



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 08/11/2013 02:38 PM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/11/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 08/12/2013 08:17 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 08/13/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 08/13/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address: [REDACTED]  
 Referent Phone Number: [REDACTED]  
 Type of Contact: Facsimile  
 Notification: Letter  
 Narrative: TFACTS: No prior history found  
 Family Case ID: None  
 Open Court Custody/FSS/FCIP No  
 Closed Court Custody No  
 Open CPS - No  
 Indicated None  
 Fatality No  
 Screened out 0



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

History (not listed above): None

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

Reporters name/relationship: [REDACTED]

**\*\*This child is not in states custody.\*\***

**\*\*\*Faxed report typed verbatim as was sent to the Hotline.\*\*\***

This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of [REDACTED] [REDACTED] (DOB [REDACTED]). This 2 month-old infant was found unresponsive in an adult bed at 1100 hours on the morning of 8/9/2013. Paramedics with [REDACTED] Fire Department Ambulance # [REDACTED] pronounced death on the scene, a single family residence at [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] [REDACTED] and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]). One sibling, age 1, also lives in the house. Our case # is [REDACTED]

Thank you,

Per SDM: Investigative Track / P- Child Death- [REDACTED] Team Leader @ 2:54pm on 08/11/13

[REDACTED] responded at 3:20 p.m.

[REDACTED]



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

**Participant(s)****Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:****DCS History Search Results:****DCS Intake Search Results:****Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race: Unable to

Age: 0 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:** [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** [REDACTED]

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:** Female **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** 1 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



**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: 08/11/2013

Assignment Date: 08/13/2013

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 Participant, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/12/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Autopsy will presented to CPIT 10-25-13 and classified a AUPU.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 11/12/2013

Team Leader: [REDACTED]

Date: 11/14/2013

**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:**

The baby was pronounced dead on 8/9/13.

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

CPSI received autopsy report on [REDACTED] and the cause of death was Sudden unexplained infant death. The manner of death could not be determined. Contributory cause of death was sleeping prone on bed, co-sleeping with parents and siblings. Autopsy will presented to CPIT 10-25-13 and classified a AUPU.

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

perpetrator Unknown

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

On 8/12/13 CPSI spoke with the mother [REDACTED]. She informed CPSI that on 8/8/13 [REDACTED] was fine. She stated that around 1/2am (8/9/13) she breast feed her, burped her, and suction her nose a little due to her sounding congested. Ms. [REDACTED] stated that shortly after she fell asleep, so she laid



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

Case Name : ██████████

Investigation ID: ██████████

her on her stomach. She states that around 5/6am she heard the baby whining but she shortly fell back to sleep and so did she. Ms. ██████████ stated that her 1 year old, ██████████ woke up around 10:40/10:50am so she let him out the room as she does every morning. She states that she went downstairs to use the restroom and then returned back upstairs. Once she was back in the bedroom with the baby she noticed some apples peels on the bed near her leg that her son had that night. So she picked them up and threw them away in a bag on the door. Ms. ██████████ stated that she then turned in the direction of her baby and pulled the covers off of her and noticed that she didnt see her back move up and down. Ms. ██████████ stated that she was shocked so she looked at her back again to determine if she was breathing. She states that she was scared to touch her so she touched her leg and she didnt get a response from her so she jumped out of the bed and yelled for help to her mother. Ms. ██████████ stated that her mother immediately ran in the room.

CPSI spoke with the grandmother of the child, ██████████. She stated that she heard ██████████ screaming so she ran up the stairs and start to perform CPR on ██████████. Ms. ██████████ stated that ██████████ was on the phone with 911 as she worked on the baby. She stated that the operator advised her to turn the baby on her side but there was still no response from the baby. By this time the paramedics arrived and put her in the ambulance. Ms. ██████████ stated that they would not allow them near the truck but moments later the paramedics informed them that ██████████ had dead. Ms. ██████████ states that the baby had been fine other than a fever from her 2 months shots. No additional information was given.

