



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

Case # 2013.099

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/30/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/30/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	Davidson
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

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

On 11/30/2013 the deceased child, 8 month old ██████████, was co-sleeping with her mother, ██████████, and 2 year old brother, ██████████. ██████████ was seen at ██████████ approximately two weeks ago for a bronchitis infection. The mother did not disclose that she or her son rolled on ██████████ while sleeping. The family was sleeping on a deflated air mattress and the home had no electricity. The home was being heated by a floor heater that was powered by extension cords from a neighboring home.

On 12/2/2013, DCS, Law Enforcement and the Medical Examiner met regarding the circumstances surrounding ██████████ death. According to the Medical Examiner, there were no bruising or signs of abuse or neglect on ██████████. The autopsy was conducted on 12/1/2013. The Medical Examiner found that ██████████ had posterior and anterior lividity. The medical examiner stated that the child had front and back lividity and extra fluid on her lungs that could of been the result of the reported history of a cold. The Medical Examiner noted that the child had fixed lividity on the front of the face. The autopsy did not show any signs of internal or external injury to ██████████. ██████████ death is a possible case of unsafe sleeping arrangements as noted by Law Enforcement and the Medical Examiner.

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

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

**Describe (in detail) interview with family:**

On 11/30/2013, ██████████ was prescribed an inhaler. The mother, ██████████ reported that ██████████ had been wheezing time to time the day prior. The mother gave the last treatment earlier this week. The mother was directed to give treatment four – five times the first week than to give as needed. The child had symptoms of coughing and a running nose prior to death.

The mother reported that she and the children had spent the night at the maternal grandmother's home the night prior. She stated that they came home around 10:00 p.m. The mother stated that she woke up because she heard a knock at the door. The mother stated that she didn't remember what time it was because she did not look at the clock. The mother stated that it was a neighbor at the door that needed a ride. The mother stated that when she jumped out of the bed, her son, ██████████ followed her. The mother stated that she put clothes on and then went back to the bed to pick up ██████████. The mother stated that when she picked ██████████ up, her head flopped back. The mother realized that ██████████ was not breathing and ran outside to get help. The mother reported that a neighbor performed CPR on ██████████ and someone called 911.

The mother recalled that the night prior she had put ██████████ on her stomach to sleep and ██████████ was found face down. The mother stated that when they fell asleep, ██████████ was closest to the couch, ██████████ was in the middle and she was on the other side of ██████████. The mother stated that through the course of the night she pushed ██████████ away from her because he had rolled towards her.

The mother reported that her electricity has been off for a week, so she and the children were staying with her mother. The mother reported that last night 11/29/2013 was the 1st night back at the home. The mother stated that when she got enough money to have her electricity turned back on, it was the holiday and she was told to come back on 12-2-13.

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

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

[redacted] was DOA to [redacted]

Describe disposition of body (Death): [redacted] was found face down and unresponsive

Name of Medical Examiner/Coroner: Dr. [redacted] Was autopsy requested?  No  Yes

Did CPS open an investigation on this Death/Near Death?  No  Yes

Was there DCS involvement at the time of Death/Near Death?  No  Yes

Type: [redacted] Case #: [redacted]

Describe law enforcement or court involvement, if applicable:

Detective [redacted] and Medical Examiner [redacted] were the 1st to meet with the family at [redacted] Det. [redacted] conducted an interview with the mother and maternal grandmother, [redacted], prior to DCS arrival to the ED. Law Enforcement and Medical Examiner along with DCS went to the home for the mother to give an reenactment of the incident. LE, ME, and DCS were present during the reenactment and pictures were taking.

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

On 11/30/2013, Immediate Protection Agreement was entered with the maternal grandmother, [redacted] and mother, [redacted]. The IPA outlines that the child, [redacted] will be placed with [redacted] and that [redacted] and [redacted] will remain in contact with DCS during the course of the investigation.

Name: [redacted] Age: [redacted] (2)

Name: [redacted] Age: [redacted]

Name: [redacted] Age: [redacted]

Name: [redacted] Age: [redacted]

Name: [redacted] Age: [redacted]

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?  No  Yes List organizations requesting information:

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

Contact Person: [redacted] Telephone Number: [redacted]

Case Manager: [redacted], CPSI Telephone Number: [redacted]

Team Leader: [redacted] Telephone Number: [redacted]

Team Coordinator: [redacted] Telephone Number: [redacted]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious  No  Yes

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/20/2013	Case #	2013-099
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***Incident Report*** to this notice.

Email to: [Child-Fatality-Notification EI-DCS](#)

within forty-eight (48) hours of notification

Include subject line (in RED): **CHILD DEATH [secure email]** or  
**CHILD NEAR DEATH [secure email]**



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 11/30/2013 10:47 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 11/30/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 12/02/2013 03:04 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 11/30/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 11/30/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	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: I-3 Phone  
 Notification: None  
 Narrative: TFACTS:  
 Open Court Custody/FSS/FCIP None found  
 Closed Court Custody None found  
 Open CPS - None found  
 Indicated None found  
 Fatality None found  
 Screened out None found



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

History (not listed above): None found

County: [REDACTED]  
 Notification: none  
 School/ Daycare: none  
 Native American Descent: none  
 Directions: none

Reporters name/relationship: [REDACTED]

The familys contact information is listed under [REDACTED].

Reporter states:

The child is not in state custody.

The children, [REDACTED] (age 8 months old) and [REDACTED] (age 1) live with their mother, [REDACTED].

Law Enforcement responded to a 911 call concerning a deceased child on 11/30/2013 at 9:50 A.M. When the police arrived the fire department was observed working on [REDACTED]. [REDACTED] was placed in the back of an ambulance and transported to [REDACTED] where she later died.

