



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 08/31/2013 02:30 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/31/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 08/31/2013 05:27 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 09/03/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 09/03/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: None

Narrative: TFACTS: No History Found Based on Information Provided  
 \*\*\*\*\* TYPED VERBATIM\*\*\*\*\*

Open Court Custody/FSS/FCIP No

Closed Court Custody No  
 Open CPS - No

Indicated No

Fatality No  
 Screened out No  
 History (not listed above):No



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

County: [REDACTED]  
 Notification: None  
 School/ Daycare: Not Given  
 Native American Descent: Not Given  
 Directions: No

Reporters name/relationship: [REDACTED] / [REDACTED] [REDACTED] Medical Center / Fax Report Typed Verbatim

Reporter states this will serve as notification that the [REDACTED] Examiners Office is investigating the death of [REDACTED]. This male black, age 2, was found unresponsive while his grandmother was watching him on 08.30.2013 approximately 1330 hours this date. 911 was contacted with [REDACTED] EMS responding to [REDACTED] grandmothers name and mothers name is unknown at this time. The fathers name reportedly is [REDACTED]. A scene investigation was performed by [REDACTED] Sheriffs Department. This male black was pronounced dead at [REDACTED] on 08.30.2013. The cause and manner of death are pending at this time.

It is unknown if the child has any other siblings. Our case number [REDACTED]

Per SDM / Investigation / P1

[REDACTED] County was notified of P1 on 8/31/13 @ 4:00 A.M.  
 [REDACTED] has been notified of P-1 at 4:08am on 08-31-13 by [REDACTED]

P1, [REDACTED] TL, on 8/31/13 @ 4:16 A.M.

CHILD Death/Near Death E-MAIL NARRATIVE SENT TO:

[REDACTED] Child-  
 Fatality-Notification EI-DCS

CC Commissioner [REDACTED]



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

**Participant(s)**

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 2 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  
Tennessee Child Abuse Hotline Summary**

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

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]  
Referral Date: 08/31/2013  
Street Address: [REDACTED]  
City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]  
Assignment Date: 09/03/2013

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			10/14/2013			
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			10/14/2013			

**C. Disposition Decision**

Disposition Decision: Refer for Other Services and Close

Comments: This case has been referred for other services and closed at this time. [REDACTED] was referred to grief counseling to help her cope with the loss of her son, [REDACTED]. No other services were needed at this time. The case will be classified as AU/PU against APs [REDACTED] and [REDACTED] due to [REDACTED] being in the hospital giving birth to her son, [REDACTED], and [REDACTED] for taking appropriate action within a short time-frame.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 10/14/2013

Team Leader: [REDACTED]

Date: 10/14/2013

**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:**

On 10 October 2013, CPSI [REDACTED] observed the infant, [REDACTED], on this date at the home visit. [REDACTED] was observed to be sleeping soundly on the couch by his mother during some of the visit. Also, [REDACTED] was observed to be drinking a bottle in [REDACTED] arms during the last part of the visit. The two cousins were observed in the living room, watching TV comfortably.

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

Reportedly this male black, age two years, was spending the day with his grandmother in [REDACTED]



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

Case Name : ██████████

Investigation ID: ██████████

Reportedly the grandmother, per ██████████ County Sheriff's Department, had been drinking alcohol all day. The grandmother reportedly have the child a small amount of milk in a sippy cup and nothing else the entire day. The child was reportedly watching television in the living room and the grandmother was in her bedroom most of the day. The grandmother reportedly found the child unresponsive approximately 1330 hours this date, thinking he was asleep and noted he was not breathing, therefore contacting 911. ██████████ County EMS responded to the scene and the one of paramedics began CPR, reportedly after removing a popcorn kernel from the child's throat. Reportedly the grandmother states she did note a whitish fluid from the mouth of the child prior to paramedics arrival. Paramedics transported the child to ██████████ Hospital in ██████████ arriving at 1400 hours. A short time after arrival in the emergency room, the child's health continued to decline and death was pronounced at 1533 by ██████████. ██████████ Police responded to the scene with Lt. ██████████ contacting this office, advising this investigator of the death. Jurisdiction was accepted and his decedent was transported to the forensic center for further examination and disposition. ██████████ Investigator (08/30/2013)

