



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

Case # 2013.103

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/29/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	12/26/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Unknown	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	Unknown	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:	N/A					
Describe (in detail) circumstances surrounding death/near death:						
Child was found unresponsive on 12-26-13 by her parents and they took her to the ██████████ Hospital where child was pronounced dead at 6:17 that morning. Child was sent to ██████████ for an autopsy and cause of death at this time is undetermined. Baby was 6 days old.						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	na	Telephone #	(na) na-na			
Street Address:	na	City/State/Zip:	na			
Describe (in detail) interview with family:						
CPSI ██████████ met with the family on Monday Dec. 30 th . ██████████ reports that she had the baby on the 20 th of December. She states that she and the baby came home on the 22 nd . ██████████ states that on the 23 rd she took ██████████ to the doctor (██████████) because she felt like the baby was a little ██████████. She states that Dr. ██████████ agreed that the baby looked a little yellow and told her to take the baby to the lab. She states that when she got to the lab, it had already closed. She states that she planned to take ██████████ to the lab on the 26 th . ██████████ died on the 26 th . ██████████ reports that she and the baby went to sleep about midnight on Christmas night. She states that she fed the baby around 1:30 am, changed her and then went back to sleep. She states that at 3:00 am, she fed the baby, changed her and they fell back to sleep. ██████████ reports that "something woke her up" at around 5 am. She reports looking down at ██████████ in her arms and noticing that she didn't look right. She states that she then realized that she was not breathing. She states that she woke ██████████ up and told him something was wrong with ██████████. She states that while he was getting the car seat ready she was trying to do CPR on the baby. She states that as soon as the seat and car was ready they put her in the car and headed to the hospital. She reports that the hospital worked on ██████████ for about an hour and pronounced her dead at 6:17 am. Throughout the visit, ██████████ was emotional. She seemed to be extremely broken over the loss of her daughter.						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):						
██████████						
Name of Medical Examiner/Coroner:	██████████	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes			
Type:	Not Applicable		Case #:	Not Applicable		
Describe law enforcement or court involvement, if applicable:						

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

Distribution: Child's Case File

CS-0635, Rev. 08/13

RD A 2993

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Medical Examiners Office and [REDACTED] Police Department have an open investigation. [REDACTED] is the PD investigator.

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):

There is no history found with this family in TFACT. [REDACTED] has a 4 year old child [REDACTED]. CPS will interview all persons living in the home and ensure that services are put in for the family to deal with this incident. Investigation is pending until autopsy report is finalized. There is no foul play suspected at this time.

CPSI [REDACTED] observed [REDACTED] to be clean and well groomed. She was observed to be eating breakfast and playing with her barbie dolls at the time of the visit.

CPSI [REDACTED] will make a referral to [REDACTED] services for counseling for the family to deal with their loss.

Name:	Age:
Name:	Age:
Name:	Age:
Name: [REDACTED]	Age: 4 yrs
Name: [REDACTED]	Age: 6 days

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]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

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

Email to: [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: 12/29/2013 12:20 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 12/29/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 12/30/2013 10:48 AM
 First Team Leader Assigned: [REDACTED] Date/Time 12/30/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 12/30/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	4 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: None

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

DUPLICATE REFERRAL: No

County: [REDACTED]
 Notification: no



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

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

Reporters name/relationship: [REDACTED]

Reporter states (typed verbatim):

This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of Baby [REDACTED] (DOB: [REDACTED].) This 6 day-old infant was found unresponsive in bed at 0500 hrs on the morning of 12/26/13. The infant's parents transported the victim to [REDACTED] Hospital, arriving at 0530 hrs, where Dr. [REDACTED] pronounced death at 0617 hrs. A scene investigation was conducted by the [REDACTED] Medical Examiner's Office and [REDACTED] Police Department. The decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED] (DOB: [REDACTED], SSN# [REDACTED]). and the father is [REDACTED]. Our case # is [REDACTED]

Special Needs or Disabilities: Unknown
Childs current location/is the child safe at this time: N/A
Perpetrators location at this time: N/A
Any other safety concerns for the child(ren) or worker who may respond: N/A

SSMS: negative

Per SDM: Investigative Track, P1
[REDACTED] CM3 @ 12:29 am CST on 12/29/13. County notified by MIR 3.