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

CPSI received autopsy report on ██████████ and the cause of death was Sudden unexplained infant death. The manner of death could not be determined. Contributory cause of death was sleeping prone on bed, co-sleeping with parents and siblings. Autopsy will presented to CPIT 10-25-13 and classified a AUPU.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2014

Contact Method:

Contact Time: 05:48 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/14/2014 05:48 PM      Entered By: [REDACTED]

This Li reviewed the case of [REDACTED] submitted by Investigator, [REDACTED]. This case was received with the allegations of Neglect Death. This case has been investigated and the autopsy report on [REDACTED] was received and the cause of death was sudden unexplained infant death. The manner of death could not be determined. Contributory cause of death was sleeping prone on bed, co-sleeping with parents and siblings. Case was present to CPIT on 10-25-13 and allegation was approved for AUPU due to results of autopsy report. This case has been reviewed by [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/17/2013

Contact Method: Face To Face

Contact Time: 06:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/17/2013

Completed date: 12/17/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/17/2013 08:27 PM Entered By: [REDACTED]

CPSI made contact with Ms. [REDACTED] and [REDACTED]. Ms. [REDACTED] reported that she had received the autopsy report on [REDACTED]. Ms. [REDACTED] asked CPSI how can she locate [REDACTED] grave site to get a tomb stone placed on it. CPSI recommended that Ms. [REDACTED] go to the cemetery during office hours and they will direct her to [REDACTED] grave site. Ms. [REDACTED] reported that she has been trying to get [REDACTED] in daycare but her worker nor supervisor would return her calls. CPSI recommend Ms. [REDACTED] call DHS in [REDACTED] to complain. Ms. [REDACTED] reported that she is willing to seek grief counseling but wants to wait until she get a car. CPSI informed Ms. [REDACTED] to call the number on the back of her TnCare card and they will identify counseling in her area. CPSI encouraged Ms. [REDACTED] to keep this CPSI telephone number and to call if CPSI could be of any assistance.

CPSI observed [REDACTED] sleeping on the sofa, he was dress appropriate and no marks or bruises were seen.

CPSI informed Ms. [REDACTED] that this case is being submitted for closure



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/17/2013 Contact Method:  
 Contact Time: 01:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/17/2013  
 Completed date: 12/17/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/17/2013 01:06 PM Entered By: [REDACTED]

[REDACTED] Case Summary:

**NEGLECT DEATH:**

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities. Referral received on 8-12-13 as notification that the [REDACTED] County Medical Examiner is investigating the death of [REDACTED] (DOB [REDACTED] 3). This 2 month-old infant was found unresponsive in an adult bed at 1100 hours on the morning of 8/9/2013. Paramedics with [REDACTED] Fire Department Ambulance # [REDACTED] pronounced death on the scene, a single family residence at [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED] 3, SSN [REDACTED]). One sibling, age 1, also lives in the house.

On 8/12/13 CPSI spoke with the mother [REDACTED]. She informed CPSI that on 8/8/13 [REDACTED] was fine. She stated that around 1 or 2am (8/9/13) she breast feed her, burped her, and suction her nose a little due to her sounding congested. Ms. [REDACTED] stated that shortly after she fell asleep, so she laid her on her stomach. She states that around 5 or 6am she heard the baby whining but she shortly fell back to sleep and so did she. Ms. [REDACTED] stated that her 1 year old, [REDACTED] woke up around 10:40/10:50 am so she let him out the room as she does every morning. She states that she went downstairs to use the restroom and then returned back upstairs. Once she was back in the bedroom with the baby she noticed some apples peels on the bed near her leg that her son had that night. So she picked them up and threw them away in a bag on the door. Ms. [REDACTED] stated that she then turned in the direction of her baby and pulled the covers off of her and noticed that she didnt see her back move up and down. Ms. [REDACTED] stated that she was shocked so she looked at her back again to determine if she was breathing. She states that she was scared to touch her so she touched her leg and she didnt get a response from her so she jumped out of the bed and yelled for help to her mother. Ms. [REDACTED] stated that her mother immediately ran in the room. CPSI spoke with the grandmother of the child, [REDACTED]. She stated that she heard [REDACTED] screaming so she ran up the stairs and start to perform CPR on [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was on the phone with 911 as she worked on the baby. She stated that the operator advised her to turn the baby on her side but there was still no response from the baby. By this time the paramedics arrived and put her in the ambulance. Ms. [REDACTED] stated that they would not allow them near the truck but moments later the paramedics informed them that [REDACTED] had dead. Ms. [REDACTED] states that the baby had been fine other than a fever from her 2 months shots. No additional



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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information was given.