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

On 08/31/2013, TL ██████████ spoke with maternal grandmother, ██████████ and she was not able to discuss the death of ██████████ as to she appeared to be under the influence of alcohol. TL ██████████ observed during visit outside the home that there were at least two open containers on the porch next to where ██████████ was sitting. TL ██████████ also observed on the side of the home that there were several empty beer cans piled up in a trash pile. TL expressed his condolences to the family and apologized for coming out and asking questions about ██████████ death as the family was still grieving. ██████████ stated that she was not able at this time to discuss the incident as it was too painful. The two aunts asked TL if these questions and interview take place at later time as they are grieving the lose of a love one. They informed that the parents ██████████ (mother) and ██████████ (father) were currently at ██████████ Hospital in ██████████ as ██████████ had just given birth Thursday to her newborn son. Family reported that the parents were in the hospital at the time of the incident. They provided TL ██████████ with contact information on the parents. TL ██████████ never entered the home to evaluate the home as the family was all sitting outside under the open car porch and didnt want to discuss anything at this time.

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

TL ██████████ spoke with parents on 8/31/13 via telephone to give condolences and to discuss ██████████ death. The mother, ██████████ stated that she could provide the incident of what happened to her child. ██████████ stated that she was in the hospital after just giving birth to her newborn son, ██████████ on Thursday, August 29th. ██████████ stated that on the day of the incident, 8/30/13 she spoke with ██████████ via phone and informed him that she had him a baby brother and he was very excited. ██████████ stated that this was around 1pm on 8/30/13 and not too long after she finished talking with him she got a call from her mother who was hysterical stating that ██████████ was in the floor foaming white stuff from his mouth and she thought that he appeared to be having a seizure. ██████████ stated that she was trying to get more information and her mother had hung up the phone to get the neighbors to help with him. ██████████ stated that the neighbors tried CPR to revive him but it was too late. ██████████ stated that she was contacted by the doctor at ██████████ and informed that ██████████ died as due to having popcorn caught in his throat and it closed his air flow and he could not pass it. ██████████ stated that they also reported that informed her that he was trying to drink mlk at the time to help pass the popcorn and it was unsuccessful. ██████████ stated that they were trying to understand all of giving birth and losing another child at the same time. ██████████ stated they they are not in need of anything at this time just prayer. ██████████ stated that they are in the process of trying to get the money for burial together as she did not have any insurance on ██████████ the time of death.

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

N/A



**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]

**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: 11/13/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 12/02/2013

Completed date: 12/02/2013

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: 12/02/2013 11:06 AM Entered By: [REDACTED]

Purpose: CPIT presentation of case

CPSI [REDACTED] presented this case to the CPIT team on this date, as it was brought back from last month's meeting. The autopsy was received by CPSI [REDACTED] and the cause of death was noted as accidental. Inv. [REDACTED] reported that [REDACTED] Blood Alcohol Level (BAC) was reported to be a 0.0, which did not indicate any alcohol use by [REDACTED] prior to the [REDACTED] death. Due to the autopsy report and the BAC level at the time of [REDACTED] death, the allegations were classified as AUPU against [REDACTED] and [REDACTED] on this date.



**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: 10/31/2013

Contact Method:

Contact Time: 09:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/31/2013 09:10 AM      Entered By: [REDACTED]

Case approved for closure at this time with classification of AUPU/Neglect Death. No evidence found to support that the death was anything other than accidental. The autopsy report reports that it was an accident. The case will be presented to CPIT at the next CPIT meeting to give them the findings of the autopsy.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/29/2013 Contact Method:  
 Contact Time: 03:29 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For: [REDACTED]  
 Location: DCS Office Created Date: 10/29/2013  
 Completed date: 10/29/2013 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: 10/29/2013 03:30 PM Entered By: [REDACTED]

On 31 August 2013, a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] with allegations of Neglect Death against Unknown Participant. The alleged victim is [REDACTED]