Recipients	Time Issued	Response Received	Devices	Responses	Received
[REDACTED]	12-29-13 12:40:20 AM CST	12-29-13 12:40:20 AM CST	12-29-13 12:41:39 AM CST	[REDACTED]	Received
[REDACTED]	12-29-13 12:40:22 AM CST	---	[REDACTED]	Email Sent	

EI DCS Child Death and Near Death notification group:

[REDACTED]

Notified along with RA [REDACTED] @ 12:50 am on 12/29/13.



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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 4 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 28 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/29/2013

Assignment Date: 12/30/2013

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/22/2014

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: [REDACTED] was referred to this family for services.

D. Case Workers

Case Worker: [REDACTED]

Date: 01/22/2014

Team Leader: [REDACTED]

Date: 01/23/2014

E. Investigation Summary

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

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

NA

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

The [REDACTED] DA, [REDACTED] and the [REDACTED] county investigator, [REDACTED] both found the case to be accidental. The autopsy report is still pending.

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

[REDACTED] stated that she put the baby in the bed with her and that she woke up and noticed the baby was not breathing. She and the baby's father rushed the baby to the hospital. She states that the doctors worked on [REDACTED] for an hour and pronounced her dead at 615 am.



**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]

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

NA

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

NA

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District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2014

Contact Method:

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/23/2014

Completed date: 01/23/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2014 02:02 PM Entered By: [REDACTED]

Case has been submitted for closure by Investigator [REDACTED]. Child fatality report was completed and sent to Central Office. The autopsy for this child has been requested and may not be finalized for up to 3 months. Case was presented to CPIT members where they agreed upon unsubstantiating the allegations. No drug screen was given to the parents since the case was not called in until 3 days after the baby had died.



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: 01/22/2014 Contact Method:
 Contact Time: 12:44 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/22/2014
 Completed date: 01/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/22/2014 12:51 PM Entered By: [REDACTED]

CLOSING SUMMARY:

This case came to the attention of DCS on the allegations of Neglect Death. The alleged perp is listed as unknown and the alleged child victim is [REDACTED]. The report states that the 6 day old infant was found unresponsive in bed at 0500 hrs on the morning of 12/26/13. The infants parents transported the victim to [REDACTED] Hospital and arrived at 0530 hrs according to the referral. There Dr. [REDACTED] pronounced the death at 0617 hrs. The report states that a scene investigation was conducted by the [REDACTED] Medical Examiner's Office and the [REDACTED] Police Department. The report states that the remains were transported to this office for autopsy. The report states that the cause of death is pending at this time. Mother's name is [REDACTED] and father is [REDACTED] according to the referral. There is no DCS history with the family.

According to DCS Policy, Child Death/Near Death is

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

CPSI [REDACTED] made contact with the [REDACTED] county investigator [REDACTED]. In his investigation, he found no evidence to support the allegations of Abuse. The evidence was presented to the CPIT team on 01/22/14. The CPIT team deemed the allegations unsubstantiated due to the nature of the case.

The autopsy report is not complete at this time but the DA in [REDACTED] county stated in CPIT that even if the autopsy came back that the baby suffocated, it would still not be considered Abuse or Neglect.

The case was classified as unsubstantiated and the case will be submitted for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/22/2014

Contact Method: Phone Call

Contact Time: 12:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/22/2014 12:43 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] to talk with her about the case. CM asked her if the counseling has started yet. She states that someone is coming out today to do the assessment. She states that they had an appt set up a couple of weeks ago but the counselor ended up in the hospital.

CM [REDACTED] asked her how she was coping and she said "ok". She states that she is taking one day at a time and that is all she can do.

CPSI explained to her that I would be submitting the case for closure. CM thanked her for her time and we ended the call.



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: 01/22/2014

Contact Method:

Contact Time: 11:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

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: 01/22/2014 11:59 AM Entered By: [REDACTED]

CPSI sent a request for the autopsy report to [REDACTED] Forensic Center on this day [REDACTED]. [REDACTED] was the contact person I talked with at the center. She states that the report is still not complete and that she will put the request in the file so that when it comes back, a copy will be faxed to CPSI [REDACTED] at the hardin county DCS office. The Fax that I sent is in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/22/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/22/2014 11:14 AM Entered By: [REDACTED]

The CPIT team met together on this day to discuss this case. The CPIT team made the decision to unsubstantiate the perp and the allegations as a result of looking at all the evidence given. The team states that even if the autopsy comes back that the baby suffocated, the evidence shows that it was an accident. The autopsy will not be back for another month or two.



