



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 09/10/2013 11:21 AM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 09/10/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 09/11/2013 04:29 PM  
First Team Leader Assigned: [REDACTED] Date/Time 09/16/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 09/16/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	[REDACTED]	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: Yes  
Family Case ID: [REDACTED]  
Open Court Custody/FSS/FCIP No  
Closed Court Custody No  
Open CPS - None  
Indicated 8/29/12 - [REDACTED] LOS AIPU (perp: [REDACTED])  
Fatality None  
Screened out None



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

History (not listed above):

3/20/13 INV [REDACTED] LOS/PHA/ENN/PYA - Unfounded

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: Unknown

Directions: none given

**\*\*FAX ENTERED VERBATIM\*\***

Reporters name/relationship: Inv. [REDACTED] / [REDACTED] [REDACTED]

Note: This child is not listed as being in DCS Custody at this time.

Reporter states: This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of [REDACTED] (DOB [REDACTED]). This 1 month-old infant was found unresponsive on the couch at 1130 hrs on the morning of 08/13/13. The decedent was transported by family to [REDACTED] where death was pronounced at 1204 hours. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED], SSN [REDACTED]). The decedents great grandmother, 2 Aunts and 3 cousins also live in the house. Our case # is [REDACTED].

Note: The fax was scanned into the documents section of this intake.

Note: No address was provided for this intake. The last listed address in TFACTS for this family (listed in the Family Case Id) is [REDACTED]

Per SDM: Investigative Track, P1  
Heather Ray, TC, on 9/10/13 @ 12:00pm

Notified Child Death/Child Near Death Notification Group via Email:

[REDACTED] and [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: Unable to

Age: 0 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:** Female

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

Gender:

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: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

A. Investigation

Case Name: [Redacted]
Referral Date: 09/10/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 09/16/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB, SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB, SSN, Classification, Severe Abuse, Classified By, Classified Date. Row 1: 1, [Redacted], [Redacted], [Redacted], Neglect Death, [Redacted], [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted], 11/12/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: AUPU

D. Case Workers

Case Worker: [Redacted] Date: 11/12/2013
Team Leader: [Redacted] Date: 11/19/2013

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:

1 month-old infant was found unresponsive on the couch the morning of 08/13/13.

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

CPSI received autopsy report on [Redacted] and the cause of death was sudden unexplained infant death. The manner of death could not be determined.

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

perpetrator is unknown

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

Maternal great grandmother, [Redacted] stated that she knew something was not right with that baby. She reported that about two weeks prior to [Redacted] s death she told the mother, [Redacted] to take the baby to the hospital. [Redacted] reported that she observed [Redacted] take a death breathe (a deep long breathe, thats seen when people take their last breath before dying) [Redacted] stated that she took [Redacted] to



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

Case Name : ██████████

Investigation ID: ██████████

██████████ and she stayed for 3 days but was not told why ██████████ was having difficulties breathing. ██████████ reported that the hospital gave ██████████ antibiotics and had an IV in her arm. ██████████ also stated when ██████████ was released from the hospital, no medication was sent home. She reported no direction for care was given and was told that ██████████ may have had a slight viral infection. ██████████ stated when she asked why ██████████ would take a death breath, she was informed when the brain tells you to breath, and you have to breathe.

CPSI interviewed the mother of ██████████ at ██████████. ██████████ reported that on the day of the incident, she woke up at 7:30 am, feed ██████████ and put her to sleep in her mothers bed. But ██████████ wanted the baby on the love seat so she could see her because ██████████ was going back to sleep. ██████████ was sleep on the Sofa in the living room. ██████████ asked her granddaughter, ██████████ to put ██████████ on the love seat in the living room. ██████████ stated that about 11:00am she was walking pass the love seat and touch ██████████ on her cheek, like she always do; ██████████ reported that she noticed that ██████████ was not breathing. ██████████ said she snatched ██████████ up went into the kitchen and got a cold towel to try and wake ██████████ up while yell for ██████████ saying shes dead, call 911. The family waited for the fire department to arrive, but they did not show up. So the family with to the fire station hoping to get help for ██████████. ██████████ reported banging on the door and getting no answer. The family decided to go to ██████████ hospital. ██████████ stated that at ██████████ the doctor made a comment that ██████████ has always had breathing problems. She stated that ██████████ became very upset and accused that hospital of killing her grandchild. Because ██████████ was in the hospital 2 weeks prior and no one told them that ██████████ had any breathing problems. ██████████ stated that ██████████ has a crib and she does put her in it to sleep but ██████████ likes putting ██████████ on the sofa.