On 31 August 2013, TL [REDACTED] spoke with parents on via telephone to give condolences and to discuss [REDACTED] death. The mother, [REDACTED] stated that she could provide the incident of what happened to her child. [REDACTED] stated that she was in the hospital after just giving birth to her newborn son, [REDACTED] on Thursday, [REDACTED] [REDACTED] stated that on the day of the incident, 8/30/13 she spoke with [REDACTED] via phone and informed him that she had him a baby brother and he was very excited. [REDACTED] stated that this was around 1pm on 8/30/13 and not too long after she finished talking with him she got a call from her mother who was hysterical stating that [REDACTED] was in the floor foaming white stuff from his mouth and she thought that he appeared to be having a seizure. [REDACTED] stated that she was trying to get more information and her mother had hung up the phone to get the neighbors to help with him. [REDACTED] stated that the neighbors tried CPR to revive him but it was too late. Ms. [REDACTED] stated that she was contacted by the doctor at [REDACTED] Baptist and informed that [REDACTED] died as due to having popcorn caught in his throat and it closed his air flow and he could not pass it. Ms. [REDACTED] stated that they also reported that informed her that he was trying to drink milk at the time to help pass the popcorn and it was unsuccessful. Ms. [REDACTED] stated that they were trying to understand all of giving birth and losing another child at the same time. Ms. [REDACTED] stated they are not in need of anything at this time just prayer. Ms. [REDACTED] stated that they are in the process of trying to get the money for burial together as she did not have any insurance on [REDACTED] the tie of death.

On 25 October 2013, Medical/Autopsy Report was received showing that the death of [REDACTED] was accidental.

The case will be classified as AU/PU against APs [REDACTED] and [REDACTED] due to [REDACTED] being in the hospital giving birth to her son, [REDACTED], and [REDACTED] for taking appropriate action within a short time-frame.



**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:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 10/28/2013

Completed date: 10/28/2013

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: 10/28/2013 04:00 PM Entered By: [REDACTED]

Report of Investigation by County Medical Examiner

State Number: [REDACTED]

Case Number: [REDACTED]

Reportedly this male black, age two years, was spending the day with his grandmother in [REDACTED]. Reportedly the grandmother, per [REDACTED] County Sheriff's Department, had been drinking alcohol all day. The grandmother reportedly have the child a small amount of milk in a sippy cup and nothing else the entire day. The child was reportedly watching television in the living room and the grandmother was in her bedroom most of the day. The grandmother reportedly found the child unresponsive approximately 1330 hours this date, thinking he was asleep and noted he was not breathing, therefore contacting 911. [REDACTED] EMS responded to the scene and the one of paramedics began CPR, reportedly after removing a popcorn kernel from the child's throat. Reportedly the grandmother states she did note a whitish fluid from the mouth of the child prior to paramedics arrival. Paramedics transported the child to [REDACTED] Hospital in [REDACTED] arriving at 1400 hours. A short time after arrival in the emergency room, the child's health continued to decline and death was pronounced at 1533 by [REDACTED]. [REDACTED] Police responded to the scene with Lt. [REDACTED] contacting this office, advising this investigator of the death. Jurisdiction was accepted and his decedent was transported to the forensic center for further examination and disposition. [REDACTED] Investigator (08/30/2013)



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/24/2013 Contact Method: Phone Call  
 Contact Time: 01:13 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/30/2013  
 Completed date: 10/30/2013 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: 10/30/2013 11:02 AM Entered By: [REDACTED]  
 Purpose: Receipt of [REDACTED] Autopsy

CPSI [REDACTED] received a copy of [REDACTED] autopsy on this date from the [REDACTED] Office. The narrative of the autopsy was placed into the case notation for 10/25/2013. CPSI [REDACTED] read the narrative and made phone contact with Inv. [REDACTED] to advise him that she had received the report. CPSI [REDACTED] advised him that the narrative stated that [REDACTED] "had reportedly been drinking all day." Inv. [REDACTED] reported that when law enforcement officers arrived at the home on 08/30/2013 at 1:30PM, [REDACTED] did submit to a blood BAC test to test how much alcohol she had in her system. Inv. [REDACTED] also reported that [REDACTED] had a six pack of beer in the home on that day, but that only one beer was open and half full. Inv. [REDACTED] reported that the BAC level was sent off to the [REDACTED] for further investigation. Inv. [REDACTED] reported that the law officials that responded to the case are suggesting that the time frame was parallel to an accidental child death. Inv. [REDACTED] reported that Ms. [REDACTED] did call 911 in a timely manner and the child's body temperature was not cold when the responders made the scene. Until further investigation with the [REDACTED] Sheriff's Office and the [REDACTED] this allegation of harm has been agreed upon to be an accidental death of [REDACTED]

Next Steps: CPSI [REDACTED] will present the case for CPIT on 11/13/2013 at 2PM.