It was reported that the power in the mothers home was has been cut off for an unknown amount of time. The mother, [REDACTED] and [REDACTED] have been sleeping on a blow up mattress in the living room. This morning a neighbor (name unknown) came downstairs and asked the mother for a ride. The mother told the neighbor that she would have to get dressed. This is when she noticed that [REDACTED] was not breathing. The mother took [REDACTED] upstairs to the neighbors house and called 911. Both the mother and the neighbor performed CPR on [REDACTED] until the fire department arrived. It is unknown what physical position [REDACTED] was initially found in.

The mother has no known past history of child abuse or neglect. The referent did not physically see [REDACTED] due to the fire department loading her into the ambulance.

There did not appear to be any concerns about drug abuse or mental health illness in the home. [REDACTED] is currently staying at [REDACTED] with the neighbor. The referent had limited information. No other information was provided.

The children have no known special needs or disabilities.

Per SDM: Investigative Track, P1 - [REDACTED] CM 3 on 11-30-2013 at 11:32 A.M.

[REDACTED] paged - Time Issued: 11:39:29 AM  
 [REDACTED] 11-30-13 11:39:30 AM CST      11-30-13 11:40:17 AM CST      Received

Email notification sent to [REDACTED] and Regional Administrator [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: [REDACTED] Age: 21 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 2 Yrs 5 Mos (Est)

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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 1 Yr

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:

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN: [REDACTED] Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 11/30/2013

Assignment Date: 11/30/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 12/17/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: This case is closed and classified as AUPU. There was no evidence to support the allegations of neglect death. Due to no evidence or imminent risk, this case is being closed and no further services or monitoring is needed.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 12/17/2013

Team Leader: [REDACTED]

Date: 12/20/2013

**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:**

**Child Interview (11/30/2013)**

CPSI observed [REDACTED] (2) at the family home. [REDACTED] was too young to interview regarding the allegations. [REDACTED] was dressed appropriately for the weather. He had no visible marks or bruises. CPSI observed him playing at his grandmothers home ([REDACTED]). [REDACTED] appeared to be healthy and happy en lieu of the current circumstances.

**Observations (11/30/2013)**

This CPSI observed the home where the family resides. The home is a 3 bedroom apartment. The home was without power. There was a power cord running from an adjacent apartment connecting a space heater to supply the home with heat. There was an air mattress located on the floor in the front room. The home was semi clean; it was consistent with a single mother having two children. (Pictures were taking and attached to file)



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

Case Name : ██████████

Investigation ID: ██████████

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

According to Dr. ██████████ (ME), there were no bruising and signs of neither abuse nor neglect on ██████████. The autopsy was conducted on 12/1/2013. Dr. ██████████ found that ██████████ had posterior and anterior lividity. Dr. ██████████ stated that the child had front and back lividity, and extra fluid on lungs that could have been the results of the reported history of a cold. Dr. ██████████ noted that the child had fixed lividity on the front of the face. The autopsy did not show any signs of internal or external injury to ██████████. ██████████ death is a possible case of unsafe sleeping arrangements as noted by Detective ██████████ and Dr. ██████████. \*Autopsy is pending\*

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

Unknown Perpetrator

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

Reporter states:

The child is not in state custody.

The children, ██████████ (age 8 months old) and ██████████ (age 1) live with their mother, ██████████.

Law Enforcement responded to a 911 call concerning a deceased child on 11/30/2013 at 9:50 A.M. When the police arrived the fire department was observed working on ██████████. ██████████ was placed in the back of an ambulance and transported to ██████████ where she later died.

It was reported that the power in the mothers home was has been cut off for an unknown amount of time. The mother, ██████████ and ██████████ have been sleeping on a blow up mattress in the living room. This morning a neighbor (name unknown) came downstairs and asked the mother for a ride. The mother told the neighbor that she would have to get dressed. This is when she noticed that ██████████ was not breathing. The mother took ██████████ upstairs to the neighbors house and called 911. Both the mother and the neighbor performed CPR on ██████████ until the fire department arrived. It is unknown what physical position ██████████ was initially found in.

The mother has no known past history of child abuse or neglect. The referent did not physically see ██████████ due to the fire department loading her into the ambulance.

There did not appear to be any concerns about drug abuse or mental health illness in the home. ██████████ is currently staying at ██████████ with the neighbor. The referent had limited information. No other information was provided.

The children have no known special needs or disabilities.

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

On 11/30/2013, Ms. ██████████ (mother) reported that ██████████ had been wheezing time to time the day prior. Ms. ██████████ gave the last treatment earlier this week. Ms. ██████████ was directed to give treatment four five times the first week than to give as needed. The child had symptoms of coughing and a running nose to prior to death.

Ms. ██████████ reported that she and the children had spent the night at the maternal grandmothers home



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**Child Protective Service Investigation Summary**  
**and Classification Decision of Child Abuse/Neglect Referral**

Case Name : ██████████

Investigation ID: ██████████

(██████████) the night prior. She stated that they came home around 10:00 p.m. Ms. ██████████ stated that she had woken up to a knock at the door. Ms. ██████████ stated that she really didn't remember what time it was because she did not look at the time. Ms. ██████████ stated that it was a neighbor needing a ride. Ms. ██████████ stated that she when she had jumped out of the bed so did her son, ██████████. Ms. ██████████ reported telling her neighbor to wait so she could put some clothes on. Ms. ██████████ got some clothes and then reported going back to the bed to pick up ██████████. Ms. ██████████ noticed when picking up ██████████ head flopped back. Ms. ██████████ realized that ██████████ was not breathing and ran outside to help. Ms. ██████████ reported that a neighbor performed CPR on ██████████ and someone called 911.

Ms. ██████████ recalled that the night prior she had put ██████████ on her stomach to sleep and ██████████ was found face down. Ms. ██████████ stated that laying on the air mattress when she fell asleep was ██████████ closet to the couch than ██████████ in the middle and her on the outside of ██████████ closes to the T.V. Ms. ██████████ stated that through the course of the night she had pushed ██████████ away from her because he had been rolling over towards the mother.

