



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

Case # 2014.152

| | | | | | | |
|---|---|-------------------------------------|---------------------------|---------------------------|----------------|------------|
| Intake #: | ██████████ | Investigation #: | ██████████ | Date of Referral: | 09/15/2014 | |
| Type: (Please check one) | <input checked="" type="checkbox"/> DEATH | <input type="checkbox"/> NEAR DEATH | Date of Death/Near Death: | 09/14/2014 | | |
| Child's Name: | ██████████ | DOB: | ██████████ | Person ID: | ██████████ | |
| Gender: | <input checked="" type="checkbox"/> Male | <input 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: | N/A | | | | | |

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

The ██████████ County Medical Examiner's Office is investigating the death of ██████████ (DOB: ██████████). This 20 day old infant was witnessed becoming unresponsive while being treated at ██████████ Hospital, ██████████ at about 1834 hrs on 09/14/14. He was treated in the emergency department but death was pronounced at 1930 hrs on 09/14/14 by ██████████. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is ██████████ (DOB ██████████).

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:

██████████ stated on 9/14/14 ██████████ began to wheeze early in the morning and would not take a bottle. She further stated it was a concern and ██████████ stated he was going to take him to the hospital before he went to church. ██████████ shared a week prior she reported to ██████████ doctor, ██████████ that he was wheezing and the doctor stated he was just congested. She further shared that ██████████ ran tests on ██████████ and all of the tests came back normal. ██████████ stated ██████████ took ██████████ to the hospital, but she was not sure what hospital ██████████ took ██████████ to but she believed it was ██████████. She shared ██████████ was trying to give her a break and that's why she did not go with them. She further stated the hospital would not examine ██████████ due to her not being present. She shared that ██████████ and ██████████ arrived back home around 11am or 12pm and ██████████ said ██████████ did good in church and he took a bottle. ██████████ stated around sometime in the afternoon (maybe 5pm) ██████████ started back wheezing so she and ██████████ took him to ██████████ Hospital. ██████████ also mentioned that ██████████ made a scream while having a bowel movement which was unusual. She stated they waited in the waiting area and ██████████ was asleep in his car seat. She further stated they called him in the back and as ██████████ was passing ██████████ to the doctor to put him on the scale the doctor asked why he was stiff. She shared after the doctor picked him up off the scale he started to tap ██████████ and take his pulse and then ran out of the room with ██████████. ██████████ shared she and ██████████ ran behind the doctor. ██████████ stated they worked on him in the back, but he never started back breathing.

██████████ reported she had ██████████ full term with no issues with her pregnancy. She stated she was told ██████████ was healthy on each follow up appointment to ██████████. She further shared she and ██████████ are the only people who cared for ██████████. She stated ██████████ weighed 7lb and 2ozs at birth.

██████████ stated around 4am he noticed that ██████████ was wheezing and crying so he got him out of his bassinet to see if he was okay. He stated when he picked ██████████ up his eyes were bucked but that they went back down. He further stated he and ██████████ held ██████████ all morning due to him crying and not eating. ██████████ stated he attempted to try and feed ██████████ about four or five times. He further stated about 7am ██████████ made a loud noise which he had not heard before. ██████████ stated his grandmother, ██████████, was visiting the home that morning and she held him while he showered. He stated after he got out of the shower his grandmother told him to take him on to the hospital to get him checked out. ██████████ stated around 9:30am he left the home and attempted to get ██████████ examined at ██████████ Hospital. He stated ██████████ Hospital would not examine ██████████ due to ██████████ not being present. He further stated he was told he was not on the insurance so ██████████ had to bring him. ██████████ stated he and ██████████ then went to ██████████

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

RDA 2993

CS-0635, Rev. 08/13

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| | | |
|-----------|------------------|-------------------|
| Intake #: | Investigation #: | Date of Referral: |
|-----------|------------------|-------------------|

He shared that [redacted] acted normal at church and that he took a bottle. He stated when he changed his diaper at church he noticed that [redacted] eyes were light yellow and he asked a lady at the church was that normal and the lady told him yes. [redacted] stated he and [redacted] arrived back home and he thought [redacted] was fine. He shared [redacted] started back wheezing in the afternoon and he and [redacted] decided to take him to [redacted] Hospital. [redacted] stated they waited in the waiting room and [redacted] appeared to be fine as he slept in his car seat. He stated they went into the back and as he was passing [redacted] to the doctor as [redacted] neck fell back and the doctor asked why he was so stiff as he put him on the scale. He stated the doctor picked [redacted] off of the scale and checked his pulse and then rushed him out of the room. [redacted] stated they put IVs on [redacted] gave him shots, and put something over his mouth in an attempt to try to get him to breathe. He stated the doctor told him that it had been 15 mins and [redacted] had not breathe but he told the doctor to keep trying to get him back. He stated he got upset and left out of the room and called his sister, [redacted] to come to the hospital. He shared that [redacted] followed him because he was so upset. [redacted] stated that [redacted] went back to see him and they told her that he was dead. He further stated they all went back in the room with [redacted] and waited until the coroner came and got [redacted] body.

[redacted] reported the doctor told him that [redacted] sugar was low and it was a possible infection. He shared that a week prior [redacted] wheezed occasionally off and on, but they thought he was just congested like [redacted] told them.

[redacted] (12 years old), the minor uncle of [redacted] who also resides in the home was interviewed. He stated he was home on Sunday, 9/14/14, and observed [redacted]. He shared that Sunday morning he got [redacted] from [redacted] and took him downstairs to [redacted]. He further shared that [redacted] was crying but he does not remember if he was wheezing. [redacted] stated that he has heard [redacted] wheeze off and on before, but it was not loud and it was about a week ago.

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

N/A

| | | | |
|--|---|------------------------|---|
| Describe disposition of body (Death): | [redacted] County Medical Examiner | | |
| Name of Medical Examiner/Coroner: | [redacted] | Was autopsy requested? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| 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: | N/A | Case #: | N/A |

Describe law enforcement or court involvement, if applicable:

None at the time

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

[redacted] and [redacted] do not have any other children.

| | |
|-------|------|
| 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 |
|------|--------|-------------|---------|--------------|--------------------|
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |

| | | | | | | | |
|---|------------|------------------|--|------------------------------|--|--|------------------------------|
| Intake #: | ██████████ | Investigation #: | ██████████ | Date of Referral: | 09/20/2014 | Case # | 2014-152 |
| / | / | | | | | | |
| / | / | | | | | | |
| / | / | | | | | | |
| Any media inquiry or is attention expected? | | | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | List organizations requesting information: N/A | | |
| 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 checked="" type="checkbox"/> No | <input 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: 09/15/2014 09:45 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 09/15/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 09/16/2014 08:54 AM
 First Team Leader Assigned: [REDACTED] Date/Time 09/16/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 09/16/2014 12:00 AM

Allegations

| Alleged Victim | Age | Allegation | Severe ? | Alleged Perpetrator | Relationship to Alleged Victim |
|----------------|----------|---------------|----------|---|--------------------------------|
| [REDACTED] | Deceased | Neglect Death | Yes | Unknown Participant [REDACTED] Unknown | None |

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: None

Narrative: TFACTS:
 Family ID: None
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated No
 Death No
 Screened out None
 History (not listed above): None

DUPLICATE REFERRAL: No

County: [REDACTED]
 Notification: No



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

School/ Daycare: N/A
Native American Descent: Unknown
Directions: none given

Reporter's name/relationship: [REDACTED]

Child is NOT in custody.

Reporter states (TYPED VERBATIM):

This will serve as notification that the [REDACTED] County Medical Examiner's Office is investigating the death of [REDACTED] (DOB: [REDACTED]). This 20 day old infant was witnessed becoming unresponsive while being treated at [REDACTED] Hospital, [REDACTED] at about 1834 hrs on 09/14/14. He was treated in the emergency department but death was pronounced at 1930 hrs on 09/14/14 by [REDACTED]. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]). Our case is [REDACTED]. The decedent's address is [REDACTED]. The father's name is [REDACTED].