**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: 10/14/2013 Contact Method: Correspondence  
 Contact Time: 09:57 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 10/14/2013  
 Completed date: 10/14/2013 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: 10/14/2013 11:08 AM Entered By: [REDACTED]

Purpose: Contact with LE made and a request for the incident report

CPSI [REDACTED] made phone contact with Investigator [REDACTED] [REDACTED] on this date to request the incident report for this case. Inv. [REDACTED] reported that he could send a preliminary report, without a narrative, to CPSI [REDACTED] but that the entire report with the narrative would not be ready until the autopsy was received. CPSI [REDACTED] thanked Inv. [REDACTED] for the collaboration and Inv. [REDACTED] sent the preliminary report via email.

Next Steps: CPSI [REDACTED] will follow up with the Medical Examiner's Office by the end of the week, to check on the autopsy's status.



**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: 10/14/2013

Contact Method:

Contact Time: 09:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/14/2013

Completed date: 10/14/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/14/2013 09:55 AM Entered By: [REDACTED]

Case staffed with CM regarding classification of the case. CM advise that at this time, the autopsy report for the child is pending. In addition, law enforcement reports have not been received. According to the information the CM has on hand, it appears that the child's death was accidental. Case is being classified as AUPU. Classification will be changed if necessary if other reports conclude alternate findings.

Narrative Type: Addendum 1 Entry Date/Time: 10/14/2013 09:56 AM Entered By: [REDACTED]

In staffing the case, CM was also asked to ensure that case documentation is updated to reflect recent visit to the family reported to have been conducted as well as other collateral contacts that have been made along with any other required case activity completed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/10/2013	Contact Method:	Phone Call
Contact Time:	02:33 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	10/14/2013
Completed date:	10/14/2013	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: 10/14/2013 11:01 AM      Entered By: [REDACTED]

Purpose: Phone contact with the [REDACTED] Medical Examiner's Office

CPSI [REDACTED] made phone contact with Ms. [REDACTED] office in order to gather any new information on the case. The secretary provided information about how to obtain the autopsy report to CPSI [REDACTED] (fax a request via letterhead to the office.) CPSI [REDACTED] advised the secretary she would send the request via letterhead this afternoon. The letterhead was faxed over to the office on this date. A copy of the letter is located in the case file for documentation purposes.

Next Steps: CPSI [REDACTED] will follow up with the Medical Examiner's Office within one week.



**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: 10/10/2013 Contact Method: Attempted Phone Call  
 Contact Time: 02:31 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 10/14/2013  
 Completed date: 10/14/2013 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: 10/14/2013 10:58 AM Entered By: [REDACTED]

Purpose: Attempted phone contact with [REDACTED] with the [REDACTED] Medical Examiner's Office

CPSI [REDACTED] attempted to make phone contact with [REDACTED] in order to gather any new information on the case. There was no answer to the the phone call and a voicemail with CPSI [REDACTED] name and contact number were left on the voicemail.

Next Steps: CPSI [REDACTED] will attempt to make contact with [REDACTED] 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: 10/10/2013 Contact Method: Face To Face  
 Contact Time: 10:15 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 10/14/2013  
 Completed date: 10/15/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/14/2013 10:17 AM Entered By: [REDACTED]

CPSI [REDACTED] made a home visit on this date to follow up with the family at [REDACTED]

Present at the home visit were: CPSI [REDACTED] Ms. [REDACTED] (birth mother of ACV), [REDACTED] (infant brother to ACV), Ms. [REDACTED] (sister to Ms. [REDACTED]) and Ms. [REDACTED] wo daughters.

In order to engage the family, CPSI [REDACTED] explained the current report made to the Tennessee Department of Childrens Services and the MRS/Assessment process. CPSI [REDACTED] also provided the family with a brochure describing the Multiple Response Approach. CPSI [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.

**\*Section I: Observation of the infant brother to ACV**

CPSI [REDACTED] observed the infant, [REDACTED] on this date at the home visit. [REDACTED] was observed to be sleeping soundly on the couch by his mother during some of the visit. Also, [REDACTED] was observed to be drinking a bottle in [REDACTED] arms during the last part of the visit. The two cousins were observed in the living room, watching TV comfortably.