Ms. ██████████ reported that her electricity had been off for week. Ms. ██████████ reported that last night (11/29/2013) was the 1st night back at the home. Ms. ██████████ stated that she did not have enough money to get the lights turned back on and when she did have the money she could not pay because it was the holidays and she was told to go back Monday (12/2/2013).

On 12/5/2013, Ms. ██████████ stated that she paid to get the power back on to the home on 12/3/2013. The home had power on 12/5/2013 and this was verified by CPSI.

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: 03/16/2014

Contact Method:

Contact Time: 04:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/16/2014

Completed date: 03/16/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/16/2014 04:49 PM Entered By: [REDACTED]

CPS investigation complete as unsubstantiated for neglect death as there is no evidence to support neglect.

Narrative Type: Addendum 1 Entry Date/Time: 03/16/2014 04:51 PM Entered By: [REDACTED]

Case will need to be reviewed by Office of Child Safety-Central prior to 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: 03/14/2014

Contact Method:

Contact Time: 08:32 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 08:32 PM Entered By: [REDACTED]

**FINAL CASE SUMMARY**

DCS Policy defines Child death/near death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report; any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child; any child death that is the result of the caretaker's failure to meet childcare responsibilities. Near death is a serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by any medical personnel or first emergency responder with the report of abuse supported by an examination or medical information.

On 11/30/2013 the deceased child, 8 mos [REDACTED] was co sleeping with her mother, [REDACTED] and 2 yo brother, [REDACTED]. [REDACTED] was seen at [REDACTED] approximately two weeks ago for a bronchitis infection. The mother did not disclose her or her son rolling over on [REDACTED] while sleeping in the bed. The family was sleeping on a deflated air mattress and the home had no power. The home was being heated by a floor heater that was powered by extension cords from a neighboring home.

On 11/30/2013, Ms. [REDACTED] reported that [REDACTED] had been wheezing time to time the day prior. Ms. [REDACTED] gave the last treatment earlier this week. Ms. [REDACTED] was directed to give treatment four five times the first week than to give as needed. The child had symptoms of coughing and a running nose to prior to death.

Ms. [REDACTED] reported that she and the children had spent the night at the maternal grandmothers home ([REDACTED]) the night prior. She stated that they came home around 10:00 p.m. Ms. [REDACTED] stated that she had woken up to a knock at the door. Ms. [REDACTED] stated that she really didn't remember what time it was because she did not look at the time. Ms. [REDACTED] stated that it was a neighbor needing a ride. Ms. [REDACTED] stated that she when she had jumped out of the bed so did her son, [REDACTED]. Ms. [REDACTED] reported telling her neighbor to wait so she could put some clothes on. Ms. [REDACTED] got some clothes and then reported going back to the bed to pick up [REDACTED]. Ms. [REDACTED] noticed when picking up [REDACTED] head flopped back. Ms. [REDACTED] realized that [REDACTED] was not breathing and ran outside to help. Ms. [REDACTED] reported that a neighbor performed CPR on [REDACTED] and someone called 911.

Ms. [REDACTED] recalled that the night prior she had put [REDACTED] on her stomach to sleep and [REDACTED] was found face



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

down. Ms. ██████████ stated that laying on the air mattress when she fell asleep was ██████████ closet to the couch than ██████████ in the middle and her on the outside of ██████████ closes to the T.V. Ms. ██████████ stated that through the course of the night she had pushed ██████████ away from her because he had been rolling over towards the mother.

Ms. ██████████ reported that her electricity had been off for week. Ms. ██████████ reported that last night (11/29/2013) was the 1st night back at the home. Ms. ██████████ stated that she did not have enough money to get the lights turned back on and when she did have the money she could not pay because it was the holidays and she was told to go back Monday (12/2/2013).

On 12/2/2013, CPSI ██████████ LI ██████████ Detective ██████████ and Dr. ██████████ (Medical Examiner) had a meeting regarding the circumstances surrounding ██████████ death at the Office of the Medical Examiner. According to Dr. ██████████ (ME), there were no bruising and signs of neither abuse nor neglect on ██████████. The autopsy was conducted on 12/1/2013. Dr. ██████████ found that ██████████ had posterior and anterior lividity. Dr. ██████████ stated that the child had front and back lividity, and extra fluid on lungs that could have been the results of the reported history of a cold. Dr. ██████████ noted that the child had fixed lividity on the front of the face. The autopsy did not show any signs of internal or external injury to ██████████. ██████████ death is a possible case of unsafe sleeping arrangements as noted by Detective ██████████ and Dr. ██████████ \*Autopsy Results pending\*

Case was presented to CPIT on 3/13/2014. The team agreed with the classification of AUPU and the case will not be prosecuted.

At this time, this case does not meet criteria for an indication of neglect death. There is no evidence to support the allegations of neglect death. There is no medical evidence and no witness to support the allegations. The investigation is closed as allegations unsubstantiated, perpetrator unsubstantiated.



**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: 03/14/2014

Contact Method:

Contact Time: 08:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 03/14/2014 08:30 PM

Entered By: [REDACTED]

Child: [REDACTED]

DOB: [REDACTED]

Parent(s): [REDACTED]

CPS Investigator: [REDACTED]

**Referral History**

The Department of Childrens Services received the referral on 11/30/2013 and this CPSI received the referral on 11/30/2013 as a response priority (P1) regarding neglect death.

**Fatality Report (12/2/2013)**

This CPSI completed and submitted the Notice of Child Fatality/Near Fatality; see form attached.

A TFACTS history check was completed and there was no history found.

**Family Composition**

The family consists of [REDACTED] (mother), and [REDACTED] (2 year old) and they reside at [REDACTED]

This family isnt of Native American Heritage.