CPSI received autopsy report on [REDACTED] and the cause of death was sudden unexplained infant death. The manner of death could not be determined. Contributory cause of death was sleeping prone on bed, co-sleeping with parents and siblings. Case was present to CPIT on 10-25-13 and allegation was approved for AUPU due to results of autopsy report.

Case submitted for review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/25/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/13/2013

Completed date: 11/13/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/13/2013 10:11 AM Entered By: [REDACTED]

CPSI sent autopsy to CPIT review team on 10-25-13.

CPSI received autopsy report on [REDACTED] and the cause of death was Sudden unexplained infant death. The manner of death could not be determined. Contributory cause of death was sleeping prone on bed, co-sleeping with parents and siblings. Autopsy will presented and approved by CPIT on 10-25-13 and classified a AUPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/15/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/20/2013
Completed date:	10/20/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/20/2013 08:50 PM      Entered By: [REDACTED]

CPSI received autopsy report on [REDACTED] and the cause of death was Sudden unexplained infant death. The manner of death could not be determined. Contributory cause of death was sleeping prone on bed, co-sleeping with parents and siblings. Autopsy will presented to CPIT 10-25-13 and classified a AUPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: Shelby Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/20/2013

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2013

Completed date: 09/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2013 09:26 PM Entered By: [REDACTED]

This TL reviewed the case of [REDACTED]. This is a child death case received and this case has been presented to morning CPIT and has been stamped Handle and Return to the D/A once additional information has been received. There were no signs of abuse to the child when the original referral was received. The [REDACTED] [REDACTED] [REDACTED] is conducting an autopsy and the reported will be obtained upon receipt. The CPSI will continue monthly face to face contact with the remaining sibling in the home



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/22/2013 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/23/2013  
 Completed date: 08/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Sibling Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/23/2013 01:07 PM Entered By: [REDACTED]

CPSI made a face to face to introduce self and offer grief counseling to the family. [REDACTED] stated that memorial services for [REDACTED] was held on 8-14-2013 and [REDACTED] on [REDACTED] and burial was at [REDACTED] park. Ms. [REDACTED] stated that she has not been able to sleep in the bedroom were her daughter died. She states that if she goes in the room for something she has to go in quickly because she starts to itch and sweat all over. [REDACTED] stated that when [REDACTED] went in the room, [REDACTED] observed [REDACTED] run down the stairs and she had a frighten look on her face. [REDACTED] reports her heart starts to beat really fast and she feels like she can't breath. [REDACTED] states that she thiinks [REDACTED] maybe having panic attacks because [REDACTED] has the same look of terror on her face when she comes out of the room as she had the day that [REDACTED] died. [REDACTED] stated that she would like counseling. [REDACTED] stated that she would like counseling as well. CPSI gave [REDACTED] and [REDACTED] the phone number to [REDACTED] [REDACTED] CPSI left business card and asked [REDACTED] to telephone this CPSI with her appointment for counseling. [REDACTED] is one years of age, CPSI informed [REDACTED] to speak to counselor to see if [REDACTED] is age appropriate for counseleing. [REDACTED] stated that she sleeps on the sofa bed in the living room with [REDACTED] but wakes up throughout the night to check to see if he is breathing. She aslo stated that she does not want to be left home alone for fear that something may happen to [REDACTED] and no one is there to help. [REDACTED] stated that when she noticed that [REDACTED] was not breathing she was afraid to touch her; mgm had to turn [REDACTED] over and attempt CPR. MGM stated that [REDACTED] just stood in the door with a fearful or terror lookk on her face.