**\*Section II: Interview with [REDACTED]**

CPSI [REDACTED] advised Ms. [REDACTED] of the reason for her visit today and Ms. [REDACTED] reported that she understood why she was here. Ms. [REDACTED] reported that she is still in the grieving process from the loss of her son, [REDACTED] while she was in the hospital giving birth to [REDACTED]. Ms. [REDACTED] did not tear up during the interview and was heard referring to how she has received help from her church. Ms. [REDACTED] reported that she has been attending church( and individual counseling) and that the connection with the church members has helped her to hold herself together emotionally. Ms. [REDACTED] reported that she had gotten rid of some of the furniture in the living room, due to [REDACTED] passing and the vomit that was on the furniture after his death. Ms. [REDACTED] reported that her mother, Ms. [REDACTED] had gone to live in [REDACTED] to get away from the home where the incident occurred. Ms. [REDACTED] reported that she had been staying in [REDACTED]



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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

a hotel in [REDACTED] since the baby's birth because it was hard on her emotionally to be in the home where [REDACTED] had passed. Ms. [REDACTED] reported that she owns her home in [REDACTED] and that she receives disability benefits, which are her strengths as a mother. Also, Ms. [REDACTED] reported that she always provided her child [REDACTED] with anything that he needed or wanted. Ms. [REDACTED] reported that she had everything she needs for baby [REDACTED] at this time. CPSI [REDACTED] observed the home to have no safety concerns at this time. Ms. [REDACTED] had all of the infant items required to care for baby [REDACTED]. Ms. [REDACTED] reported that she would continue receiving grief counseling through her church and that she would ensure that [REDACTED] attends all of his medical appointments to maintain his health. A NCPP was signed by CPSI [REDACTED] and Ms. [REDACTED] on this date with the two action steps in the sentence above. CPSI [REDACTED] thanked Ms. [REDACTED] for allowing her to come out to her home on this date. CPSI [REDACTED] left the home at this time.

\*Section III: Interview with the birth fathers of the children were not able to be completed, as they were not present in the home at the time of the home visit.

\*Section IV: Ms. [REDACTED] was present for the home visit on this date. Ms. [REDACTED] was there to be a family support for Ms. [REDACTED] during this home visit. Ms. [REDACTED] fed [REDACTED] a bottle during the visit, when he started to fuss.

\*The family identified her church [REDACTED] in [REDACTED] as a support for the family at this time. Contact number is to be determined.

\*Section V: CPSI observed: The family home was clean and tidy. The living room was lacking some furniture. [REDACTED] was observed to be content at the home with his mother (sleeping) and was feeding well at the home visit. Ms. [REDACTED] did not cry during the interview and appeared to be emotionally strong. Ms. [REDACTED] did talk about [REDACTED] as though she missed him very much.

\*Required: Section VI: Next Steps: CPSI [REDACTED] will coordinate with the Medical Examiner's Office in [REDACTED] to obtain the autopsy report for [REDACTED]

\*Section VII: NCPP/FSTM

Strengths: Ms. [REDACTED] has a stable home and income. Ms. [REDACTED] is able to provide the basic needs for her child, [REDACTED]

Needs: Ms. [REDACTED] needs to continue to process her grief through attending counseling sessions at her church with her pastor. Ms. [REDACTED] is expected to attend all future medical appointments for herself and [REDACTED]

Action Steps: Ms. [REDACTED] needs to continue to process her grief through attending counseling sessions at her church with her pastor. Ms. [REDACTED] is expected to attend all future medical appointments for herself and [REDACTED]

Decisions:

Section VIII: IPA: None



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/09/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 10/30/2013

Completed date: 10/30/2013

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: 10/30/2013 10:57 AM Entered By: [REDACTED]

Purpose: CPIT presentation of case

CPSI [REDACTED] presented this case to the CPIT team on this date, as it was brought back from last month. The autopsy had not yet been received by CPSI [REDACTED] on this date, so the case will be brought back again next month. Inv. [REDACTED] reported that the case is still being investigated by law enforcement and that they are also waiting on the autopsy. The case will be brought back next month.

Next Steps: CPSI [REDACTED] will bring the case back to CPIT next month (November 13, 2013 at 2PM)



**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: 10/02/2013 Contact Method: Attempted Phone Call  
 Contact Time: 01:27 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 10/14/2013  
 Completed date: 10/14/2013 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being, Permanency  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/14/2013 10:55 AM Entered By: [REDACTED]

Purpose: Attempted phone contact with [REDACTED] with the [REDACTED] Medical Examiner's Office

CPSI [REDACTED] attempted to make phone contact with Ms. [REDACTED] in order to gather any new information on the case. There was no answer to the the phone call and a voicemail with CPSI [REDACTED] name and contact number were left on the voicemail. The contact number is [REDACTED]

Next Steps: CPSI [REDACTED] will attempt to contact [REDACTED] in the near future.