**Parent Interview (11/30/2013)**

CPSI was present and witnessed the reenactment of the scene with [REDACTED] ME, and [REDACTED] (mother) at [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was prescribed an inhaler. The mother reported that [REDACTED] had been wheezing time to time the day prior. The mother gave the last treatment earlier this week. The mother was directed to give treatment four five times the first week than to give as needed. The child had symptoms of coughing and a running nose to prior to death.



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

The mother reported that she and the children had spent the night at the maternal grandmothers home the night prior. She stated that they came home around 10:00 p.m. The mother stated that she had woken up to a knock at the door. The mother stated that she really didn't remember what time it was because she did not look at the time. The mother stated that it was a neighbor needing a ride. The mother stated that she when she had jumped out of the bed so did her son, ██████████. The mother reported telling her neighbor to wait so she could put some clothes on. The mother got some clothes and then reported going back to the bed to pick up ██████████. The mother noticed when picking up ██████████ head flopped back. The mother realized that ██████████ was not breathing and ran outside to help. The mother reported that a neighbor performed CPR on ██████████ and someone called 911.

The mother recalled that the night prior she had put ██████████ on her stomach to sleep and ██████████ was found face down. The mother stated that laying on the air mattress when she fell asleep was ██████████ closet to the couch than ██████████ in the middle and her on the outside of ██████████ closes to the T.V. The mother stated that through the course of the night she had pushed ██████████ away from her because he had been rolling over towards the mother. The mother reported that her electricity had been off for week. The mother reported that last night (11/29/2013) was the 1st night back at the home. The mother stated that she did not have enough money to get the lights turned back on and when she did have the money she could not pay because it was the holidays and she was told to go back Monday (12/2/2013).

**Parent Interview (12/5/2013)**

CPSI interviewed ██████████ at the family home. She stated that she paid to get the power back on to the home on 12/3/2013. She stated that she was currently employed. She stated that she was working seasonal at Staples and she had recently been laid off at Sonics on 11/10/2013. She was laid off at Sonics due to the season. She reported that her utility check was \$70 month, Families First are \$185 month prior to ██████████ death, food stamps was \$480 month and she received WIC vouchers. She stated that she hopes to start a new job with her uncle who owns a staffing agency and she had put in application to ██████████ prior to her daughters death.

Ms. ██████████ stated that she has a large family support system. She stated that her grandmother, ██████████ will be staying with her. She stated that her mother, ██████████, brother, ██████████, and her best friend ██████████ are her support system.

Ms. ██████████ stated that she is interested in enrolling back at ██████████ to finish her medical assistant program.

Ms. ██████████ stated that she refers no services through DCS. She stated that is currently trying to raise money for the funeral and will have a visual for now.

**Forms Signed**

This CPSI explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, HIPPA Notice of Privacy Practices and Release of Information forms to the family. The forms were signed and a copy of the Client Rights, Notification of Equal Access, and HIPPA were provided to the family. Originals attached to file.

**Child Interview (11/30/2013)**

CPSI observed ██████████ (2) at ██████████. ██████████ was too young to interview regarding the allegations. ██████████ was dressed appropriately for the weather. He had no visible marks or bruises. CPSI observed him playing at his grandmothers home (██████████) ██████████ appeared to be healthy and happy en lieu of the current circumstances.

**Observations (11/30/2013)**

This CPSI observed the home where the family resides. The home is a 3 bedroom apartment. The home was without power. There was a power cord running from an adjacent apartment connecting a space heater to supply the home with heat. There was an air mattress located on the floor in the front room. The home was semi clean; it was consistent with a single mother having two children. (Pictures were taking and attached to file)



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

**Forms Signed**

This CPSI explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, HIPPA Notice of Privacy Practices and Release of Information forms to the family. The forms were signed and a copy of the Client Rights, Notification of Equal Access, and HIPPA were provided to the family. Originals attached to file.

**Collateral Contact (11/30/2013)**

Detective ██████████ and Medical Examiner ██████████ were the 1st to meet with the family at ██████████. Det. ██████████ conducted an interview with the mother and maternal grandmother, ██████████, prior to CPSI arrival to the ED. CPSI was not allowed into the interview with the family, LE and ME.

LE and ME along with CPSI went to the home for the mother to give an reenactment of the incident. LE, ME, and CPSI were present during the reenactment and pictures were taking.

Det. ██████████ stated that the mother she was at the grandmothers home last night, she had come home and put the baby down around 10ish. She stated that she woke up and found baby face down around 9am. The mother stated that she had layed the baby down on stomach, and found her on back. Det. ██████████ noted that the mother reported taking the child to the hospital a couple of weeks ago because the child was having breathing issues.

During the observation of the home, ME ██████████ noted items in the home. The items were Vicks Vapor Rub, baby food, formula, and inhaler. Items were tagged and giving to ID.

**Collateral Contact (11/30/2013)**

This CPSI interviewed ██████████, paternal grandmother, a ██████████ Ms. ██████████ stated that ██████████ is a good mother and she loves her children. She stated she is always working hard to provide for her children. She stated that she is very comfortable ██████████ and trust her own child (██████████, 4 years old) with ██████████ She stated that she has known ██████████ for four years. Ms. ██████████ stated that she would like to take ██████████ for a while so that the mother could grieve. Ms. ██████████ stated that she can be contacted at ██████████

Ms. ██████████ is the mother to ██████████ (1/12/1992). ██████████ is the father of ██████████ and ██████████. She stated that ██████████ (father) is currently incarcerated and has been for 5 months for violation of probation. She stated that they both are very good parents despite her sons incarceration.