CPSI observed [REDACTED] to be dresses appropriate in shorts and he appeared to be happy. He ws very attached to his mother.

CPSI also observed a light pole in front of the home that had teddy bears and flowers attached in memory of [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/16/2013 Contact Method:  
 Contact Time: 01:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/16/2013  
 Completed date: 08/16/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/16/2013 01:52 PM Entered By: [REDACTED]

BACKGROUND CHECKS COMPLETED ON [REDACTED] AND [REDACTED].

JSSI CHECK: No records were found  
 SEX ABUSE REGISTRY: No records were founded

**DCS HISTORY REVEAL:**

[REDACTED] ALLEGATION OF SEXUAL ABUSE 2009 UNFOUNDED  
 AND [REDACTED] HAS NO RECORD FOUND WITH DCS



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/13/2013 Contact Method:  
 Contact Time: 12:30 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/13/2013  
 Completed date: 08/13/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 12:43 PM Entered By: [REDACTED]

CPSI faxed a request for copy of autopsy report to the medical examiner's office.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/13/2013 Contact Method:  
 Contact Time: 12:15 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/13/2013  
 Completed date: 08/13/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 12:22 PM Entered By: [REDACTED]  
 Referral submitted to morning CPIT



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/13/2013 Contact Method:  
 Contact Time: 12:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/13/2013  
 Completed date: 08/13/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 12:21 PM Entered By: [REDACTED]

Child Fatality was e-mailed and faxed to child safety



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/12/2013	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/12/2013
Completed date:	11/12/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/12/2013 12:08 PM      Entered By: [REDACTED]

Case manager, [REDACTED] met the response time.

Date of Contact: 8-12-13

Beginning Time:

Ending Time:

Purpose for Contact/Meeting: To address referral with allegation of neglect death

Allegations: Neglect Death

Safety: Child is deceased, sibling, [REDACTED] is with mother, [REDACTED]

Safety Assessment Score:

Family Risk Assessment Score:

Permanency:

Family Support: uncle, [REDACTED] grandmother, [REDACTED]

Well Being:

Medical: no known medical concerns.

Mental/Behavioral Health: no known mental behaviors.

Substance Abuse: There is no reported substance abuse



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Education:**

Primary Persons to Be Interviewed: Birth mother, [REDACTED]

Other Persons Present:

Documentation of Contact:

**Summary of Interaction and Discussion of Purpose of Visit/**

On Call Case Neglect Death [REDACTED]

On 8/11/13 CPSI [REDACTED] received a P-1 in regards of 2 month old [REDACTED]. The baby was pronounced dead on 8/9/13 unsure of the time.

On 8/12/13 CPSI spoke with the mother [REDACTED]. She informed CPSI that on 8/8/13 [REDACTED] was fine. She stated that around 1/2am (8/9/13) she breast feed her, burped her, and suction her nose a little due to her sounding congested. Ms. [REDACTED] stated that shortly after she fell asleep, so she laid her on her stomach. She states that around 5/6am she heard the baby whining but she shortly fell back to sleep and so did she. Ms. [REDACTED] stated that her 1 year old, [REDACTED] woke up around 10:40/10:50am so she let him out the room as she does every morning. She states that she went downstairs to use the restroom and then returned back upstairs. Once she was back in the bedroom with the baby she noticed some apples peels on the bed near her leg that her son had that night. So she picked them up and threw them away in a bag on the door. Ms. [REDACTED] stated that she then turned in the direction of her baby and pulled the covers off of her and noticed that she didnt see her back move up and down. Ms. [REDACTED] stated that she was shocked so she looked at her back again to determine if she was breathing. She states that she was scared to touch her so she touched her leg and she didnt get a response from her so she jumped out of the bed and yelled for help to her mother. Ms. [REDACTED] stated that her mother immediately ran in the room.