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: 01/03/2014

Contact Method: Phone Call

Contact Time: 11:48 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/03/2014

Completed date: 01/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/03/2014 11:54 AM Entered By: [REDACTED]

CM [REDACTED] made a referral to [REDACTED] on this day. CM [REDACTED] spoke with [REDACTED] to let her know that I was sending the referral.

CM called [REDACTED] to see if she has TNCare. She states that she does have TNCare. CM informed her that I made the referral on this day and that someone would be contacting her.

CM asked [REDACTED] how she and her family were doing. She states that they are hanging in there. She states that the services were on Tues, the 31st of Dec.



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: 12/30/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/22/2014 11:17 AM Entered By: [REDACTED]

Child fatality report was completed and submitted to [REDACTED]. A copy of the report is in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/22/2014 12:02 PM Entered By: [REDACTED]

A copy of the pictures and video that [REDACTED] [REDACTED] Investigator [REDACTED] collected was placed in the DCS 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:	12/30/2013	Contact Method:	Face To Face
Contact Time:	09:30 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/02/2014
Completed date:	01/02/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Alleged Perpetrator Interview,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: 01/02/2014 12:32 PM Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED] made a home visit/face to face to initiate the investigation with the family. CM [REDACTED] drove to the address of [REDACTED]

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all the 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 obtained signed acknowledgements of such and copies have been placed into the file.

*Section I: Interview with the child: [REDACTED] was present during the interview.

[REDACTED] states that she is four years old and that she is in head start. She states that she likes school and that she has lots of friends at school.

Document:

Concerns of child: She states that she misses her baby sister.

Observations of the child: [REDACTED] was appropriately dressed. She was clean well groomed. She was observed eating a cupcake and playing with her Barbie dolls. She was observed to be quiet but polite.

*Section II: Interview with the mother: CPSI [REDACTED] apologized for the circumstances for which I had to be there. CPSI apologized for having to ask questions. CPSI asked [REDACTED] to explain to me what happened throughout the night that led up to the hospital visit with [REDACTED]

[REDACTED] began by stating that she delivered [REDACTED] on Dec. 20th, 2013. She states that on Dec 25th, her mother, [REDACTED] had the baby quite a bit. She states that with Christmas and catering to [REDACTED] she stayed busy with that so her mom took care of the baby most of the day that day. She states that her mother mentioned to her that she noticed [REDACTED] gagging quite a bit when she would spit up. She states that neither of them thought too much about it since she was a new born.

She states that on Christmas night she and [REDACTED] got into bed around midnight she said that [REDACTED] (the babys father) was on the inside of the bed by the wall, she was beside him and the baby was in her arms. She states that she fed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

her, changed her and fell asleep. She states that at 1:30, the baby woke her up crying. She states that she fed her, changed her and went back to sleep. She states that at 3:30, [REDACTED] woke her up crying, she changed her, fed her and went back to sleep. [REDACTED] states that at 5 am, something woke her up. She states that she looked down at the baby and noticed that she appeared to be limp. She states that she looked at her chest and realized that she wasn't breathing. She states that she screamed for [REDACTED] (the baby's father) to get up because something was wrong with [REDACTED]. She states that she told him to get the car seat ready. She states that while he was getting the car seat ready, she was trying to give [REDACTED] mouth to mouth and trying to compress her chest with her two fingers. She states that they rushed [REDACTED] to the hospital where they worked on her for an hour but couldn't resuscitate her.

[REDACTED] states that the day after they came home from the hospital, she noticed the baby being yellow looking. She states that she took her to Dr. [REDACTED] and that he recommended her taking [REDACTED] to the lab to get checked. She states that the lab was closed so she left. She states that she was going to take [REDACTED] back to the lab on the 26th but that was the morning she passed away.

Children's pediatrician: Dr. [REDACTED]

Child's Mental health: NA

Mother's mental health: No diagnosis

Physical health/disabilities: None known

Medications: None

Domestic violence history: None

Child's Alcohol/drug usage: NA

Mother's alcohol/drug usage: None disclosed.