**Collateral Contact (12/5/2013)**

CPSI interviewed ██████████, family friend, a ██████████. Ms. ██████████ stated that she has known ██████████ for two years. She stated that she is a good mother and loves her children. She stated that ██████████ has worked to jobs in the past to care for her children and she works hard for her children. Ms. ██████████ stated that Ms. ██████████ has a 5 year old and allows ██████████ to watch her child. Ms. ██████████ stated that she has no concerns about ██████████ ability to care for children. Ms. ██████████ stated that if there was anything she could do to help further to contact her at ██████████

**Collateral Contact (12/5/2013)**

CPSI interviewed ██████████ (family friend, ██████████), outside ██████████. She stated that she has known ██████████ for 2 years. She stated that ██████████ is a good mother and is very protective of her children. She stated that she always see ██████████ with her children if ██████████ is not at work. She stated that she would leave her own child with ██████████. She stated that ██████████ loves his mother and is always hugging on her.

**Collateral Contact (12/5/2013)**

CPSI interviewed ██████████ (family friend, ██████████), outside ██████████. She stated that she has known the mother for 4 years. She stated that ██████████ is a great mother. ██████████ is hands on with her children and nurturing. She stated that the best thing she likes about ██████████ is that she



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

interacts with her children.

**Referent Contact (11/30/2013)**

The referent was contacted and stated there were no additional concerns to report.  
 Referent Notification Letter was not mailed by referents request.

**Criminal Background Check (3/14/2014)**

This CPSI completed or requested a criminal background check using ██████████ Clerk on ██████████ and it was negative/no results.  
 Background check results attached to file.

**Assessments****Initial Safety Assessment (3/14/2014)**

This CPSI completed the Initial Safety Assessment and the child is Conditionally Safe Copy attached to file.

**Closing Safety Assessment (3/14/2014)**

This CPSI completed the Closing Safety Assessment and the child is Safe.  
 Copy attached to file.

**Classification Detail (12/20/2013)**

Based on the investigation and assessments, this case will be classified as AUPU.

**NCPP (12/5/2013 at 330pm)**

This CPSI met with the family to discuss the Non-Custodial Permanency Plan. The purpose of the plan was for ██████████ ██████████ to research the dangers of co-sleeping, address community resources and seek grievance counseling. The parties present were CPSI ██████████ and ██████████ (mother). IPA was dissolved on this date due to the power being restored.

**CPIT (3/13/2014)**

This CPSI presented this case at CPIT and the team agreed with classification of AUPU with no services. This case wont be prosecuted.

**Autopsy (12/2/2013 at 130pm)**

CPSI, LI, Detective ██████████ and Dr. ██████████ (Medical Examiner) had a meeting regarding the circumstances surrounding ██████████ death at the Office of the Medical Examiner. According to Dr. ██████████ (ME), there were no bruising and signs of neither abuse nor neglect on ██████████. The autopsy was conducted on 12/1/2013. Dr. ██████████ found that ██████████ had posterior and anterior lividity. Dr. ██████████ stated that the child had front and back lividity, and extra fluid on lungs that could have been the results of the reported history of a cold. Dr. ██████████ noted that the child had fixed lividity on the front of the face. The autopsy did not show any signs of internal or external injury to ██████████. ██████████ death is a possible case of unsafe sleeping arrangements as noted by Detective ██████████ and Dr. ██████████.

\*Results of autopsy have not been received\*

**Immediate Protection Agreement (11/30/2012 at 400pm)**

CPSI explained the purpose of an IPA to ██████████. Ms. ██████████ agreed to have her son, ██████████ stay with the maternal grandmother, ██████████ during the course of the investigation. The terms of the IPA was explained to Ms. ██████████ and Ms. ██████████. They understood that the child will be placed with the maternal grandmother, and all parties will remain in contact with DCS during the course of the investigation. It was also explained that the IPA could be dissolved after the home has power. This CPSI completed internet checks, went to the safety placements home and completed the Expedited Placement Assessment. The IPA & Expedited Placement Assessment is attached to the file.



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

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Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████

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Case Closure (3/14/2014)

Allegation Unsubstantiated Perpetrator Unsubstantiated

This case is closed and classified as AUPU. There was no evidence to support the allegations of neglect death. Due to no evidence or imminent risk, this case is being closed and no further services or monitoring is needed.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.



**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: 03/13/2014 Contact Method:  
 Contact Time: 02:30 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 03/14/2014  
 Completed date: 03/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 06:26 PM Entered By: [REDACTED]

Case Conference  
 CPIT disagreed with classification decision

Narrative Type: Addendum 1 Entry Date/Time: 03/27/2014 02:01 PM Entered By: [REDACTED]

CLARIFICATION-CPIT DID NOT DISAGREE WITH CLASSIFICATION, THE TEAM WANTED ADDITIONAL INFORMATION AND REVIEW. ONCE THIS TASK WAS COMPLETED, CASE RE-STAFFED AT CPIT AND TEAM AGREED WITH CLASIFICATION



**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: 03/13/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/14/2014 08:24 PM      Entered By: [REDACTED]

CPIT (3/13/2014)

This CPSI presented this case at CPIT and the team agreed with classification of AUPU with no services. This case wont be prosecuted.



**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: 02/14/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/18/2014

Completed date: 02/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/18/2014 03:21 PM      Entered By: [REDACTED]

Case Conference

MSW Review needed and then re-staff at 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: 01/17/2014 Contact Method:  
 Contact Time: 10:23 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 01/17/2014  
 Completed date: 01/17/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/17/2014 10:26 AM Entered By: [REDACTED]

LI advised that CPIT want to indicate case and reset staffing for final DCS classification. MSW reviews have been for the month so case will be wstaffed 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: 01/10/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 04 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/13/2014

Completed date: 01/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/13/2014 09:28 AM      Entered By: [REDACTED]

Case Conference  
CPIT

Follow-up home visit with family



**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: 12/05/2013 Contact Method: Face To Face  
 Contact Time: 04:15 PM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/14/2014  
 Completed date: 03/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 08:19 PM Entered By: [REDACTED]

Collateral Contact (12/5/2013 at 415pm)

CPSI interviewed [REDACTED], family friend, at [REDACTED]. Ms. [REDACTED] stated that she has known [REDACTED] for two years. She stated that she is a good mother and loves her children. She stated that [REDACTED] has worked to jobs in the past to care for her children and she works hard for her children. Ms. [REDACTED] stated that Ms. [REDACTED] has a 5 year old and allows [REDACTED] to watch her child. Ms. [REDACTED] stated that she has no concerns about [REDACTED] ability to care for children. Ms. [REDACTED] stated that if there was anything she could do to help further to contact her at [REDACTED].