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

**NEGLECT DEATH:**

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities

autopsy report on ██████████ and the cause of death was sudden unexplained infant death. The manner of death could not be determined. Autopsy was presented to CPIT on 10-25-13 and approved of classified allegation of neglect death as AUPU.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/19/2013

Contact Method:

Contact Time: 04:23 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/19/2013

Completed date: 12/27/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/26/2013 10:55 AM Entered By: [REDACTED]

This Lead Investigator reviewed the case of [REDACTED] submitted for review by Investigator, [REDACTED]. This case was received with the allegations of Neglect Death. The circumstances around the case were that the 1 month infant was found unresponsive on the couch on 8-13-13 in the family's home. The child was transported to [REDACTED] and was pronounced dead at 12:04. The child was then transported to the [REDACTED] for autopsy. The Department received the results of the autopsy and the cause of death was sudden unexplained infant death and the manner of death could not be determined. This case was presented to the Child Protection Investigative Team on 10-25-13. The CPIT team agreed with the classification of Allegation Unsubstantiated Perpetrator Unsubstantiated. The mother, [REDACTED] has a previous DCS history to include reports on 3-5-13 with the allegations of LOS,PHA,ENN and PSYCH- those allegations were investigated and classified as Allegations Unsubstantiated Perpetrator Unsubstantiated, a referral was also received on the family on 7-10-12 with the allegations of LOS, the case was classified as Allegations Substantiated Perpetrator Unknown. There were no additional safety concerns regarding the remaining children in the home documented by the Investigator. This case has been reviewed and is being submitted to the Regional Investigations Director and this case has been approved for closure .



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/17/2013 Contact Method:  
 Contact Time: 11:30 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/17/2013  
 Completed date: 12/17/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/17/2013 12:11 PM Entered By: [REDACTED]

Case Summary [REDACTED]

**NEGLECT DEATH:**

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities

The Department of Children's Services received a referral on 9-10-13. Reporter states: This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of [REDACTED] (DOB [REDACTED].) This 1 month-old infant was found unresponsive on the couch at 1130 hrs on the morning of 08/13/13. The decedent was transported by family to [REDACTED] where death was pronounced at 1204 hours. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time.

Maternal great grandmother, [REDACTED] stated that she knew something was not right with that baby. She reported that about two weeks prior to [REDACTED]'s death she told the mother, [REDACTED] to take the baby to the hospital. [REDACTED] reported that she observed [REDACTED] take a death breathe (a deep long breathe, thats seen when people take their last breath before dying). [REDACTED] stated that she took [REDACTED] to [REDACTED] and she stayed for 3 days but was not told why [REDACTED] was having difficulties breathing. [REDACTED] reported that the hospital gave [REDACTED] antibiotics and had an IV in her arm. [REDACTED] also stated when [REDACTED] was released from the hospital, no medication was sent home. She reported no direction for care was given and was told that [REDACTED] may have had a slight viral infection. [REDACTED] stated when she asked why [REDACTED] would take a death breath, she was informed when the brain tells you to breath, and you have to breathe.

CPSI interviewed the mother of [REDACTED] at [REDACTED]. [REDACTED] reported that on the day of the incident, she woke up at 7:30 am, feed [REDACTED] and put her to sleep in her mothers bed. But [REDACTED] wanted the baby on the love seat so she could see her because [REDACTED] was going back to sleep. [REDACTED] was sleep on the Sofa in the living room. [REDACTED] asked her granddaughter, [REDACTED] to put [REDACTED] on the love seat in the living room. [REDACTED] stated that about 11:00am she was walking pass the love seat and touch [REDACTED] on her cheek, like she always do; [REDACTED] reported that she noticed that [REDACTED] was not breathing. [REDACTED] said she snatched [REDACTED] up went into the kitchen and got a cold towel to try and wake [REDACTED] up while yell for [REDACTED] saying shes dead, call 911. The family waited for the fire department to arrive, but they did not show up. So the family with to the



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

fire station hoping to get help for [REDACTED]. [REDACTED] reported banging on the door and getting no answer. The family decided to go to [REDACTED] hospital. [REDACTED] stated that at [REDACTED] the doctor made a comment that [REDACTED] has always had breathing problems. She stated that [REDACTED] became very upset and accused that hospital of killing her grandchild. Because [REDACTED] was in the hospital 2 weeks prior and no one told them that [REDACTED] had any breathing problems. [REDACTED] stated that [REDACTED] has a crib and she does put her in it to sleep but [REDACTED] likes putting [REDACTED] on the sofa.