Special Needs or Disabilities: N/A

Child's current location/is the child safe at this time: N/A

Perpetrator's location at this time: unknown

Any other safety concerns for the child(ren) or worker who may respond: N/A

Sex Offender Registry: N/A

Per SDM: Investigative Track, P1

[REDACTED] and RA [REDACTED] notified @ 10:07 am CST on 9/15/14.
County notified.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: Deceased

Address: [REDACTED]

Deceased Date: 09/14/2014

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: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 09/15/2014

Assignment Date: 09/16/2014

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] 05/12/2015 |

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is insufficient evidence to support the opinion that a harmful situation exist. Investigator completed all investigative tasks.

D. Case Workers

Case Worker: [REDACTED]

Date: 05/12/2015

Team Leader: [REDACTED]

Date: 05/12/2015

E. Investigation Summary

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

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

[REDACTED] was deceased.

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

Investigator spoke with [REDACTED] Risk Management Director at [REDACTED] Hospital. regarding [REDACTED]. She shared that the parents' chief complaint when arrived at the hospital was that [REDACTED] was feeding well and was making a gargling sound on the way to the hospital. [REDACTED] further shared that the doctor noted that the parents reported that [REDACTED] had poor weight gain and they denied any fever, breathing issues, or vomiting. It was further reported that [REDACTED] was observed to be limped and unresponsive in triage and then he was rushed to the back. The doctor reported that [REDACTED] experienced cardiac arrest and acute respiratory failure.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

The alleged perpetrator is unknown.

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

The dept received a referral on 9/15/14 regarding [REDACTED] [REDACTED] alleging neglect death against unknown participant. It was reported the [REDACTED] County Medical Examiner's Office is investigating the death of [REDACTED] (DOB: [REDACTED]). This 20 day old infant was witnessed becoming unresponsive while being treated at [REDACTED] Hospital, [REDACTED] at about 1834 hrs on 09/14/14. He was treated in the emergency department but death was pronounced at 1930 hrs on 09/14/14 by [REDACTED]. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]). Our case is MEC# [REDACTED]. The decedent's address is [REDACTED]. The father's name is [REDACTED].

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

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 07/06/2015

Contact Method:

Contact Time: 09:17 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 09:22 AM Entered By: [REDACTED]

This CPS/CPIT investigation has been completed by CPSI [REDACTED] [REDACTED] I have completed my review of this case and all investigative tasks have been completed.

The case was presented to CPIT Team and they made a collective decision for the allegation of Neglect Death to be classified as unsubstantiated.

A classified CS-740 will be sent to Juvenile Court for notification to the Judge and the DA.

This case was submitted to [REDACTED] [REDACTED] IC for further review.

This case was then submitted to [REDACTED] [REDACTED] RID for Further review.

This case was then submitted to [REDACTED] [REDACTED] Deputy Director of Investigations, for final review and Approval.

This case has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2015

Completed date: 06/30/2015

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: 06/30/2015 11:21 AM

Entered By: [REDACTED]

Investigator scanned [REDACTED] [REDACTED] medical records along with the autopsy report into documents in TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/08/2015 Contact Method:
 Contact Time: 01:44 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/08/2015
 Completed date: 06/30/2015 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: 06/08/2015 01:45 PM Entered By: [REDACTED]

This CPS/CPIT investigation has been completed by CPSI [REDACTED] I have completed my review of this case and all investigative tasks have been completed.

The case was presented to CPIT Team and they made a collective decision for the allegation of Neglect Death to be classified as unsubstantiated.

Due to the allegation of Neglect Death, this case was submitted to IC, [REDACTED] [REDACTED] for further review. Once IC [REDACTED] review is complete, this investigation will be submitted to RID, [REDACTED] [REDACTED] for further review. Once RID [REDACTED] review is

completed this case will be closed and a classified CS-740 will be sent to Juvenile Court for notification to the Judge and the DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/31/2015 Contact Method:
 Contact Time: 08:57 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/31/2015
 Completed date: 05/31/2015 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: 05/31/2015 08:57 PM Entered By: [REDACTED]

The case of [REDACTED] [REDACTED] has been submitted for review. LI is permitting the case to remain open until the case has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 05/12/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/18/2015
 Completed date: 05/18/2015 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: 05/18/2015 02:04 PM Entered By: [REDACTED]

Investigator completed the Initial Safety Assessment. There are no current immediate harm factors and interventions. The safety decision is: Safe.

Narrative Type: Created In Error Entry Date/Time: 06/03/2015 10:14 AM Entered By: [REDACTED]

inaccurate info



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/12/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/03/2015

Completed date: 06/03/2015

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: 06/03/2015 10:14 AM Entered By: [REDACTED]

Investigator completed the Closing Safety Assessment. There are no current immediate harm factors and interventions. The safety decision is: Safe.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
Contact Date: 05/12/2015 Contact Method:
Contact Time: 12:00 PM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 05/12/2015
Completed date: 05/12/2015 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: 05/12/2015 12:10 PM Entered By: [REDACTED]

Referral assigned:

The Department of Children's Services (DCS) Investigations Unit received a referral on 9/15/2014 regarding [REDACTED] [REDACTED] alleging child neglect death against an unknown participant.

Synopsis of event:

[REDACTED] stated that on 9/14/14 [REDACTED] began to wheeze early in the morning and would not take a bottle. She further stated it was a concern and [REDACTED] stated that he was going to take him the hospital before he went to church. [REDACTED] shared that a week prior she reported to [REDACTED] doctor, [REDACTED] that he was wheezing and the doctor stated he was just congested. She further shared that [REDACTED] ran tests on [REDACTED] and all of the tests came back normal. [REDACTED] stated that she was not sure what hospital [REDACTED] took [REDACTED] to but she believed it was [REDACTED]. She shared that [REDACTED] was trying to give her a break and that's why she did not go with them. She further stated that the hospital would not examine [REDACTED] due to her not being present. She shared that [REDACTED] and [REDACTED] arrived back home around 11am or 12pm and that [REDACTED] said [REDACTED] did good in church and that he took a bottle. [REDACTED] stated that around sometime in the afternoon (maybe 5pm) [REDACTED] started back wheezing so she and [REDACTED] took him to [REDACTED] Hospital. [REDACTED] also mentioned that [REDACTED] make a scream while having a bowel movement which was unusual. She stated that they waited in the waiting area and [REDACTED] was asleep in his car seat. She further stated that they called him in the back and as [REDACTED] was passing [REDACTED] to the doctor to put him on the scale the doctor asked why he was stiffed. She shared that after the doctor picked him up off the scale he started to tap [REDACTED] and take his pulse and then ran out of the room with [REDACTED]. [REDACTED] shared that she and [REDACTED] ran behind the doctor. [REDACTED] stated that they worked on him in the back but he never started back breathing.

Investigators involved:

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

Alleged Perpetrator:

The report to DCS listed an unknown participant the birth mother, [REDACTED] [REDACTED] as the alleged perpetrator of Child Neglect Death. Interviews were conducted with the birth mother, [REDACTED] [REDACTED] and birth father, [REDACTED] [REDACTED] and all of the family members that resided in the home.

Details of interviews:

[REDACTED] reported that she had [REDACTED] full term with no issues with her pregnancy. She stated that she was told [REDACTED] was healthy on each appointment. She further shared that she and [REDACTED] are the only people who cared for [REDACTED]. She stated that [REDACTED] weighed 7lb and 2ozs at birth.

