). [REDACTED] reported that she received a referral from [REDACTED] at the [REDACTED] Hospital in [REDACTED] TN. [REDACTED] stated that she and her supervisor, [REDACTED], went to the hospital and saw [REDACTED] and [REDACTED] on 04/14/2014. She reported that [REDACTED] agreed to work with the [REDACTED] program and she appeared to be more than willing to meet with her when they left the hospital. [REDACTED] stated that since 4/14/14, she had made three attempted home visits. The dates for those visits were: 5/21/14, 5/30/14, and 6/27/14. [REDACTED] stated that no one answered the door when she went to the home. [REDACTED] stated that she had sent a letter to [REDACTED] and she had contacted [REDACTED] brother in an attempt to get a messenger.

CPSI [REDACTED] faxed a release of information to [REDACTED] at [REDACTED]. CPSI requested a copy of her notes or a summary of the above information that she provided for CPSI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method: Phone Call

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 04:11 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] Hospital [REDACTED] and spoke with [REDACTED] in Medical Records. CPSI explained that this was a child fatality and CPSI would need the records as soon as possible. [REDACTED] told CPSI to fax her the Release of Information and she would begin printing the notes. [REDACTED] reported that there were about 180 pages of notes for [REDACTED] because she was in the hospital for about two weeks when she was born. [REDACTED] will send all of those notes as well as the Emergency Room records from the death. [REDACTED] stated that they would be ready for pick up in about thirty minutes.

CPSI [REDACTED] faxed a release of information to [REDACTED] at [REDACTED]

Secretary [REDACTED] traveled to [REDACTED] Hospital to pick up the medical records.

Medical Records can be located in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/23/2014

Completed date: 09/23/2014

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)**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/23/2014 01:24 PM Entered By: [REDACTED]

per 20.27 a Face to Face observation is not required.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/17/2014 Contact Method:
 Contact Time: 01:04 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/17/2014
 Completed date: 07/17/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 03:26 PM Entered By: [REDACTED]

CPSI [REDACTED] received a P1 Investigation on this date. The allegation is abuse death-severe. The Alleged Child Victim is [REDACTED] The Alleged Perpetrator is Unknown.

The referral states: The child was not in DCS custody. This will serve as notification that the [REDACTED] County Medical Examiner is investigating the death of baby [REDACTED] (DOB: [REDACTED]). This 2 month-old infant was found unresponsive in her crib at approximately 0530 hours on the morning of 7/13/2014. Emergency medical services transported the infant to [REDACTED] ER, where death was pronounced at 0619 hours by Dr. [REDACTED]. A scene investigation was conducted by [REDACTED] County Sheriff's Department and the decedent's remains were transported to the office for autopsy. The cause and manner of death are pending at this time. The mother's name is [REDACTED] (DOB: [REDACTED] SSN [REDACTED] and her contact phone number is [REDACTED]. Our case number is [REDACTED].

Child Death or Preliminary Near Death Alert notified via-email and Regional Administrator [REDACTED] notified via email



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/17/2014 Contact Method:
 Contact Time: 01:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/21/2014
 Completed date: 07/21/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/21/2014 02:19 PM Entered By: [REDACTED]

Case staffed with IC [REDACTED] as soon as the case was submitted. IC [REDACTED] will inform RID [REDACTED] of this Neglect/Death referral. There are no other children involved as this was mother's only child. The funeral is taking place same date and time the intake was submitted. Inv. will gather what medical and LE reports available at this time and attempt to make contact with mother and any other parent/caretaker first thing on 7/18/14. LI [REDACTED] contacted Inv. [REDACTED] and staffed steps planned with her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method:

Contact Time: 04:33 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 04:35 PM Entered By: [REDACTED]

CPSI [REDACTED] received an email from [REDACTED] (Special Assistant to the Deputy Commissioner). He requested that CPSI verify the custody status, age at death, and gender after CPSI met with [REDACTED]. CPSI emailed back information from the Hospital medical records to verify these three questions.