**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: 10/01/2013

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/01/2013

Completed date: 10/01/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/01/2013 02:30 PM      Entered By: [REDACTED]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.



**Tennessee Department of Children's Services**  
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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/11/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 10/30/2013

Completed date: 10/30/2013

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: 10/30/2013 10:53 AM Entered By: [REDACTED]

Purpose: CPIT presentation of case

CPSI [REDACTED] present the referral to the CPIT team on this date. It was discussed by the team members that they would like to wait for the autopsy from [REDACTED] [REDACTED] prior to classifying the allegations. It was discussed that Ms. [REDACTED] was in the hospital (one day after giving birth to a newborn son- [REDACTED] when the event occurred, so her allegation would be unfounded. Inv. [REDACTED] reported that the case is currently being investigated by law enforcement and that they are also waiting on the autopsy. The case will be brought back next month.

Next Steps: CPSI [REDACTED] will bring the case back to CPIT next month.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/02/2013 Contact Method: Attempted Phone Call  
 Contact Time: 09:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 10/14/2013  
 Completed date: 10/14/2013 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: 10/14/2013 11:04 AM Entered By: [REDACTED]  
 Purpose: Attempted phone contact with [REDACTED] with the [REDACTED] Medical Examiner's Office

TI [REDACTED] staffed this case with CPSI [REDACTED] on this morning. TL [REDACTED] advised CPSI [REDACTED] that she would need to try to contact Ms. [REDACTED] in order to gather information about the autopsy. TL [REDACTED] also advised CPSI [REDACTED] to try and obtain law enforcement reports regarding the case. CPSI [REDACTED] attempted to make phone contact with Ms. [REDACTED] in order to gather any new information on the case. There was no answer to the the phone call and a voicemail with CPSI [REDACTED] name and contact number were left on the voicemail. The contact number is [REDACTED]

Next Steps: CPSI [REDACTED] will attempt to contact Ms. [REDACTED] in the near future.



**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:	08/31/2013	Contact Method:	Face To Face
Contact Time:	11:45 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/03/2013
Completed date:	09/03/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2013 09:48 AM Entered By: [REDACTED]

Contact was made with the family at the resident where the incident occurred at [REDACTED] on 8/31/13. Present at the home was two adult women who referred to themselves as [REDACTED] aunts and several children whom were reported are cousins and family members. TL [REDACTED] spoke with maternal grandmother, [REDACTED] and she was not able to discuss the death of [REDACTED] as to she appeared to be under the influence of alcohol. TL [REDACTED] observed during visit outside the home that there were at least two open containers on the porch next to where Ms. [REDACTED] was sitting. TL [REDACTED] also observed on the side of the home that there were several empty beer cans piled up in a trash pile. TL expressed his condolences to the family and apologized for coming out and asking questions about [REDACTED] death as the family was still grieving. Ms. [REDACTED] stated that she was not able at this time to discuss the incident as it was too painful. The two aunts asked TL if these questions and interview take place at later time as they are grieving the lose of a love one. They informed that the parents [REDACTED] (mother) and [REDACTED] (father) were currently at [REDACTED] Hospital in [REDACTED] as Ms. [REDACTED] had just given birth Thursday to her newborn son. Family reported that the parents were in the hospital at the time of the incident. They provided TL [REDACTED] with contact information on the parents. TL [REDACTED] never entered the home to evaluate the home as the family was all sitting outside under the open car porch and didnt want to discuss anything at this time.

TL [REDACTED] spoke with parents on 8/31/13 via telephone to give condolences and to discuss [REDACTED] death. The mother, [REDACTED] stated that she could provide the incident of what happened to her child. Ms. [REDACTED] stated that she was in the hospital after just giving birth to her newborn son, [REDACTED] on Thursday, [REDACTED]. Ms. [REDACTED] stated that on the day of the incident, 8/30/13 she spoke with [REDACTED] via phone and informed him that she had him a baby brother and he was very excited. Ms. [REDACTED] stated that this was around 1pm on 8/30/13 and not too long after she finished talking with him she got a call from her mother who was hysterical stating that [REDACTED] was in the floor foaming white stuff from his mouth and she thought that he appeared to be having a seizure. Ms. [REDACTED] stated that she was trying to get more information and her mother had hung up the phone to get the neighbors to help with him. Ms. [REDACTED] stated that the neighbors tried CPR to revive him but it was too late. Ms. [REDACTED] stated that she was contacted by the doctor at [REDACTED] and informed that [REDACTED] died as due to having popcorn caught in his throat and it closed his air flow and he could not pass it. Ms. [REDACTED] stated that they also reported that informed her that he was trying to drink milk at the time to help pass the popcorn and it was unsuccessful. Ms. [REDACTED] stated that they were trying to understand all of giving birth and losing another child at the same time. Ms. [REDACTED] stated they they are not in need of anything at this time just prayer. Ms. [REDACTED] stated that they are in the process of trying to get the