[REDACTED] [REDACTED] stated that around 4am he noticed that [REDACTED] was wheezing and crying so he got him out of his



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████ ██████████

Case Status: Close

Organization: ██████████ Region

bassinnet to see if he was okay. He stated that when he picked ██████████ up his eyes were bucked but that they went back down. He further stated that he and ██████████ held ██████████ all morning due to him crying and not eating. ██████████ stated that he attempted to try and feed ██████████ about four or five times. He further stated that about 7am ██████████ made a loud noise which he had not heard before. ██████████ stated that his grandmother, ██████████ was visiting the home that morning and she held him while he showered. He stated that after he got out of the shower his grandmother told him to take him on to the hospital to get him checked out. ██████████ stated that around 9:30am he left the home and attempted to get ██████████ examined at ██████████ Hospital. He stated that ██████████ Hospital would not examine ██████████ due to ██████████ not being present. He further stated that he was told he was not on the insurance so ██████████ had to bring him. ██████████ stated that he and ██████████ then went to ██████████. He shared that ██████████ acted normal at church and that he took a bottle. He stated that when he changed his diaper at church he noticed that ██████████ eyes were light yellow and he asked a lady at the church was that normal and the lady told him yes. ██████████ stated that he and ██████████ arrived back home and he thought ██████████ was fine. He shared that he started back wheezing in the afternoon and he and ██████████ decided to take him to ██████████ Hospital. ██████████ stated that they waited in the waiting room and ██████████ appeared to be fine as he slept in his car seat. He stated the went into the back and as he was passing ██████████ to the doctor ██████████ neck kind of fell back and the doctor asked why he was so stiff as he put him on the scale. He stated that the doctor picked ██████████ off of the scale and checked his pulse and then rushed him out of the room. ██████████ stated that they put IVs on ██████████ gave him shots, and put something over his mouth in an attempt to try and get him to breathe. He stated that the doctor told him that it had been 15 mins and ██████████ had not breathe but he told the doctor to keep trying to get him back. He stated that he got upset and left out of the room and called his sister, ██████████ to come to the hospital. He shared that ██████████ followed him because he was so upset. ██████████ stated that ██████████ went back to see him and they told her that he was dead. He further stated that they all went back in room with ██████████ and waited until the coroner came and got ██████████ body. ██████████ reported that the doctor told him that ██████████ sugar was low and it was a possible infection. He shared that a week prior ██████████ wheeze occasionally off and on but they thought he was just congested like ██████████ told them. ██████████ (12 years old), brother of ██████████ who also resides in the home was interviewed. He stated that he was home on Sunday, 9/14/14, and observed ██████████. He shared that Sunday morning he got ██████████ from ██████████ and took him downstairs to ██████████. He further shared that ██████████ was crying but he does not remember if he was wheezing. ██████████ stated that he has heard ██████████ wheeze off and on before but it was not loud and it was about a week ago. Investigator spoke with ██████████ uncle of ██████████ stated that he saw ██████████ and ██████████ at church on Sunday. He shared that he observed ██████████ shortly after church. He further shared that ██████████ was putting him in the car and he was sleeping in his carseat. Investigator spoke with ██████████ cousin of ██████████. He stated that he saw ██████████ and ██████████ during church from a distance and ██████████ was crying throughout service. When asked how long did ██████████ cry, ██████████ stated only for a few seconds. He further shared that he observed ██████████ after church as ██████████ was putting him in the car. He stated ██████████ appeared to be fine. Investigator spoke with ██████████ grandmother of ██████████ and mother of ██████████ and she stated that her last interaction with ██████████ was 9/6/14. She stated that she goes out of town for her job and she arrived back the night ██████████ passed. ██████████ stated that ██████████ acted like a normal baby and he only slept and ate as all new babies do. Investigator asked if she observed ██████████ wheezing any and she stated no. She shared that she still can not believe ██████████ is gone and they are planning a funeral.

Investigator spoke with ██████████ Risk Management Director at ██████████ Hospital. regarding ██████████. She shared that the parents' chief complaint when arrived at the hospital was that ██████████ was feeding well and was making a gargling sound on the way to the hospital. ██████████ further shared that the doctor noted that the parents reported that ██████████ had poor weight gain and they denied any fever, breathing issues, or vomiting. It was further reported that ██████████ was observed to be limped and unresponsive in triage and then he was rushed to the back. The doctor reported that ██████████ experienced cardiac arrest and acute respiratory failure.

Investigator spoke with ██████████ aunt of ██████████. ██████████ shared that her last interaction with ██████████ was Saturday night. She shared that she came home to get dressed and go back out and her grandmother, ██████████ was there feeding ██████████. She shared that she gave him a kiss and he was not wheezing then. ██████████ shared that she has observed ██████████ breathing heavily and when she asked ██████████ what was wrong, ██████████ stated that the doctor stated that he was congested.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Policy:

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.

CPIT:

The case of [REDACTED] [REDACTED] was presented to the Child Protective Investigation Teams (CPIT) in [REDACTED] County on 5/8/15. The team was concerned with child's birth records along with the mother's prenatal records. The records were received and reviewed by the team.

Results of the interview:

[REDACTED] [REDACTED] and [REDACTED] [REDACTED] (parents of [REDACTED]) interviews were conducted in the home on 9/16/14. They explained the events that took place leading of the death of [REDACTED]. They were both emotional while being interviewed. They cried throughout periods of the interview.

Preponderance of evidence

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death. According to the autopsy report, the manner of death was natural.

Closing and classification

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

Narrative Type: Created In Error Entry Date/Time: 06/05/2015 03:44 PM Entered By: [REDACTED]

inaccurate info



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 05/12/2015 Contact Method:
Contact Time: 12:00 PM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 06/05/2015
Completed date: 06/05/2015 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: 06/05/2015 03:45 PM Entered By: [REDACTED]

Referral assigned:

The Department of Children's Services (DCS) Investigations Unit received a referral on 9/15/2014 regarding [REDACTED] [REDACTED] alleging child neglect death against an unknown participant.

Synopsis of event:

[REDACTED] stated that on 9/14/14 [REDACTED] began to wheeze early in the morning and would not take a bottle. She further stated it was a concern and [REDACTED] stated that he was going to take him the hospital before he went to church. [REDACTED] shared that a week prior she reported to [REDACTED] doctor, [REDACTED] that he was wheezing and the doctor stated he was just congested. She further shared that [REDACTED] ran tests on [REDACTED] and all of the tests came back normal. [REDACTED] stated that she was not sure what hospital [REDACTED] took [REDACTED] to but she believed it was [REDACTED]. She shared that [REDACTED] was trying to give her a break and that's why she did not go with them. She further stated that the hospital would not examine [REDACTED] due to her not being present. She shared that [REDACTED] and [REDACTED] arrived back home around 11am or 12pm and that [REDACTED] said [REDACTED] did good in church and that he took a bottle. [REDACTED] stated that around sometime in the afternoon (maybe 5pm) [REDACTED] started back wheezing so she and [REDACTED] took him to [REDACTED] Hospital. [REDACTED] also mentioned that [REDACTED] make a scream while having a bowel movement which was unusual. She stated that they waited in the waiting area and [REDACTED] was asleep in his car seat. She further stated that they called him in the back and as [REDACTED] was passing [REDACTED] to the doctor to put him on the scale the doctor asked why he was stiffed. She shared that after the doctor picked him up off the scale he started to tap [REDACTED] and take his pulse and then ran out of the room with [REDACTED]. [REDACTED] shared that she and [REDACTED] ran behind the doctor. [REDACTED] stated that they worked on him in the back but he never started back breathing.

Investigators involved:

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

Alleged Perpetrator:

The report to DCS listed an unknown participant the birth mother, [REDACTED] [REDACTED] as the alleged perpetrator of Child Neglect Death. Interviews were conducted with the birth mother, [REDACTED] [REDACTED] and birth father, [REDACTED] [REDACTED] and all of the family members that resided in the home.

Details of interviews:

[REDACTED] reported that she had [REDACTED] full term with no issues with her pregnancy. She stated that she was told [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

was healthy on each appointment. She further shared that she and [REDACTED] are the only people who cared for [REDACTED]. She stated that [REDACTED] weighed 7lb and 2ozs at birth.