CPSI spoke with the grandmother of the child, [REDACTED]. She stated that she heard [REDACTED] screaming so she ran up the stairs and start to perform CPR on [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was on the phone with 911 as she worked on the baby. She stated that the operator advised her to turn the baby on her side but there was still no response from the baby. By this time the paramedics arrived and put her in the ambulance. Ms. [REDACTED] stated that they would not allow them near the truck but moments later the paramedics informed them that [REDACTED] had dead. Ms. [REDACTED] states that the baby had been fine other than a fever from her 2 months shots. No additional information was given.

CPSI spoke back with the mother who advised that the child had just received her 2 months shots two days prior to her death. Ms. [REDACTED] stated that she ran a fever that day so they gave her some temperature drops and the fever went away but it came back the next day and they gave her some more temperature drops and the fever went away again. Ms. [REDACTED] stated that [REDACTED] was normal and she didnt notice anything out the norm because she ate well and played like her normal self.

The mother, grandmother, and the childs brother, [REDACTED] were the only persons present when the baby became non responsive.

Other household members include the childs teenage uncle, [REDACTED] but he was at school during the incident. Note that the Mother explained that she didnt find out she was pregnant until 7 months and then began to take prenatal care. The baby was full term and born at 9 months with no complications.

The 1 year old, [REDACTED] was observed to be age appropriate no marks or bruises were observed. The mother can be reached at [REDACTED]. CPSI also obtained a picture of the deceased, [REDACTED]. CPSI explained DCS consents, the HIPPA Notice of Privacy Practices, Receipt of Clients Right Handbook, Native Heritage Veto Verification and consents for releases of information.

BACKGROUND CHECKS COMPLETED ON [REDACTED] AND [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

JSSI CHECK: No records were found  
SEX ABUSE REGISTRY: No records were founded

DCS HISTORY REVEAL:

[REDACTED] - ALLEGATION OF SEXUAL ABUSE 2009 UNFOUNDED  
AND [REDACTED] HAS NO RECORD FOUND WITH DCS

Household Composition:

[REDACTED]

Mother

[REDACTED]

[REDACTED]

Grandmother

[REDACTED]

[REDACTED]

Uncle

[REDACTED]

[REDACTED]

Brother

[REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/12/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 11:04 AM Entered By: [REDACTED]

On August 11, 2013, at 2:38 p.m. a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] County @ 3:20 p.m. CST with the allegations of Neglect Death. The alleged perpetrator is Unknown. The alleged victim is [REDACTED]. The referral was assessed and assigned by TL [REDACTED] on 8-12-13 to FSW 3, [REDACTED]. Response time was met on-call by FSW [REDACTED] on 8-11-13. It is unknown at this time if the child(ren) are of Native American descent. The referent letter was mailed on 8-11-13. Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy. The FSW will contact the referent within 30 days.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/12/2013 Contact Method: Face To Face  
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/16/2013  
 Completed date: 08/16/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/16/2013 01:51 PM Entered By: [REDACTED]  
 Case manager, [REDACTED] met the response time.

Date of Contact: 8-12-13

Beginning Time:

Ending Time:

Purpose for Contact/Meeting: To address referral with allegation of neglect death

Allegations: Neglect Death

Safety: Child is deceased, sibling, [REDACTED] is with mother, [REDACTED]  
 Safety Assessment Score:  
 Family Risk Assessment Score:

Permanency:

Family Support: uncle, [REDACTED] grandmother, [REDACTED]

Well Being:

Medical: no known medical concerns.

Mental/Behavioral Health: no known mental behaviors.

Substance Abuse: There is no reported substance abuse

Education:



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Primary Persons to Be Interviewed: Birth mother, [REDACTED]

Other Persons Present:

Documentation of Contact:

Summary of Interaction and Discussion of Purpose of Visit/

On Call Case Neglect Death- [REDACTED]

On 8/11/13 CPSI [REDACTED] received a P-1 in regards of 2 month old [REDACTED]. The baby was pronounced dead on 8/9/13 unsure of the time.