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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money for burial together as she did not have any insurance on [REDACTED] the tie of death.

Plan: Case will be staffed with assigned Investigator and follow-up will be conducted with family in a week as family is grieving and making funeral arrangements this week.



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/31/2013 Contact Method:  
 Contact Time: 04:02 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/31/2013  
 Completed date: 08/31/2013 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: 08/31/2013 06:06 AM Entered By: [REDACTED]

TL [REDACTED] received a call from CPS [REDACTED] [REDACTED] [REDACTED] on Neglect Death on a 2yr old [REDACTED] [REDACTED]. The referral stated that [REDACTED] was unresponsive while in the care of his grandmother. The referral stated that the grandmother and mother's names are unknown. The referent stated the father's name was reported as [REDACTED]. It was reported that cause of death was unknown and the incident supposedly occurred on 8-30-13 around 1:30pm at the unknown grandmother's home.

TL [REDACTED] has made contact with the [REDACTED] County Sheriff's Department Srgt on duty and was informed that the on-call Investigator with the Sheriff Department on this case was Investigator [REDACTED] and he will be available to speak with us on tomorrow. Report was requested but was not available at this time of request.

Plan: Response will be made with the family at the address provided in the referral and complete the necessary tasks according to Work-Aid 2 and Policy 20.27. Information obtained will be staffed with TC [REDACTED] and DCS Legal and entered accordingly in TFACTS.



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/31/2013	Contact Method:	
Contact Time:	02:32 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	10/29/2013
Completed date:	10/29/2013	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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/29/2013 02:46 PM      Entered By: [REDACTED]

On 08/31/2013 a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] Cou [REDACTED] legations of Neglect Death against Unknown Participant. The alleged victim is [REDACTED]. The referral was assessed and assigned by TL [REDACTED] to CM [REDACTED] Response is due on 09/01/2013 02:32 a.m. CST. It is unknown at this time if the children are of Native American descent. The referent letter will be mailed within the timeframe as required by policy. Juvenile Court and the District Attorney are notified of referrals and classifications on a monthly basis per local protocol and policy.

TFACTS: No History Found Based on Information Provided  
\*\*\*\*\* TYPED VERBATIM\*\*\*\*\*

Open Court Custody/FSS/FCIP No  
Closed Court Custody No  
Open CPS - No  
Indicated No  
Fatality No  
Screened out No  
History (not listed above):No

County: [REDACTED]  
Notification: None  
School/ Daycare: Not Given  
Native American Descent: Not Given  
Directions: No

Reporter states: this will serve as notification that the [REDACTED] Medical Examiners Office is investigating the death of [REDACTED] This male black, age 2, was found unresponsive while his [REDACTED] was watching him on 08.30.2013 approximately 1330 hours this date. 911 was contacted with [REDACTED] EMS responding to [REDACTED] grandmothers name and mothers name is unknown at this time. The fathers name reportedly is [REDACTED] A scene investigation was performed by [REDACTED] Sheriffs Department. This male black was pronounced dead at [REDACTED] Hospital on 08.30.2013. The cause and manner of death are



**Tennessee Department of Children's Services**  
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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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pending at this time.

It is unknown if the child has any other siblings. Our case number [REDACTED]

Per SDM / Investigation / P1

[REDACTED] County was notified of P1 on 8/31/13 @ 4:00 A.M.  
[REDACTED] has been notified of P-1 at 4:08am on 08-31-13 by [REDACTED]

P1, [REDACTED], TL, on 8/31/13 @ 4:16 A.M.

CHILD Death/Near Death E-MAIL NARRATIVE SENT TO:

[REDACTED]

CC Commissioner [REDACTED]