[REDACTED] stated that around 4am he noticed that [REDACTED] was wheezing and crying so he got him out of his bassinet to see if he was okay. He stated that when he picked [REDACTED] up his eyes were bucked but that they went back down. He further stated that he and [REDACTED] held [REDACTED] all morning due to him crying and not eating. [REDACTED] stated that he attempted to try and feed [REDACTED] about four or five times. He further stated that about 7am [REDACTED] made a loud noise which he had not heard before. [REDACTED] stated that his grandmother, [REDACTED] was visiting the home that morning and she held him while he showered. He stated that after he got out of the shower his grandmother told him to take him on to the hospital to get him checked out. [REDACTED] stated that around 9:30am he left the home and attempted to get [REDACTED] examined at [REDACTED] Hospital. He stated that [REDACTED] Hospital would not examine [REDACTED] due to [REDACTED] not being present. He further stated that he was told he was not on the insurance so [REDACTED] had to bring him. [REDACTED] stated that he and [REDACTED] then went to [REDACTED] Church. He shared that [REDACTED] acted normal at church and that he took a bottle. He stated that when he changed his diaper at church he noticed that [REDACTED] eyes were light yellow and he asked a lady at the church was that normal and the lady told him yes. [REDACTED] stated that he and [REDACTED] arrived back home and he thought [REDACTED] was fine. He shared that he started back wheezing in the afternoon and he and [REDACTED] decided to take him to [REDACTED] Hospital. [REDACTED] stated that they waited in the waiting room and [REDACTED] appeared to be fine as he slept in his car seat. He stated the went into the back and as he was passing [REDACTED] to the doctor [REDACTED] neck kind of fell back and the doctor asked why he was so stiff as he put him on the scale. He stated that the doctor picked [REDACTED] off of the scale and checked his pulse and then rushed him out of the room. [REDACTED] stated that they put IVs on [REDACTED] gave him shots, and put something over his mouth in an attempt to try and get him to breathe. He stated that the doctor told him that it had been 15 mins and [REDACTED] had not breathe but he told the doctor to keep trying to get him back. He stated that he got upset and left out of the room and called his sister, [REDACTED] to come to the hospital. He shared that [REDACTED] followed him because he was so upset. [REDACTED] stated that [REDACTED] went back to see him and they told her that he was dead. He further stated that they all went back in room with [REDACTED] and waited until the coroner came and got [REDACTED] body.

[REDACTED] reported that the doctor told him that [REDACTED] sugar was low and it was a possible infection. He shared that a week prior [REDACTED] wheeze occasionally off and on but they thought he was just congested like [REDACTED] told them.

[REDACTED] (12 years old), brother of [REDACTED] who also resides in the home was interviewed. He stated that he was home on Sunday, 9/14/14, and observed [REDACTED]. He shared that Sunday morning he got [REDACTED] from [REDACTED] and took him downstairs to [REDACTED]. He further shared that [REDACTED] was crying but he does not remember if he was wheezing. [REDACTED] stated that he has heard [REDACTED] wheeze off and on before but it was not loud and it was about a week ago.

Investigator spoke with [REDACTED] uncle of [REDACTED]. [REDACTED] stated that he saw [REDACTED] and [REDACTED] at church on Sunday. He shared that he observed [REDACTED] shortly after church. He further shared that [REDACTED] was putting him in the car and he was sleeping in his carseat.

Investigator spoke with [REDACTED] cousin of [REDACTED]. He stated that he saw [REDACTED] and [REDACTED] during church from a distance and [REDACTED] was crying throughout service. When asked how long did [REDACTED] cry, [REDACTED] stated only for a few seconds. He further shared that he observed [REDACTED] after church as [REDACTED] was putting him in the car. He stated [REDACTED] appeared to be fine.

Investigator spoke with [REDACTED] grandmother of [REDACTED] and mother of [REDACTED] and she stated that her last interaction with [REDACTED] was 9/6/14. She stated that she goes out of town for her job and she arrived back the night [REDACTED] passed. [REDACTED] stated that [REDACTED] acted like a normal baby and he only slept and ate as all new babies do. Investigator asked if she observed [REDACTED] wheezing any and she stated no. She shared that she still can not believe [REDACTED] is gone and they are planning a funeral.

Investigator spoke with [REDACTED] Risk Management Director at [REDACTED] Hospital. regarding [REDACTED]. She shared that the parents' chief complaint when arrived at the hospital was that [REDACTED] was feeding well and was making a gargling sound on the way to the hospital. Mary further shared that the doctor noted that the parents reported that [REDACTED] had poor weight gain and they denied any fever, breathing issues, or vomiting. It was further reported that [REDACTED] was observed to be limped and unresponsive in triage and then he was rushed to the back. The doctor reported that [REDACTED] experienced cardiac arrest and acute respiratory failure.

Investigator spoke with [REDACTED] aunt of [REDACTED]. [REDACTED] shared that her last interaction with [REDACTED] was Saturday night. She shared that she came home to get dressed and go back out and her grandmother, [REDACTED] was there feeding [REDACTED]. She shared that she gave his a kiss and he was not wheezing then. [REDACTED] shared that she has



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

observed [REDACTED] breathing heavily and when she asked [REDACTED] what was wrong, [REDACTED] stated that the doctor stated that he was congested.

Policy:

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.

CPIT:

The case of [REDACTED] [REDACTED] was presented to the Child Protective Investigation Teams (CPIT) in [REDACTED] County on 5/8/15. The team was concerned with child's birth records along with the mother's prenatal records. The records were received and reviewed by the team.

Results of the interview:

[REDACTED] [REDACTED] and [REDACTED] [REDACTED] (parents of [REDACTED]) interviews were conducted in the home on 9/16/14. They explained the events that took place leading of the death of [REDACTED]. They were both emotional while being interviewed. They cried throughout periods of the interview.

Preponderance of evidence

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

Closing and classification

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/08/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/12/2015

Completed date: 05/12/2015

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: 05/12/2015 11:47 AM Entered By: [REDACTED]

The case of [REDACTED] [REDACTED] was presented today in CPIT. The team deemed to classify the case as AUPU after reviewing the medical records and prenatal records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/24/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/27/2015

Completed date: 04/27/2015

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: 04/27/2015 10:04 AM Entered By: [REDACTED]

Investigator received the prenatal records for [REDACTED] [REDACTED] A copy will be placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/20/2015 Contact Method:
 Contact Time: 11:45 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: 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): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/20/2015 11:46 AM Entered By: [REDACTED]

LI [REDACTED] has reviewed the investigation concerning the death of [REDACTED] [REDACTED] LI has approved for the investigation to remain open while CPSI [REDACTED] completes additional investigative tasks.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/27/2015

Completed date: 04/27/2015

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: 04/27/2015 10:03 AM Entered By: [REDACTED]

Investigator sent a request for [REDACTED] [REDACTED] prenatal records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/07/2015

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2015 09:13 AM Entered By: [REDACTED]

Investigator met with [REDACTED] [REDACTED] at [REDACTED]

[REDACTED] stated she was doing fine. She was excited to share her new baby bump and Investigator gave her proper praise. [REDACTED] apologized for not following through with the scheduled the visits or returning Investigator phone calls. [REDACTED] signed the Release of Information form so Investigator can request her prenatal records. [REDACTED] stated that her lawyer is still trying to get information from [REDACTED] office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/11/2015 Contact Method:
 Contact Time: 09:55 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/11/2015
 Completed date: 03/11/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2015 10:00 PM Entered By: [REDACTED]

LI has reviewed this investigation and has given permission for this case to remain open pending the completion of the autopsy. LI has assigned additional investigative tasks to be completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/11/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/12/2015
 Completed date: 03/12/2015 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: 03/12/2015 08:50 AM Entered By: [REDACTED]
 Investigator has called [REDACTED] [REDACTED] several times in an attempt to reschedule the visit; however, she has not returned Investigator's phone call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/24/2015

Contact Method: Attempted Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/12/2015

Completed date: 03/12/2015

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: 03/12/2015 08:51 AM Entered By: [REDACTED]

Investigator attempted to complete a home visit with [REDACTED] [REDACTED] at [REDACTED] No one answered the door.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/18/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/12/2015

Completed date: 03/12/2015

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: 03/12/2015 08:48 AM Entered By: [REDACTED]

Investigator had a home visit schedule with [REDACTED] [REDACTED] on 2/17/15; however, due to the weather the visit was cancelled.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/04/2015 Contact Method:
 Contact Time: 01:15 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/04/2015
 Completed date: 02/04/2015 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: 02/04/2015 01:20 PM Entered By: [REDACTED]

[REDACTED] or [REDACTED] do not have previous history with the dept.