Children's school attendance/ performance: NA

DCS history: None

Police history: None

Child's Employment: NA

Mother's Employment: [REDACTED]

Education level: High school

Government assistance: Unknown

Past abuse/neglect:

*Section III: Interview with the father [REDACTED] is the father of the baby, [REDACTED]

Father's mental health: Anxiety/Depression

Father's Medications: Celexa, Abilifi, Visterall

Father's alcohol/drug usage: None disclosed

Father's Employment: Not employed

Education level: High school

*Section IV: Interview with other household members: [REDACTED] was present during the interview. She is the maternal grandmother of [REDACTED]. She states that she has COPD and that she is dying. She states that she lives with [REDACTED] and [REDACTED]. She states that she only has a few more months to live. She states that [REDACTED] will need counseling to deal with all the trauma in her life. She worries about her. She states that she never dreamed she would be burying any of her grandchildren.

[REDACTED] and [REDACTED] were present. They were there for the holidays from [REDACTED]. This is [REDACTED] father and stepmother. [REDACTED] asked me if the autopsy shows that the baby suffocated, would [REDACTED] be charged. CM [REDACTED]

explained to her that if it is determined to be an accident, she would not be charged.

*The family identified [REDACTED] sister, as a support. [REDACTED]

*Section V: CPSI observed:

Document:

Interactions between mother/father and child: NA

1. Observation and presentation: The family was extremely emotional.

2. Observation of interactions between mother/father and other children in home: CM [REDACTED] observed positive interaction between [REDACTED] and [REDACTED]

3. Observation of physical environment: The home was observed to be cluttered and somewhat dirty. The smell of smoke was extremely strong.

*Required: Section VI: Next Steps: What are the family's next steps to move the case forward? Comply with services.

What are the case manager's next steps to move case forward or monitor case? Make a referral for counseling.

*Section VII: NCPP/FSTM: NA



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Section VIII: IPA: note restrictions and visitation plans: NA



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: 12/30/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/07/2014

Completed date: 01/07/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2014 04:01 PM Entered By: [REDACTED]

CM [REDACTED] went to the police station to talk with [REDACTED] about this case. [REDACTED] reports that he feels as though there was no suspicious activity with this case. He gave CM [REDACTED] a copy of the disc with the pics of the baby on it. He also gave me the police report from the day he made response.

He states that all of the evidence has been submitted to the DA and that the DA is not looking to press charges on the mother or the father. He states that the autopsy report will not be ready for 4-6 weeks, maybe longer.

He states that the family is grieving and that he informed them that I was coming to their home today to talk with them. CM thanked him for his time and we ended the visit.



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: 12/29/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/30/2013

Completed date: 12/30/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/30/2013 03:49 PM Entered By: [REDACTED]

CM [REDACTED] called [REDACTED] with the [REDACTED] Police Dept to inquire about this case. [REDACTED] seemed a little confused at first and asked why there is a DCS case on this matter. He states that he interviewed the mother and the family and found nothing suspicious about the death of [REDACTED]. He states that the baby was in the bed with the mother and that the worst case scenerio would be that the baby smothered. He states that he has spoken with the DA office and the medical examiner and that they all agree that nothing seems suspicious. He states that the autopsy will not be back for 6-8 weeks, maybe longer. He states that they have never had any dealings with the family and that they have a 4 yr old little girl. He states that the baby looked fine when he saw her.

He states that he has the police report but will not be able to get it to me until the following day (Monday, Jan. 29th).

CM told him that I would be in touch on Monday.



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: 12/29/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2014

Completed date: 01/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 01/22/2014 11:27 AM

Entered By: [REDACTED]

OPENING SUMMARY:

This case came to the attention of DCS on the allegations of Neglect Death. The alleged perp is listed as unknown and the alleged child victim is [REDACTED]. The report states that the 6 day old infant was found unresponsive in bed at 0500 hrs on the morning of 12/26/13. The infants parents transported the victim to [REDACTED] Hospital and arrived at 0530 hrs according to the referral. There Dr. [REDACTED] pronounced the death at 0617 hrs. The report states that a scene investigation was conducted by the [REDACTED] Medical Examiner's Office and the [REDACTED] Police Department. The report states that the remains were transported to this office for autopsy. The report states that the cause of death is pending at this time. Mother's name is [REDACTED] and father is [REDACTED] according to the referral. There is no DCS history with the family.