On 8/12/13 CPSI spoke with the mother [REDACTED]. She informed CPSI that on 8/8/13 [REDACTED] was fine. She stated that around 1/2am (8/9/13) she breast feed her, burped her, and suction her nose a little due to her sounding congested. Ms. [REDACTED] stated that shortly after she fell asleep, so she laid her on her stomach. She states that around 5/6am she heard the baby whining but she shortly fell back to sleep and so did she. Ms. [REDACTED] stated that her 1 year old, [REDACTED] woke up around 10:40/10:50am so she let him out the room as she does every morning. She states that she went downstairs to use the restroom and then returned back upstairs. Once she was back in the bedroom with the baby she noticed some apples peels on the bed near her leg that her son had that night. So she picked them up and threw them away in a bag on the door. Ms. [REDACTED] stated that she then turned in the direction of her baby and pulled the covers off of her and noticed that she didnt see her back move up and down. Ms. [REDACTED] stated that she was shocked so she looked at her back again to determine if she was breathing. She states that she was scared to touch her so she touched her leg and she didnt get a response from her so she jumped out of the bed and yelled for help to her mother. Ms. [REDACTED] stated that her mother immediately ran in the room.

CPSI spoke with the grandmother of the child, [REDACTED]. She stated that she heard [REDACTED] screaming so she ran up the stairs and start to perform CPR on [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was on the phone with 911 as she worked on the baby. She stated that the operator advised her to turn the baby on her side but there was still no response from the baby. By this time the paramedics arrived and put her in the ambulance. Ms. [REDACTED] stated that they would not allow them near the truck but moments later the paramedics informed them that [REDACTED] had dead. Ms. [REDACTED] states that the baby had been fine other than a fever from her 2 months shots. No additional information was given.

CPSI spoke back with the mother who advised that the child had just received her 2 months shots two days prior to her death. Ms. [REDACTED] stated that she ran a fever that day so they gave her some temperature drops and the fever went away but it came back the next day and they gave her some more temperature drops and the fever went away again. Ms. [REDACTED] stated that [REDACTED] was normal and she didnt notice anything out the norm because she ate well and played like her normal self.

The mother, grandmother, and the childs brother, [REDACTED] were the only persons present when the baby became non responsive.

Other household members include the childs teenage uncle, [REDACTED] but he was at school during the incident. Note that the Mother explained that she didnt find out she was pregnant until 7 months and then began to take prenatal care. The baby was full term and born at 9 months with no complications.

The 1 year old, [REDACTED] was observed to be age appropriate no marks or bruises were observed. The mother can be reached at [REDACTED]. CPSI also obtained a picture of the deceased, [REDACTED]. CPSI explained DCS consents, the HIPPA Notice of Privacy Practices, Receipt of Clients Right Handbook, Native Heritage Veto Verification and consents for releases of information.

BACKGROUND CHECKS COMPLETED ON [REDACTED] AND [REDACTED].

JSSI CHECK: No records were found



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

SEX ABUSE REGISTRY: No records were founded

DCS HISTORY REVEAL:

[REDACTED] - ALLEGATION OF SEXUAL ABUSE 2009 UNFOUNDED  
AND [REDACTED] HAS NO RECORD FOUND WITH DCS

Household Composition:

[REDACTED]

Mother

[REDACTED]

[REDACTED]

Grandmother

[REDACTED]

[REDACTED]

Uncle

[REDACTED]

[REDACTED]

Brother

[REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/12/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/12/2013

Completed date: 11/12/2013

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/12/2013 12:15 PM Entered By: [REDACTED]

Case manager [REDACTED] met the response time.

Date of Contact: 8-12-13

Beginning Time:

Ending Time:

Purpose for Contact/Meeting: To address referral with allegation of neglect death

Allegations: Neglect Death

Safety: Child is deceased, sibling, [REDACTED] is with mother [REDACTED]

Safety Assessment Score:

Family Risk Assessment Score:

Permanency:

Family Support: uncle, [REDACTED] grandmother, [REDACTED]

Well Being:

Medical: no known medical concerns.