Jssi: No data found
 TBI (sex offender): No data found for your search
 National (sex offender): 0 hits
 Felony Offender: No results that match the search
 Meth Offender: No records found
 Dept of Health check: No records found

[REDACTED] [REDACTED]
 Jssi: 2014 Poss of Cont Substance Marijuana, 2013, Driving while license S/R/C, 2013 Failure to pay county fine, 2013 Disregard stop sign, 2013 Failure to pay county fine, 2013 Speed limit- school zone
 TBI (sex offender): No data found for your search
 National (sex offender): 0 hits
 Felony Offender: No results that match the search
 Meth Offender: No records found
 Dept of Health check: No records found



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/03/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/18/2015

Completed date: 05/18/2015

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: 05/18/2015 02:09 PM Entered By: [REDACTED]

The autopsy report regarding [REDACTED] [REDACTED] was received. According to the report, the cause of death is "sepsis due to pyelonephritis of kidneys" and manner of death is "natural".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/02/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/04/2015

Completed date: 02/04/2015

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: 02/04/2015 01:15 PM Entered By: [REDACTED]

[REDACTED] [REDACTED] medical records were obtained from [REDACTED] office. The report stated [REDACTED] was seen 9/5/14 for his one week appointment. According to the report, [REDACTED] had a temperatures of 100, 99.7, and 99.0 while as the office. There were no problems of constipation, sleep, spitting up, or excessive crying reported. It was further reported [REDACTED] passed the hearing and vision test. The report stated [REDACTED] had a low grade temp.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: System Completed

Contact Date: 01/30/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/04/2015

Completed date: 03/02/2015

Completed By: System Completed

Purpose(s):

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time:

Entered By:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 01/16/2015 Contact Method: Correspondence
 Contact Time: 09:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/04/2015
 Completed date: 02/04/2015 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: 02/04/2015 01:05 PM Entered By: [REDACTED]
 The case of [REDACTED] [REDACTED] was reviewed today in CPIT. The team deemed at this time that the autopsy report is needed.

Narrative Type: Created In Error Entry Date/Time: 06/30/2015 02:48 PM Entered By: [REDACTED]
 error



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/16/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2015

Completed date: 06/30/2015

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: 06/30/2015 02:51 PM Entered By: [REDACTED]

The initial notification regarding [REDACTED] [REDACTED] case was presented today in CPIT. The team deemed to review autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] [REDACTED]

Status: Completed

Contact Date: 01/13/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

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: 01/13/2015 10:40 AM Entered By: [REDACTED]

Investigator faxed over release of information to [REDACTED] office to obtain medical records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/13/2015

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2015

Completed date: 01/13/2015

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: 01/13/2015 10:39 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] [REDACTED] and she stated Investigator could complete a face to face visit with her on 1/15/15. She also gave Investigator [REDACTED] primary care doctor, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/10/2015 Contact Method:
 Contact Time: 11:08 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/10/2015
 Completed date: 01/10/2015 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: 01/10/2015 11:13 PM Entered By: [REDACTED]

LI reviewed the case of [REDACTED] [REDACTED]. It has been approved for this case to continue to be opened. CPSI needs to complete additional tasks while waiting for the autopsy report to be completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/09/2015

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

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: 01/09/2015 11:08 AM Entered By: [REDACTED]

Investigator called the [REDACTED] County Medical Examiner's Office and checked the status of the autopsy report for [REDACTED] [REDACTED].
 Investigator was informed that the autopsy reported was not completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/09/2015

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

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: 01/09/2015 11:10 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] [REDACTED] to schedule a home visit and she stated she would call Investigator back due to her not knowing her work schedule for next week.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 12/03/2014 Contact Method: Correspondence
Contact Time: 09:00 AM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 01/09/2015
Completed date: 01/09/2015 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: 01/09/2015 11:12 AM Entered By: [REDACTED]
[REDACTED] [REDACTED] medical records were received from [REDACTED] [REDACTED] Hospital. A copy of the records will be placed in the case file.

Narrative Type: Addendum 1 Entry Date/Time: 01/13/2015 11:33 AM Entered By: [REDACTED]

The report indicates [REDACTED] [REDACTED] was seen at [REDACTED] [REDACTED] [REDACTED] on 9/14/14. The report stated the final diagnosis for [REDACTED] [REDACTED] is cardiac arrest of a newborn. The report further stated "the chief complaint was patient presented to triage limp and lethargic. It further states "the patient presents in cardio-respiratory arrest. The onset was per the parents he was not feeding well today but they deny any fever or breathing difficulty, no vomiting per their report. On the way to the hospital he was making gurgling sounds and on arrival to triage RN noted patient to be limp and unresponsive and he stopped breathing. Witnessed arrest by nurse. Initial cardiac rhythm Asystole. Preceding symptoms poor feeding. Risk factors consist of age. Mom denies any complications with her pregnancy, no complications at delivery, he was born full term. Poor weight gain per parents report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/02/2014 Contact Method: Phone Call
 Contact Time: 09:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/09/2015
 Completed date: 01/09/2015 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: 01/09/2015 11:07 AM Entered By: [REDACTED]

Investigator called the [REDACTED] County Medical Examiner's Office and checked the status of the autopsy report for [REDACTED] [REDACTED]
 Investigator was informed that the autopsy reported was not completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/02/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED], [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2015 11:05 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] [REDACTED]. She stated she was doing fine and was back working. She shared her work schedule keeps her busy. When asked if she was still going to grief counseling, she stated yes. She shared [REDACTED] was not but that he was dealing with the death fine. She shared [REDACTED] is still working and going to school. She shared they were not having any problems.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/26/2014 Contact Method: Attempted Phone Call
 Contact Time: 08:50 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/26/2014
 Completed date: 11/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/26/2014 08:52 AM Entered By: [REDACTED]
 Investigator attempted to call [REDACTED] [REDACTED] to touch basis with her; however, no one answered the phone. Investigator left a message.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/26/2014

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/26/2014

Completed date: 11/26/2014

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: 11/26/2014 08:50 AM Entered By: [REDACTED]

Investigator called the [REDACTED] County Medical Examiner's Office and checked the status of the autopsy report for [REDACTED] [REDACTED].
 Investigator was informed that the autopsy reported was not completed.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/25/2014 Contact Method: Correspondence
 Contact Time: 08:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/09/2015
 Completed date: 01/09/2015 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: 01/09/2015 11:14 AM Entered By: [REDACTED]
 [REDACTED] [REDACTED] medical records were received from [REDACTED] [REDACTED] Hospital. A copy of the records will be placed in the case file.

Narrative Type: Addendum 1 Entry Date/Time: 01/13/2015 11:13 AM Entered By: [REDACTED]
 The report indicates [REDACTED] [REDACTED] was born on [REDACTED] at [REDACTED] [REDACTED] Hospital. The records indicate [REDACTED] was a normal newborn case. He was born 7lbs 1.8oz and 20" in length. He was delivered at 39wks.
 Discharge summary on [REDACTED] indicates [REDACTED] had possible GBS exposure, treated 2 times prior to delivery. The discharged condition is good. The report stated "the patient remained in the hospital overnight and started to eat better. He hasn't had any new problems other than appearing jaundice on examination today. He will be discharged home to follow up next week."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/16/2014 Contact Method:
 Contact Time: 09:15 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/16/2014
 Completed date: 10/16/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/16/2014 09:23 AM Entered By: [REDACTED]

Investigator called the [REDACTED] County Medical Examiner's Office and checked the status of the autopsy report for [REDACTED] [REDACTED]
 Investigator was informed that the autopsy reported was not completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/16/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/16/2014

Completed date: 10/16/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/16/2014 09:18 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] [REDACTED]. She shared that they were doing a little better with coping with [REDACTED] death. Investigator asked if she and [REDACTED] wanted grief counseling and she shared that she was already attending grief counseling at their church at the [REDACTED] Church in [REDACTED]. Investigator inquired if [REDACTED] was attending and she stated no. She shared that [REDACTED] stated he did not need it. [REDACTED] shared that they still have not received the cause of death. Investigator informed [REDACTED] to let her know if they changed their minds about the grief counseling.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2014

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/19/2014

Completed date: 09/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Other Persons Living in Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2014 11:54 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] [REDACTED] aunt of [REDACTED] [REDACTED] [REDACTED] shared that her last interaction with [REDACTED] was Saturday night. She shared that she came home to get dressed and go back out and her grandmother, [REDACTED] was there feeding [REDACTED]. She shared that she gave his a kiss and he was not wheezing then. [REDACTED] shared that she has observed [REDACTED] breathing heavily and when she asked [REDACTED] what was wrong, [REDACTED] stated that the doctor stated that he was congested.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2014