Collateral Contact (12/5/2013 at 425pm)

CPSI interviewed [REDACTED] (family friend/[REDACTED], outside [REDACTED]). She stated that she has known [REDACTED] for 2 years. She stated that [REDACTED] is a good mother and is very protective of her children. She stated that she always see [REDACTED] with her children if [REDACTED] is not at work. She stated that she would leave her own child with [REDACTED]. She stated that [REDACTED] loves his mother and is always hugging on her.

Collateral Contact (12/5/2013 at 435pm)

CPSI interviewed [REDACTED] (family friend/[REDACTED], outside [REDACTED]). She stated that she has known the mother for 4 years. She stated that [REDACTED] is a great mother. [REDACTED] is hands on with her children and nurturing. She stated that the best thing she likes about [REDACTED] is that she interacts with her children.



**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: 12/05/2013

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 03/14/2014 08:36 PM

Entered By: [REDACTED]

Sibling Interview (12/5/2013)

CPSI observed [REDACTED] at the family home. [REDACTED] was too young to interview regarding the allegations. [REDACTED] appeared to be healthy. [REDACTED] was dressed appropriately for the weather.



**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: 12/05/2013 Contact Method: Face To Face  
 Contact Time: 03:42 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/14/2014  
 Completed date: 03/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 08:08 PM Entered By: [REDACTED]

Parent Interview (12/5/2013 at 342pm)

CPSI interviewed [REDACTED] at the family home. She stated that she paid to get the power back on to the home on 12/3/2013. She stated that she was currently employed. She stated that she was working seasonal at Staples and she had recently been laid off at Sonics on 11/10/2013. She was laid off at Sonics due to the season. She reported that her utility check was \$70 month, Families First are \$185 month prior to [REDACTED] death, food stamps was \$480 month and she received WIC vouchers. She stated that she hopes to start a new job with her uncle who owns a staffing agency and she had put in application to [REDACTED] prior to her daughters death.

Ms. [REDACTED] stated that she has a large family support system. She stated that her grandmother, [REDACTED] will be staying with her. She stated that her mother, [REDACTED], brother, [REDACTED], and her best friend, [REDACTED] are her support system.

Ms. [REDACTED] stated that she is interested in enrolling back at [REDACTED] to finish her medical assistant program.

Ms. [REDACTED] stated that she refers no services through DCS. She stated that is currently trying to raise money for the funeral and will have a visual for now.



**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: 12/02/2013 Contact Method: Face To Face  
 Contact Time: 01:30 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 03/14/2014  
 Completed date: 03/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Medical Exam  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/14/2014 08:26 PM Entered By: [REDACTED]

Autopsy (12/2/2013 at 130pm)

CPSI, LI, Detective [REDACTED] and Dr. [REDACTED] (Medical Examiner) had a meeting regarding the circumstances surrounding [REDACTED] death at the Office of the Medical Examiner. According to Dr. [REDACTED] (ME), there were no bruising and signs of neither abuse nor neglect on [REDACTED]. The autopsy was conducted on 12/1/2013. Dr. [REDACTED] found that [REDACTED] had posterior and anterior lividity. Dr. [REDACTED] stated that the child had front and back lividity, and extra fluid on lungs that could have been the results of the reported history of a cold. Dr. [REDACTED] noted that the child had fixed lividity on the front of the face. The autopsy did not show any signs of internal or external injury to [REDACTED]. [REDACTED] death is a possible case of unsafe sleeping arrangements as noted by Detective [REDACTED] and Dr. [REDACTED].

\*Autopsy is pending\*



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/30/2013	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	03/14/2014
Completed date:	03/14/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 03/14/2014 08:16 PM      Entered By: [REDACTED]

Collateral Contact (11/30/2012 at 330pm)

This CPSI interviewed [REDACTED], paternal grandmother, [REDACTED]. Ms. [REDACTED] stated that [REDACTED] is a good mother and she loves her children. She stated she is always working hard to provide for her children. She stated that she is very comfortable [REDACTED] and trust her own child ([REDACTED], 4 years old) with [REDACTED]. She stated that she has known [REDACTED] for four years. Ms. [REDACTED] stated that she would like to take [REDACTED] for a while so that the mother could grieve. Ms. [REDACTED] stated that she can be contacted at [REDACTED].

Ms. [REDACTED] is the mother to [REDACTED] [REDACTED]. [REDACTED] is the father of [REDACTED] and [REDACTED]. She stated that [REDACTED] (father) is currently incarcerated and has been for 5 months for violation of probation. She stated that they both are very good parents despite her sons incarceration.



**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: Created In Error  
 Contact Date: 11/30/2013 Contact Method: Face To Face  
 Contact Time: 04:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/14/2014  
 Completed date: 03/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 08:15 PM Entered By: [REDACTED]

Collateral Contact (11/30/2012 at 330pm)

This CPSI interviewed [REDACTED], paternal grandmother, at [REDACTED] TN. Ms. [REDACTED] stated that [REDACTED] is a good mother and she loves her children. She stated she is always working hard to provide for her children. She stated that she is very comfortable [REDACTED] and trust her own child ([REDACTED], 4 years old) with [REDACTED]. She stated that she has known [REDACTED] for four years. Ms. [REDACTED] stated that she would like to take [REDACTED] for a while so that the mother could grieve. Ms. [REDACTED] stated that she can be contacted at [REDACTED].