Mental/Behavioral Health: no known mental behaviors.

Substance Abuse: There is no reported substance abuse



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

## Education:

Primary Persons to Be Interviewed: Birth mother, [REDACTED]

Other Persons Present:

Documentation of Contact:

## Summary of Interaction and Discussion of Purpose of Visit/

On Call Case Neglect Death [REDACTED] [REDACTED]

On 8/11/13 CPSI [REDACTED] received a P-1 in regards of 2 month old [REDACTED]. The baby was pronounced dead on 8/9/13 unsure of the time.

On 8/12/13 CPSI spoke with the mother [REDACTED]. She informed CPSI that on 8/8/13 [REDACTED] was fine. She stated that around 1/2am (8/9/13) she breast feed her, burped her, and suction her nose a little due to her sounding congested. Ms. [REDACTED] stated that shortly after she fell asleep, so she laid her on her stomach. She states that around 5/6am she heard the baby whining but she shortly fell back to sleep and so did she. Ms. [REDACTED] stated that her 1 year old, [REDACTED] woke up around 10:40/10:50am so she let him out the room as she does every morning. She states that she went downstairs to use the restroom and then returned back upstairs. Once she was back in the bedroom with the baby she noticed some apples peels on the bed near her leg that her son had that night. So she picked them up and threw them away in a bag on the door. Ms. [REDACTED] stated that she then turned in the direction of her baby and pulled the covers off of her and noticed that she didnt see her back move up and down. Ms. [REDACTED] stated that she was shocked so she looked at her back again to determine if she was breathing. She states that she was scared to touch her so she touched her leg and she didnt get a response from her so she jumped out of the bed and yelled for help to her mother. Ms. [REDACTED] stated that her mother immediately ran in the room.

CPSI spoke with the grandmother of the child, [REDACTED]. She stated that she heard [REDACTED] screaming so she ran up the stairs and start to perform CPR on [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was on the phone with 911 as she worked on the baby. She stated that the operator advised her to turn the baby on her side but there was still no response from the baby. By this time the paramedics arrived and put her in the ambulance. Ms. [REDACTED] stated that they would not allow them near the truck but moments later the paramedics informed them that [REDACTED] had dead. Ms. [REDACTED] states that the baby had been fine other than a fever from her 2 months shots. No additional information was given.

CPSI spoke back with the mother who advised that the child had just received her 2 months shots two days prior to her death. Ms. [REDACTED] stated that she ran a fever that day so they gave her some temperature drops and the fever went away but it came back the next day and they gave her some more temperature drops and the fever went away again. Ms. [REDACTED] stated that [REDACTED] was normal and she didnt notice anything out the norm because she ate well and played like her normal self.

The mother, grandmother, and the childs brother, [REDACTED] were the only persons present when the baby became non responsive.

Other household members include the childs teenage uncle, [REDACTED] but he was at school during the incident. Note that the Mother explained that she didnt find out she was pregnant until 7 months and then began to take prenatal care. The baby was full term and born at 9 months with no complications.

The 1 year old, [REDACTED] was observed to be age appropriate no marks or bruises were observed. The mother can be reached at [REDACTED]. CPSI also obtained a picture of the deceased, [REDACTED]. CPSI explained DCS consents, the HIPPA Notice of Privacy Practices, Receipt of Clients Right Handbook, Native Heritage Veto Verification and consents for releases of information.

BACKGROUND CHECKS COMPLETED ON [REDACTED] AND [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

JSSI CHECK: No records were found  
SEX ABUSE REGISTRY: No records were founded

DCS HISTORY REVEAL:

[REDACTED] ALLEGATION OF SEXUAL ABUSE 2009 UNFOUNDED  
AND [REDACTED] HAS NO RECORD FOUND WITH DCS

Household Composition:

[REDACTED]

Mother

[REDACTED]

[REDACTED]

Grandmother

[REDACTED]

[REDACTED]

Uncle

[REDACTED]

[REDACTED]

Brother

[REDACTED]