Contact Method: Phone Call

Contact Time: 12:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/19/2014

Completed date: 09/19/2014

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: 09/19/2014 11:51 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] [REDACTED] [REDACTED] [REDACTED] at [REDACTED] [REDACTED] Hospital. regarding [REDACTED] [REDACTED]. She shared that the parents' chief complaint when arrived at the hospital was that [REDACTED] was feeding well and was making a gargling sound on the way to the hospital. Mary further shared that the doctor noted that the parents reported that [REDACTED] had poor weight gain and they denied any fever, breathing issues, or vomiting. It was further reported that [REDACTED] was observed to be limped and unresponsive in triage and then he was rushed to the back. The doctor reported that [REDACTED] experienced cardiac arrest and acute respiratory failure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2014

Contact Method: Attempted Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/18/2014

Completed date: 09/18/2014

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: 09/18/2014 10:41 AM Entered By: [REDACTED]

Investigator attempted to call [REDACTED] [REDACTED] aunt of [REDACTED] [REDACTED] It stated that the number was not a working number.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/17/2014 Contact Method: Attempted Phone Call
 Contact Time: 08:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/18/2014
 Completed date: 09/18/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Persons Living in Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2014 10:40 AM Entered By: [REDACTED]
 Investigator attempted to call [REDACTED] [REDACTED] aunt of [REDACTED] [REDACTED] No one answered the phone. Investigator left her contact information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2014

Contact Method: Phone Call

Contact Time: 05:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/18/2014

Completed date: 09/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Other Persons Living in Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2014 10:38 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] [REDACTED] grandmother of [REDACTED] [REDACTED] and mother of [REDACTED] [REDACTED] and she stated that her last interaction with [REDACTED] was 9/6/14. She stated that she goes out of town for her job and she arrived back the night [REDACTED] passed. [REDACTED] stated that [REDACTED] acted like a normal baby and he only slept and ate as all new babies do. Investigator asked if she observed [REDACTED] wheezing any and she stated no. She shared that she still can not believe [REDACTED] is gone and they are planning a funeral.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2014

Contact Method: Phone Call

Contact Time: 04:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/18/2014

Completed date: 09/18/2014

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: 09/18/2014 10:37 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] [REDACTED] cousin of [REDACTED] [REDACTED]. He stated that he saw [REDACTED] and [REDACTED] during church from a distance and [REDACTED] was crying throughout service. When asked how long did [REDACTED] cry, [REDACTED] stated only for a few seconds. He further shared that he observed [REDACTED] after church as [REDACTED] was putting him in the car. He stated [REDACTED] appeared to be fine.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2014

Contact Method: Phone Call

Contact Time: 04:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/18/2014

Completed date: 09/18/2014

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: 09/18/2014 10:36 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] [REDACTED] uncle of [REDACTED] [REDACTED] [REDACTED] stated that he saw [REDACTED] and [REDACTED] at church on Sunday. He shared that he observed [REDACTED] shortly after church. He further shared that [REDACTED] was putting him in the car and he was sleeping in his carseat.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/18/2015

Completed date: 05/18/2015

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: 05/18/2015 02:03 PM Entered By: [REDACTED]

Investigator completed the Initial Safety Assessment. There are current immediate harm factors and interventions. The safety decision is: Conditionally Safe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2014

Contact Method: Attempted Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/18/2015

Completed date: 05/18/2015

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)**

Unknown, Unknown

Narrative Details

Narrative Type: Original Entry Date/Time: 05/18/2015 02:05 PM Entered By: [REDACTED]

The alleged perpetrator is unknown therefore an interview was not completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2014

Contact Method: Attempted Phone Call

Contact Time: 03:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/18/2014

Completed date: 09/18/2014

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: 09/18/2014 10:39 AM Entered By: [REDACTED]

Investigator attempted to call [REDACTED] [REDACTED] great grandmother of [REDACTED] [REDACTED] No one answered the phone. Investigator left her contact information



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/16/2014 Contact Method: Face To Face
Contact Time: 11:20 AM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: School Created Date: 09/17/2014
Completed date: 09/17/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Other Child Living in the Home Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/17/2014 09:31 AM Entered By: [REDACTED]
[REDACTED] [REDACTED] (12 years old), brother of [REDACTED] [REDACTED] who also resides in the home was interviewed. He stated that he was home on Sunday, 9/14/14, and observed [REDACTED]. He shared that Sunday morning he got [REDACTED] from [REDACTED] and took him downstairs to [REDACTED]. He further shared that [REDACTED] was crying but he does not remember if he was wheezing. [REDACTED] stated that he has heard [REDACTED] wheeze off and on before but it was not loud and it was about a week ago.

Narrative Type: Addendum 1 Entry Date/Time: 03/12/2015 08:46 AM Entered By: [REDACTED]
[REDACTED] is the uncle of [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/16/2014 Contact Method: Face To Face
 Contact Time: 10:15 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 09/17/2014
 Completed date: 09/17/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

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

Narrative Details

Narrative Type: Original Entry Date/Time: 09/17/2014 09:29 AM Entered By: [REDACTED]

Investigator along with LI [REDACTED] met with [REDACTED] [REDACTED] at [REDACTED] [REDACTED] was home also. [REDACTED] was interviewed separately and privately. [REDACTED] stated that around 4am he noticed that [REDACTED] was wheezing and crying so he got him out of his bassinet to see if he was okay. He stated that when he picked [REDACTED] up his eyes were bucked but that they went back down. He further stated that he and [REDACTED] held [REDACTED] all morning due to him crying and not eating. [REDACTED] stated that he attempted to try and feed [REDACTED] about four or five times. He further stated that about 7am [REDACTED] made a loud noise which he had not heard before. [REDACTED] stated that his grandmother, [REDACTED] was visiting the home that morning and she held him while he showered. He stated that after he got out of the shower his grandmother told him to take him on to the hospital to get him checked out. [REDACTED] stated that around 9:30am he left the home and attempted to get [REDACTED] examined at [REDACTED] Hospital. He stated that [REDACTED] Hospital would not examine [REDACTED] due to [REDACTED] not being present. He further stated that he was told he was not on the insurance so [REDACTED] had to bring him. [REDACTED] stated that he and [REDACTED] then went to [REDACTED] Church. He shared that [REDACTED] acted normal at church and that he took a bottle. He stated that when he changed his diaper at church he noticed that [REDACTED] eyes were light yellow and he asked a lady at the church was that normal and the lady told him yes. [REDACTED] stated that he and [REDACTED] arrived back home and he thought [REDACTED] was fine. He shared that he started back wheezing in the afternoon and he and [REDACTED] decided to take him to [REDACTED] Hospital. [REDACTED] stated that they waited in the waiting room and [REDACTED] appeared to be fine as he slept in his car seat. He stated the went into the back and as he was passing [REDACTED] to the doctor [REDACTED] neck kind of fell back and the doctor asked why he was so stiff as he put him on the scale. He stated that the doctor picked [REDACTED] off of the scale and checked his pulse and then rushed him out of the room. [REDACTED] stated that they put IVs on [REDACTED] gave him shots, and put something over his mouth in an attempt to try and get him to breathe. He stated that the doctor told him that it had been 15 mins and [REDACTED] had not breathe but he told the doctor to keep trying to get him back. He stated that he got upset and left out of the room and called his sister, [REDACTED] to come to the hospital. He shared that [REDACTED] followed him because he was so upset. [REDACTED] stated that [REDACTED] went back to see him and they told her that he was dead. He further stated that they all went back in room with [REDACTED] and waited until the coroner came and got [REDACTED] body. [REDACTED] reported that the doctor told him that [REDACTED] sugar was low and it was a possible infection. He shared that a week prior [REDACTED] wheeze occasionally off and on but they thought he was just congested like [REDACTED] told them. Investigator spoke with [REDACTED] and provided the mother with copies of The Client Rights Handbook, HIPPA Notice of



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Privacy Practices, A Family's Rights (Multiple Response) Pamphlet and the Notification of Equal Access to Programs and Services and Grievance Procedures. The mother signed the Native American Heritage Veto Verification Form and the Authorization for Release of Information.

[REDACTED] reported that he goes to school and works at [REDACTED] [REDACTED] reported that she works at [REDACTED] but had not been released back to work yet.

Observation: [REDACTED] often cried throughout the interview.