Narrative Type: Created In Error Entry Date/Time: 03/14/2014 08:16 PM Entered By: [REDACTED]

Incomplete



**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: 11/30/2013

Contact Method: Face To Face

Contact Time: 03:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 08:10 PM [REDACTED] [REDACTED]

Child Interview (11/30/2013 at 200pm)

CPSI observed [REDACTED] (2) at [REDACTED]. [REDACTED] was too young to interview regarding the allegations. [REDACTED] was dressed appropriately for the weather. He had no visible marks or bruises. CPSI observed him playing at his grandmothers home ([REDACTED]). [REDACTED] appeared to be healthy and happy en lieu of the current circumstances.



**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: 11/30/2013

Contact Method:

Contact Time: 03:50 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/14/2014 08:12 PM      Entered By: [REDACTED]

Observations (11/30/2013 at 350pm)

This CPSI observed the home where the family resides. The home is a 3 bedroom apartment. The home was without power. There was a power cord running from an adjacent apartment connecting a space heater to supply the home with heat. There was an air mattress located on the floor in the front room. The home was semi clean; it was consistent with a single mother having two children. (Pictures were taking and attached to file)



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/30/2013

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/14/2014 08:23 PM      Entered By: [REDACTED]

Referent Contact (11/30/2013 at 230pm)

The referent was contacted and stated there were no additional concerns to report.

Referent Notification Letter was not mailed by referents request.



**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: 11/30/2013 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/14/2014  
 Completed date: 03/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 08:06 PM Entered By: [REDACTED]

Parent Interview (11/30/2013 at 200pm)

CPSI was present and witnessed the reenactment of the scene with [REDACTED] ME, and [REDACTED] (mother) at [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was prescribed an inhaler. The mother reported that [REDACTED] had been wheezing time to time the day prior. The mother gave the last treatment earlier this week. The mother was directed to give treatment four five times the first week than to give as needed. The child had symptoms of coughing and a running nose to prior to death.

The mother reported that she and the children had spent the night at the maternal grandmothers home the night prior. She stated that they came home around 10:00 p.m. The mother stated that she had woken up to a knock at the door. The mother stated that she really didnt remember what time it was because she did not look at the time. The mother stated that it was a neighbor needing a ride. The mother stated that she when she had jumped out of the bed so did her son, [REDACTED]. The mother reported telling her neighbor to wait so she could put some clothes on. The mother got some clothes and then reported going back to the bed to pick up [REDACTED]. The mother noticed when picking up [REDACTED] head flopped back. The mother realized that [REDACTED] was not breathing and ran outside to help. The mother reported that a neighbor performed CPR on [REDACTED] and someone called 911.

The mother recalled that the night prior she had put [REDACTED] on her stomach to sleep and [REDACTED] was found face down. The mother stated that laying on the air mattress when the fell asleep was [REDACTED] closet to the couch than [REDACTED] in the middle and her on the outside of [REDACTED] closes to the T.V. The mother stated that through the course of the night she had pushed [REDACTED] away from her because he had been rolling over towards the mother.

The mother reported that her electricity had been off for week. The mother reported that last night (11/29/2013) was the 1st night back at the home. The mother stated that she did not have enough money to get the lights turned back on and when she did have the money she could not pay because it was the holidays and she was told to go back Monday (12/2/2013).



**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: 11/30/2013

Contact Method: Face To Face

Contact Time: 01:50 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 08:13 PM Entered By: [REDACTED]

(11/30/2013 )

Detective [REDACTED] and Medical Examiner [REDACTED] were the 1st to meet with the family at [REDACTED]. Det. [REDACTED] conducted an interview with the mother and maternal grandmother, [REDACTED], prior to CPSI arrival to the ED. CPSI was not allowed into the interview with the family, LE and ME.

LE and ME along with CPSI went to the home for the mother to give an reenactment of the incident. LE, ME, and CPSI were present during the reenactment and pictures were taking.

Det. [REDACTED] stated that the mother she was at the grandmothers home last night, she had come home and put the baby down around 10ish. She stated that she woke up and found baby face down around 9am. The mother stated that she had layed the baby down on stomach, and found her on back. Det. [REDACTED] noted that the mother reported taking the child to the hospital a couple of weeks ago because the child was having breathing issues.

During the observation of the home, ME [REDACTED] noted items in the home. The items were Vicks Vapor Rub, baby food, formula, and inhaler. Items were tagged and giving to ID.



**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: System Completed  
 Contact Date: 11/30/2013 Contact Method: Face To Face  
 Contact Time: 12:30 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 12/02/2013  
 Completed date: 12/31/2013 Completed By: System Completed  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/02/2013 05:43 PM Entered By: [REDACTED]

Contact Date (11/30/2013)

CPSI [REDACTED] and CPSI [REDACTED] arrived at [REDACTED]. CPSIs were informed that [REDACTED] Detective [REDACTED] along with another Detective had went into the a room with the family. [REDACTED] Medical Staff lead CPSIs to the room where LE and the family were. [REDACTED] Medical Staff knocked on the door and informed LE that DCS was present. [REDACTED] Medical Staff informed that LE stated that they were almost done and they would be out in a minute. CPSIs waited outside the room until LE was done. LE and the family came out of the room. LE informed that the family that DCS would be involved. LE wanted to DCS to follow LE and the family to the scene, the mother's home. CPSI [REDACTED] pulled the family aside and a gave a formal introduction by stating the purpose of the visit. CPSI [REDACTED] informed the family that CPSI would also follow alongside with LE.

CPSI did not view the deceased child. The child's body was present at [REDACTED] and was in a secure room that was being supervised by LE.