10-15-13, CPSI received autopsy report on [REDACTED] and the cause of death was sudden unexplained infant death. The manner of death could not be determined. Autopsy was presented to CPIT 10-25-13 and approved allegation of neglect death classified as AUPU.

Case is being submitted for review.

Narrative Type: Addendum 1    Entry Date/Time: 12/26/2013 12:06 PM    Entered By: [REDACTED]

Household composition:

[REDACTED], ACV

DOB: [REDACTED]

DOD: 8-13-2013

[REDACTED], mother

DOB: [REDACTED]

SS# [REDACTED]

Ph # [REDACTED]

[REDACTED], MGM

DOB: [REDACTED]

SS# [REDACTED]

[REDACTED], brother

DOB: [REDACTED]

SS# [REDACTED]

[REDACTED], Sister

DOB: [REDACTED]

SS# [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: 12/16/2013

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/17/2013

Completed date: 12/17/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/17/2013 12:16 PM Entered By: [REDACTED]

[REDACTED] at [REDACTED]. [REDACTED] and the children were leaving the home. [REDACTED] stated that she had received the autopsy. She also stated that she was going to get a lawyer because if the doctor released [REDACTED] from the hospital and did not tell her that she had a breathing problem. CPSI informed [REDACTED] to call this CPSI if any assistance is needed.

CPSI observed [REDACTED] and [REDACTED] running in the front yard and then get into the car. CPSI did not observe any marks or bruises on the children. They both appeared happy.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/25/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/13/2013

Completed date: 11/13/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/13/2013 10:43 AM Entered By: [REDACTED]

CPSI present autopsy report to CPIT on 10-25-13 and classified a AUPU. in light of autopsy report on [REDACTED] and the cause of death was sudden unexplained infant death. The manner of death could not be determined.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

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

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

Narrative Type: Original Entry Date/Time: 10/20/2013 06:53 PM Entered By: [REDACTED]

cps received autopsy report on [REDACTED] and the cause of death was sudden unexplained infant death. The manner of death could not be determined. Autopsy will presented to CPIT 10-25-13 and classified a AUPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: Shelby Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/07/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/23/2013

Completed date: 10/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2013 04:04 PM Entered By: [REDACTED]

Referral was submitted to morning CPIT and stamped DCS Handle. CPSI was introduced to bring case back when autopsy has been received.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/20/2013

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/23/2013

Completed date: 10/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/23/2013 04:00 PM      Entered By: [REDACTED]

CPSI faxed a request for [REDACTED]'s medical records to [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: 09/20/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/23/2013

Completed date: 10/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/23/2013 03:44 PM      Entered By: [REDACTED]

CPSI submitted request for autopsy report to medical examiners office.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/23/2013

Completed date: 10/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2013 03:57 PM Entered By: [REDACTED]

CPSI completed and faxed Notice of Child Death to Child Safety. The form was also e-mailed to Child Safety, TL [REDACTED] and TC, [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:	System Completed
Contact Date:	09/13/2013	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	11/13/2013
Completed date:	11/14/2013	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/13/2013 11:17 AM      Entered By: [REDACTED]

face ti face  
School visit  
[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: 09/11/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/13/2013

Completed date: 11/13/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/13/2013 11:00 AM Entered By: [REDACTED]

9-11-13

CPSI interviewed the mother of [REDACTED] at [REDACTED]. [REDACTED] reported that on the day of the incident, she woke up at 7:30 am, feed [REDACTED] and put her to sleep in her mothers bed. But [REDACTED] wanted the baby on the love seat so she could see her because [REDACTED] was going back to sleep. [REDACTED] was sleep on the Sofa in the living room. [REDACTED] asked her granddaughter [REDACTED] to put [REDACTED] on the love seat in the living room. [REDACTED] stated that about 11:00am she was walking pass the love seat and touch [REDACTED] on her cheek, like she always do; [REDACTED] reported that she noticed that [REDACTED] was not breathing. [REDACTED] said she snatched [REDACTED] up went into the kitchen and got a cold towel to try and wake [REDACTED] up while yell for [REDACTED] saying shes dead, call 911. The family waited for the fire department to arrive, but they did not show up. So the family with to the fire station hoping to get help for [REDACTED]. [REDACTED] reported banging on the door and getting no answer. The family decided to go to [REDACTED] hospital. [REDACTED] stated that at [REDACTED] the doctor made a comment that [REDACTED] has always had breathing problems. She stated that mgm, [REDACTED] became very upset and accused that hospital of killing her grandchild. Because [REDACTED] was in the hospital 2 weeks prior and no one told them that [REDACTED] had any breathing problems. [REDACTED] stated that [REDACTED] has a crib and she does put her in it to sleep but [REDACTED] likes putting [REDACTED] on the sofa.