Plan: Investigator will continue the investigation

Narrative Type: Addendum 2 Entry Date/Time: 02/04/2015 01:18 PM Entered By: [REDACTED]

[REDACTED] [REDACTED] DOB: [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 02/04/2015 12:50 PM Entered By: [REDACTED]

Household Composition:

ACV, [REDACTED] DOB: [REDACTED]

Mother, [REDACTED] DOB: [REDACTED]

Father, [REDACTED]

Paternal Grandmother, [REDACTED]

Uncle, [REDACTED] 12 years old

Aunt, [REDACTED] adult



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/15/2014

Contact Method:

Contact Time: 06:43 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2014

Completed date: 09/17/2014

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: 09/17/2014 10:05 AM Entered By: [REDACTED]

Lead Investigator, [REDACTED] spoke with Program Director, [REDACTED]. An update regarding the results of the Investigator's interview with the family was provided to Mr. [REDACTED]. Mr. [REDACTED] was advised that the Investigator needs to make another visit to the family's home in the morning to interview other household members and the child's father who all weren't home during the time of her visit. Mr. [REDACTED] was advised that [REDACTED] has no siblings.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 09/15/2014 Contact Method: Attempted Face To Face
 Contact Time: 05:16 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/16/2014
 Completed date: 10/16/2014 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] [REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/16/2014 09:04 AM Entered By: [REDACTED]

Face to face visit was not completed due to this case being a fatality.

Narrative Type: Created In Error Entry Date/Time: 06/03/2015 10:15 AM Entered By: [REDACTED]

inaccurate info



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
Contact Date: 09/15/2014 Contact Method: Face To Face
Contact Time: 05:15 PM Contact Duration: Less than 45
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 09/17/2014
Completed date: 09/17/2014 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: 09/17/2014 09:25 AM Entered By: [REDACTED]

Investigator met with [REDACTED] at [REDACTED] Investigator explained why she was present and offered her condolences for the death of her son, [REDACTED]. [REDACTED] stated that on 9/14/14 [REDACTED] began to wheeze early in the morning and would not take a bottle. She further stated it was a concern and [REDACTED] stated that he was going to take him the hospital before he went to church. [REDACTED] shared that a week prior she reported to [REDACTED] doctor, [REDACTED] that he was wheezing and the doctor stated he was just congested. She further shared that [REDACTED] ran tests on [REDACTED] and all of the tests came back normal. [REDACTED] stated that she was not sure what hospital [REDACTED] took [REDACTED] to but she believed it was [REDACTED]. She shared that [REDACTED] was trying to give her a break and that's why she did not go with them. She further stated that the hospital would not examine [REDACTED] due to her not being present. She shared that [REDACTED] and [REDACTED] arrived back home around 11am or 12pm and that [REDACTED] said [REDACTED] did good in church and that he took a bottle. [REDACTED] stated that around sometime in the afternoon (maybe 5pm) [REDACTED] started back wheezing so she and [REDACTED] took him to [REDACTED] Hospital. [REDACTED] also mentioned that [REDACTED] make a scream while having a bowel movement which was unusual. She stated that they waited in the waiting area and [REDACTED] was asleep in his car seat. She further stated that they called him in the back and as [REDACTED] was passing [REDACTED] to the doctor to put him on the scale the doctor asked why he was stiffed. She shared that after the doctor picked him up off the scale he started to tap [REDACTED] and take his pulse and then ran out of the room with [REDACTED]. [REDACTED] shared that she and [REDACTED] ran behind the doctor. [REDACTED] stated that they worked on him in the back but he never started back breathing. [REDACTED] reported that she had [REDACTED] full term with no issues with her pregnancy. She stated that she was told [REDACTED] was healthy on each appointment. She further shared that she and [REDACTED] are the only people who cared for [REDACTED]. She stated that [REDACTED] weighed 7lb and 2ozs at birth.
Observation: [REDACTED] often cried throughout the interview. [REDACTED] bassinet was observed in the home which was in the room which [REDACTED] and [REDACTED] slept also. The home was clean. There were no visible safety hazards observed in the home.
Plan: Investigator will continue the investigation.

Narrative Type: Created In Error Entry Date/Time: 06/03/2015 10:17 AM Entered By: [REDACTED]
inaccurate



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 1 Entry Date/Time: 09/17/2014 09:30 AM Entered By: [REDACTED]

[REDACTED] shared that [REDACTED] was at work.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 09/15/2014 Contact Method: Attempted Face To Face
 Contact Time: 05:15 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/03/2015
 Completed date: 06/03/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2015 10:17 AM Entered By: [REDACTED]

Investigator met with [REDACTED] at [REDACTED]. Investigator explained why she was present and offered her condolences for the death of her son. [REDACTED] reported that [REDACTED] father of [REDACTED] was at work. [REDACTED] (ACV) could not be seen due to him being deceased.

[REDACTED] stated that on 9/14/14 [REDACTED] began to wheeze early in the morning and would not take a bottle. She further stated it was a concern and [REDACTED] stated that he was going to take him the hospital before he went to church. [REDACTED] shared that a week prior she reported to [REDACTED] doctor, [REDACTED] that he was wheezing and the doctor stated he was just congested. She further shared that [REDACTED] ran tests on [REDACTED] and all of the tests came back normal. [REDACTED] stated that she was not sure what hospital [REDACTED] took [REDACTED] to but she believed it was [REDACTED]. She shared that [REDACTED] was trying to give her a break and that's why she did not go with them. She further stated that the hospital would not examine [REDACTED] due to her not being present. She shared that [REDACTED] and [REDACTED] arrived back home around 11am or 12pm and that [REDACTED] said [REDACTED] did good in church and that he took a bottle. [REDACTED] stated that around sometime in the afternoon (maybe 5pm) [REDACTED] started back wheezing so she and [REDACTED] took him to [REDACTED] Hospital. [REDACTED] also mentioned that [REDACTED] make a scream while having a bowel movement which was unusual. She stated that they waited in the waiting area and [REDACTED] was asleep in his car seat. She further stated that they called him in the back and as [REDACTED] was passing [REDACTED] to the doctor to put him on the scale the doctor asked why he was stiffed. She shared that after the doctor picked him up off the scale he started to tap [REDACTED] and take his pulse and then ran out of the room with [REDACTED]. [REDACTED] shared that she and [REDACTED] ran behind the doctor. [REDACTED] stated that they worked on him in the back but he never started back breathing.

[REDACTED] reported that she had [REDACTED] full term with no issues with her pregnancy. She stated that she was told [REDACTED] was healthy on each appointment. She further shared that she and [REDACTED] are the only people who cared for [REDACTED]. She stated that [REDACTED] weighed 7lb and 2ozs at birth.

Observation: [REDACTED] often cried throughout the interview. [REDACTED] bassinet was observed in the home which was in the room which [REDACTED] and [REDACTED] slept also. The home was clean. There were no visible safety hazards observed in the home.

Plan: Investigator will continue the investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Created In Error Entry Date/Time: 06/30/2015 11:50 AM Entered By: [REDACTED]
inaccurate information



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/15/2014 Contact Method: Face To Face
 Contact Time: 05:15 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Family Home Created Date: 06/09/2015
 Completed date: 06/09/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): ACV Interview/Observation, Initial ACV Face To Face, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED] [REDACTED] [REDACTED] Unknown, Unknown

Narrative Details

Narrative Type: Original Entry Date/Time: 06/09/2015 10:06 AM Entered By: [REDACTED]

Investigator met with [REDACTED] at [REDACTED]. Investigator explained why she was present and offered her condolences for the death of her son. [REDACTED] reported that [REDACTED] father of [REDACTED] was at work. [REDACTED] (ACV) could not be seen due to him being deceased.