**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:	11/30/2013	Contact Method:	Face To Face
Contact Time:	12:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	03/14/2014
Completed date:	03/14/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/14/2014 08:21 PM      Entered By: [REDACTED]

Narrative Type: Original      Entry Date/Time: 12/02/2013 17:43:07      Entered By: [REDACTED]

Contact Date (11/30/2013)

CPSI [REDACTED] and CPSI [REDACTED] arrived at [REDACTED]. CPSIs were informed that [REDACTED] Detective [REDACTED] along with another Detective had went into the a room with the family. [REDACTED] Staff lead CPSIs to the room where LE and the family were. [REDACTED] Staff knocked on the door and informed LE that DCS was present. [REDACTED] Medical Staff informed that LE stated that they were almost done and they would be out in a minute. CPSIs waited outside the room until LE was done. LE and the family came out of the room. LE informed that the family that DCS would be involved. LE wanted to DCS to follow LE and the family to the scene, the mother's home. CPSI [REDACTED] pulled the family aside and a gave a formal introduction by stating the purpose of the visit. CPSI [REDACTED] informed the family that CPSI would also follow alongside with LE.

CPSI did not view the deceased child. The child's body was present at [REDACTED] [REDACTED] and was in a secure room that was being supervised by LE.



**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: 11/30/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 03/14/2014 07:56 PM

Entered By: [REDACTED]

INITIAL CASE SUMMARY

Investigator [REDACTED] was assigned the following P1 by LI [REDACTED]:

Alleged Child Vicitm: [REDACTED] ([REDACTED])

Alleged Perpetrator: Unknown

TFACTS:

Open Court Custody/FSS/FCIP None found

Closed Court Custody None found

Open CPS - None found

Indicated None found

Fatality None found

Screened out None found

History (not listed above): None found

County: [REDACTED]

Notification: none

School/ Daycare: none

Native American Descent: none

Directions: none



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The family's contact information is listed under [REDACTED].

Reporter states:

The child is not in state custody.

The children, [REDACTED] (age 8 months old) and [REDACTED] (age 1) live with their mother, [REDACTED].

Law Enforcement responded to a 911 call concerning a deceased child on 11/30/2013 at 9:50 A.M. When the police arrived the fire department was observed working on [REDACTED]. [REDACTED] was placed in the back of an ambulance and transported to [REDACTED] Medical Center where she later died.

It was reported that the power in the mother's home has been cut off for an unknown amount of time. The mother, [REDACTED] and [REDACTED] have been sleeping on a blow up mattress in the living room. This morning a neighbor (name unknown) came downstairs and asked the mother for a ride. The mother told the neighbor that she would have to get dressed. This is when she noticed that [REDACTED] was not breathing. The mother took [REDACTED] upstairs to the neighbor's house and called 911. Both the mother and the neighbor performed CPR on [REDACTED] until the fire department arrived. It is unknown what physical position [REDACTED] was initially found in.

The mother has no known past history of child abuse or neglect. The referent did not physically see [REDACTED] due to the fire department loading her into the ambulance.

There did not appear to be any concerns about drug abuse or mental health illness in the home. [REDACTED] is currently staying at [REDACTED] with the neighbor. The referent had limited information. No other information was provided.

The children have no known special needs or disabilities.

Per SDM: Investigative Track, P1 - [REDACTED] CM 3 on 11-30-2013 at 11:32 A.M.

[REDACTED] County paged - Time Issued: 11:39:29 AM

[REDACTED] 11-30-13 11:39:30 AM CST      11-30-13 11:40:17 AM CST      Received

Email notification sent to [REDACTED] and Regional Administrator [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: 11/30/2013

Contact Method:

Contact Time:

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

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): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/02/2013 05:33 PM Entered By: [REDACTED]

## INITIAL CASE SUMMARY:

Investigator [REDACTED] assigned the following P1 referral by LI [REDACTED]:

Alleged victim: [REDACTED]

Alleged Perpetrator: Unknown

At the time the referral is received there is no prior DCS history with the family.

## TFACTS:

Open Court Custody/FSS/FCIP None found

Closed Court Custody None found

Open CPS - None found

Indicated None found

Fatality None found

Screened out None found

History (not listed above): None found

County: [REDACTED]

Notification: none

School/ Daycare: none

Native American Descent: none

Directions: none

Reporters name/relationship: [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

The family's contact information is listed under [REDACTED].

Reporter states:

The child is not in state custody.

The children, [REDACTED] (age 8 months old) and [REDACTED] (age 1) live with their mother, [REDACTED].

Law Enforcement responded to a 911 call concerning a deceased child on 11/30/2013 at 9:50 A.M. When the police arrived the fire department was observed working on [REDACTED]. [REDACTED] was placed in the back of an ambulance and transported to [REDACTED] Medical Center where she later died.

It was reported that the power in the mother's home has been cut off for an unknown amount of time. The mother, [REDACTED] and [REDACTED] have been sleeping on a blow up mattress in the living room. This morning a neighbor (name unknown) came downstairs and asked the mother for a ride. The mother told the neighbor that she would have to get dressed. This is when she noticed that [REDACTED] was not breathing. The mother took [REDACTED] upstairs to the neighbor's house and called 911. Both the mother and the neighbor performed CPR on [REDACTED] until the fire department arrived. It is unknown what physical position [REDACTED] was initially found in.

The mother has no known past history of child abuse or neglect. The referent did not physically see [REDACTED] due to the fire department loading her into the ambulance.

There did not appear to be any concerns about drug abuse or mental health illness in the home. [REDACTED] is currently staying at [REDACTED] with the neighbor. The referent had limited information. No other information was provided.

The children have no known special needs or disabilities.

Per SDM: Investigative Track, P1 - [REDACTED] [REDACTED] CM 3 on 11-30-2013 at 11:32 A.M.

[REDACTED] paged - Time Issued: 11:39:29 AM  
 [REDACTED] 11-30-13 11:39:30 AM CST      11-30-13 11:40:17 AM CST      Received