CPSI explained and obtained signature on DCS consent forms

father [REDACTED] and his whereabouts are unknown.

CPSI observed sibling [REDACTED] and did now observe any marks or bruise. But 3 year old he was not talkative and hung on to his mother and appeared shy. Picture was taken and placed in 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:	09/10/2013	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/23/2013
Completed date:	10/23/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/23/2013 03:53 PM      Entered By: [REDACTED]

9-10-13

CPSI attempted to make contact with [REDACTED] at [REDACTED].

Maternal great grandmother, [REDACTED] stated that she knew something was not right with that baby. She reported that about two weeks prior to [REDACTED]'s death she told the mother, [REDACTED] to take the baby to the hospital. [REDACTED] reported that she observed [REDACTED] take a death breathe (a deep long breathe, thats seen when people take their last breath before dying). [REDACTED] stated that she took [REDACTED] to [REDACTED] and she stayed for 3 days but was not told why [REDACTED] was having difficulties breathing. [REDACTED] reported that the hospital gave [REDACTED] antibiotics and had an IV in her arm. [REDACTED] also stated when [REDACTED] was released from the hospital, no medication was sent home. She reported no direction for care was given and was told that [REDACTED] may have had a slight viral infection. [REDACTED] stated when she asked why [REDACTED] would take a death breathe, she was informed when the brain tells you to breath, and you have to breathe.

[REDACTED] telephoned birth mother, [REDACTED] at [REDACTED].

CPSI spoke to [REDACTED] and she was confused as to why CPSI was at herr home when [REDACTED] died on 8-13-13 and was buried on 8-21-13. CPSI informed [REDACTED] that the department received this case to investigate and CPSI needs to meet with her. [REDACTED] agree to come to DCS office at [REDACTED] on 9-11-2013 at 10:00 a.m.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2013	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/12/2013
Completed date:	11/12/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/12/2013 12:26 PM      Entered By: [REDACTED]  
 [REDACTED] is deceased and CPSI unable to make a face to face.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/10/2013 Contact Method: Face To Face  
 Contact Time: 03:00 PM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 11/13/2013  
 Completed date: 11/13/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Persons Living in Home Interview/Observation  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/13/2013 10:55 AM Entered By: [REDACTED]

CPSI attempted to make contact with [REDACTED] at [REDACTED]. Maternal great grandmother, [REDACTED] stated that she knew something was not right with that baby. She reported that about two weeks prior to [REDACTED]'s death she told the mother, [REDACTED] to take the baby to the hospital. [REDACTED] reported that she observed [REDACTED] take a death breathe (a deep long breathe, thats seen when people take their last breath before dying). [REDACTED] stated that she took [REDACTED] to [REDACTED] and she stayed for 3 days but was not told why [REDACTED] was having difficulties breathing. [REDACTED] reported that the hospital gave [REDACTED] antibiotics and had an IV in her arm. [REDACTED] also stated when [REDACTED] was released from the hospital, no medication was sent home. She reported no direction for care was given and was told that [REDACTED] may have had a slight viral infection. [REDACTED] stated when she asked why [REDACTED] would take a death breath, she was informed when the brain tells you to breath, and you have to breathe.

Narrative Type: Addendum 1 Entry Date/Time: 12/26/2013 11:47 AM Entered By: [REDACTED]

CPSI observed a 3 bedroom, 1 bath home located at [REDACTED] with living room, dining room, washer and dryer, referidgerator and stove. CPSI observed a clean home wihnt no safety concerns. The home had running water, electicity. and food.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/10/2013

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2013

Completed date: 09/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2013 10:00 PM Entered By: [REDACTED]

On September 10, 2013 at 11:21 a.m. a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] @ 12:00 p.m. C.S.T. with the allegations of Neglect Death (s). The alleged victim is [REDACTED]. The alleged perpetrator is Unknown. The referral was assessed and assigned by TL [REDACTED] on 9-10-13 to FSW 3, [REDACTED]. Response time is due by 9-11-13 @ 11:21 p.m. It is unknown at this time if the child(ren) are of Native American descent. The referent letter was mailed on 9-10-13. Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy. The FSW will contact the referent within 30 days.

\*\*\*\*The referral was received from the [REDACTED] Medical Examiner's office. The autopsy is currently being conducted on the child. The child's date of decease was 8-13-13.