[REDACTED] stated that on 9/14/14 [REDACTED] began to wheeze early in the morning and would not take a bottle. She further stated it was a concern and [REDACTED] stated that he was going to take him the hospital before he went to church. [REDACTED] shared that a week prior she reported to [REDACTED] doctor, [REDACTED] that he was wheezing and the doctor stated he was just congested. She further shared that [REDACTED] ran tests on [REDACTED] and all of the tests came back normal. [REDACTED] stated that she was not sure what hospital [REDACTED] took [REDACTED] to but she believed it was [REDACTED]. She shared that [REDACTED] was trying to give her a break and that's why she did not go with them. She further stated that the hospital would not examine [REDACTED] due to her not being present. She shared that [REDACTED] and [REDACTED] arrived back home around 11am or 12pm and that [REDACTED] said [REDACTED] did good in church and that he took a bottle. [REDACTED] stated that around sometime in the afternoon (maybe 5pm) [REDACTED] started back wheezing so she and [REDACTED] took him to [REDACTED] Hospital. [REDACTED] also mentioned that [REDACTED] make a scream while having a bowel movement which was unusual. She stated that they waited in the waiting area and [REDACTED] was asleep in his car seat. She further stated that they called him in the back and as [REDACTED] was passing [REDACTED] to the doctor to put him on the scale the doctor asked why he was stiffed. She shared that after the doctor picked him up off the scale he started to tap [REDACTED] and take his pulse and then ran out of the room with [REDACTED]. [REDACTED] shared that she and [REDACTED] ran behind the doctor. [REDACTED] stated that they worked on him in the back but he never started back breathing.

[REDACTED] reported that she had [REDACTED] full term with no issues with her pregnancy. She stated that she was told [REDACTED] was healthy on each appointment. She further shared that she and [REDACTED] are the only people who cared for [REDACTED]. She stated that [REDACTED] weighed 7lb and 2ozs at birth.

Observation: [REDACTED] often cried throughout the interview. [REDACTED] bassinet was observed in the home which was in the room which [REDACTED] and [REDACTED] slept also. The home was clean. There were no visible safety hazards observed in the home.

Plan: Investigator will continue the investigation.



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

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

Narrative Type: Addendum 1 Entry Date/Time: 06/30/2015 11:51 AM Entered By: [REDACTED]
Per Work Aid 2 it is not required that the DCS worker observed the deceased child.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/15/2014 Contact Method: Face To Face
Contact Time: 05:15 PM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Family Home Created Date: 06/09/2015
Completed date: 06/09/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): ACV Interview/Observation, Initial ACV Face To Face, Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED] [REDACTED] Unknown, Unknown

Narrative Details

Narrative Type: Original Entry Date/Time: 06/09/2015 10:06 AM Entered By: [REDACTED]

Investigator met with [REDACTED] at [REDACTED]. Investigator explained why she was present and offered her condolences for the death of her son. [REDACTED] reported that [REDACTED] father of [REDACTED] was at work. [REDACTED] (ACV) could not be seen due to him being deceased.

[REDACTED] stated that on 9/14/14 [REDACTED] began to wheeze early in the morning and would not take a bottle. She further stated it was a concern and [REDACTED] stated that he was going to take him the hospital before he went to church. [REDACTED] shared that a week prior she reported to [REDACTED] doctor, [REDACTED] that he was wheezing and the doctor stated he was just congested. She further shared that [REDACTED] ran tests on [REDACTED] and all of the tests came back normal. [REDACTED] stated that she was not sure what hospital [REDACTED] took [REDACTED] to but she believed it was [REDACTED]. She shared that [REDACTED] was trying to give her a break and that's why she did not go with them. She further stated that the hospital would not examine [REDACTED] due to her not being present. She shared that [REDACTED] and [REDACTED] arrived back home around 11am or 12pm and that [REDACTED] said [REDACTED] did good in church and that he took a bottle. [REDACTED] stated that around sometime in the afternoon (maybe 5pm) [REDACTED] started back wheezing so she and [REDACTED] took him to [REDACTED] Hospital. [REDACTED] also mentioned that [REDACTED] make a scream while having a bowel movement which was unusual. She stated that they waited in the waiting area and [REDACTED] was asleep in his car seat. She further stated that they called him in the back and as [REDACTED] was passing [REDACTED] to the doctor to put him on the scale the doctor asked why he was stiffed. She shared that after the doctor picked him up off the scale he started to tap [REDACTED] and take his pulse and then ran out of the room with [REDACTED]. [REDACTED] shared that she and [REDACTED] ran behind the doctor. [REDACTED] stated that they worked on him in the back but he never started back breathing.

[REDACTED] reported that she had [REDACTED] full term with no issues with her pregnancy. She stated that she was told [REDACTED] was healthy on each appointment. She further shared that she and [REDACTED] are the only people who cared for [REDACTED]. She stated that [REDACTED] weighed 7lb and 2ozs at birth.

Observation: [REDACTED] often cried throughout the interview. [REDACTED] bassinet was observed in the home which was in the room which [REDACTED] and [REDACTED] slept also. The home was clean. There were no visible safety hazards observed in



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

the home.

Plan: Investigator will continue the investigation.

Narrative Type: Addendum 1 Entry Date/Time: 06/30/2015 11:51 AM Entered By: [REDACTED]

Per Work Aid 2 it is not required that the DCS worker observed the deceased child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/15/2014 Contact Method:
 Contact Time: 04:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/17/2014
 Completed date: 09/17/2014 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: 09/17/2014 09:59 AM Entered By: [REDACTED]

This child fatality was discussed with Program Director, [REDACTED] Lead Investigator, [REDACTED] advised PD the case had been received and assigned to Investigator, [REDACTED] PD, [REDACTED] advised that contact needed to made with the family as soon as possible.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/15/2014

Contact Method: Attempted Phone Call

Contact Time: 04:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/17/2014

Completed date: 09/17/2014

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: 09/17/2014 09:23 AM Entered By: [REDACTED]

Investigator attempted to speak with the referent but the referent was not present. Investigator left her contact information.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

| | |
|---|--------------------------------|
| Recording ID: [REDACTED] | Status: Completed |
| Contact Date: 09/15/2014 | Contact Method: |
| Contact Time: 04:00 PM | Contact Duration: Less than 05 |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 09/17/2014 |
| Completed date: 09/17/2014 | 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: 09/17/2014 09:22 AM Entered By: [REDACTED]

Investigator was assigned this case on 9/15/14. The dept received a referral on 9/15/14 regarding [REDACTED] [REDACTED] alleging neglect death against unknown participant. It was reported the [REDACTED] County Medical Examiner's Office is investigating the death of [REDACTED] [REDACTED] (DOB: [REDACTED]). This 20 day old infant was witnessed becoming unresponsive while being treated at [REDACTED] [REDACTED] at about 1834 hrs on 09/14/14. He was treated in the emergency department but death was pronounced at 1930 hrs on 09/14/14 by [REDACTED]. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED] [REDACTED] (DOB [REDACTED] SSN [REDACTED]). Our case is MEC [REDACTED]. The decedent's address is [REDACTED]. The father's name is [REDACTED].

Referent notificatiion was sent on 9/15/14 by CARAT system along with notification to the judge and DA.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

| | |
|--|--------------------------------|
| Recording ID: [REDACTED] | Status: Completed |
| Contact Date: 09/15/2014 | Contact Method: |
| Contact Time: 03:45 PM | Contact Duration: Less than 15 |
| Entered By: [REDACTED] | Recorded For: |
| Location: | Created Date: 09/17/2014 |
| Completed date: 09/17/2014 | 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: 09/17/2014 09:46 AM Entered By: [REDACTED]

This CPS investigation was sent to [REDACTED] County on the above date by Intake. This Investigation is being assigned to Investigator, [REDACTED]. Investigator was notified regarding the assignment of the case. LI, [REDACTED] also discussed with the Investigator to make contact with the family and interview all household members and collaterals. Investigator was advised to assess the home and the child's sleeping arrangements. LI, [REDACTED] advised to interview any age appropriate children and discuss safety with the children. Investigator also advised to gather birth history, medical/health history on the child. LI, [REDACTED] discussed with the investigator to ensure she discusses with the family the child's behavior prior to death. Investigator was advised to make contact with the Medical examiner to gather any preliminary information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/15/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/18/2015

Completed date: 05/18/2015

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: 05/18/2015 02:11 PM Entered By: [REDACTED]

Investigator completed the Child Death Notification Form.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 01/09/2014 Contact Method: Phone Call
 Contact Time: 11:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/09/2015
 Completed date: 01/09/2015 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: 01/09/2015 11:07 AM Entered By: [REDACTED]

Investigator called the [REDACTED] County Medical Examiner's Office and checked the status of the autopsy report for [REDACTED] [REDACTED]. Investigator was informed that the autopsy reported was not completed.

Narrative Type: Created In Error Entry Date/Time: 01/09/2015 11:09 AM Entered By: [REDACTED]

inaccurate date