



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

Case # 2013.122ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/03/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	12/03/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:		
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 12/3/2013, the Department of Children's Services received a referral with the allegations of Neglect Death. The alleged victim is 1 month old ██████████. The alleged perpetrator is unknown other non-relative. The report states the child is not in state custody. This will serve as notification that the ██████████ Medical Examiner is investigating the death of Baby ██████████ (DOB ██████████). This 1 month-old infant was found unresponsive in bed at 0955 hrs on the morning of 12/3/2013. Paramedics with ██████████ Fire Department Ambulance ██████████ pronounced death on the scene, a single family residence at ██████████. A scene investigation was conducted by this office and the ██████████ Police Department, and the decedent's remains were transported to this office for autopsy. The cause/manner of death is pending at this time. The mother's name is ██████████ (DOB ██████████ SSN ██████████). One sibling (age 2) also lived in the house. Our case # is ██████████.

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 12/3/2013, Investigator III ██████████ attempted a home visit to meet with the family. There were no vehicles in the driveway or in front of the home. Lights were observed to be on in the home, but Investigator III did not hear any noise coming from the inside of the home. Investigator III knocked on the door three times, but no one answered the door. Investigator III did not observe a door bell anywhere near the door.

On 12/3/2013, Investigator III ██████████ knocked on the next door neighbor's home to see if they knew anything about the family next door. Investigator III spoke with ██████████ and she stated that the mom lives in the home with her soon to be 2 year old and the baby before the incident today. She stated that the mom's grandmother was living in the home as well, but she fell and broke her hip. She stated that she is not sure if the grandmother is still living in the home. She stated that the mom has been living in the home for about 1 1/2 years now and she is a nice lady. She stated that they talk often and are friendly. She stated that when the mom had the baby, she went over to see him. She stated that she has never had any problems out of the family. ██████████ stated that when she saw the ambulance over this morning, she assumed that the grandmother had hurt herself again, but her mother told her that it was the baby that the ambulance left the home with. She stated that she saw ██████████ the 1 1/2 year old, and brought him over to her home for about an hour to give mom a break and so that she could deal with the company that was coming and going. She stated that she did not ask the mom what happened, but she did hear from a cousin that the mom went in to check on the baby and he was blue. ██████████ stated that she appears to be a good mother and there has not been any indication of anything different. She stated that she does not think anyone is home at the moment. She stated that the mother does not have a vehicle. She stated that she left the house about 5:30 pm to go and pick up her mom's meds and it was a lot of cars over there. She stated that she had to leave back out about 9:15 pm and when she got back home, no one was there. ██████████ stated that the mother has a sister that lives in ██████████ so that is probably where she is staying.

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

RDA 2993

Page 1

Intake #:

Investigation #:

Date of Report:

Case # 2013-122ph

On 12/3/2013, Investigator III [REDACTED] observed a truck to be pulling up in the driveway. The young lady stated that her name is [REDACTED] and she is the mother's sister-in-law. She stated that the mother is not home and she is staying with a friend tonight. She stated that the mom's sister has [REDACTED] her other son. She provided Investigator III with a contact phone number for the mother.

On 12/3/2013, Lead Investigator [REDACTED] attempted a telephone call to the mother, [REDACTED] but did not get an answer. LI left a voice mail message.

On 12/4/2013, Investigator III [REDACTED] placed a telephone call to the mother, [REDACTED] and explained the purpose for the meeting. Ms. [REDACTED] stated that she would be going to the funeral home at 2:00 pm and that she would call Investigator III once she made it home.

On 12/4/2013, Investigator III [REDACTED] received a telephone call from the mother, [REDACTED]. She stated that she was home now and that the visit could be made at 7:00 pm.

On 12/4/2013, Investigator III [REDACTED] conducted an interview with the mother, [REDACTED]. Ms. [REDACTED] stated that she had a full term pregnancy with no complications with [REDACTED]. She stated that on December 1, he spent the night with her sister and he came home to her on December 2 about 2:00 pm. She stated that everything was fine and the day was normal. She stated that he was a little fussy but she thought that maybe it was because he had been away from her and wanted her to hold him. She stated that he was a little congested, but he was not sick. She stated that he had been congested for about a week and she would just suction his nose when needed. She stated that she put her 1 year old, [REDACTED] in the bed about 10:00 pm. She stated that she fed [REDACTED] and they got in the bed about 10:30 pm. She stated that he was still awake when they got in the bed. She stated that both boys slept in the bed with her, but they do have their own beds. She stated that she laid him down to sleep beside with her and gave him his pacifier. Ms. [REDACTED] stated that [REDACTED] started sleeping through the night once she stopped breastfeeding him which was about 2 weeks ago. She stated that she woke up the next morning close to 10:00 am because her one year old was crying. She stated that she gave him his pacifier and then turned towards [REDACTED] to check on him. She stated that she couldn't see his face because of the way the pillow was turned. She stated that she puts the pillow above his head in the event he moves up, but the pillow had turned a little sideways. She stated that the pillow was not touching him and she moved it out of the way. She stated that she knew something wasn't right because of the way he was looking and he wasn't breathing. She stated that she picked him up and called his names and she noticed that his lips were blue and his fists were balled up and blue. She stated that she got her phone and immediately called 911. She stated that it was about 10:00 am when she called. She stated that the dispatcher told her to lay him on the floor and do CPR. She stated that she did not know how to do CPR but she tried to do it anyway. She stated that the paramedics arrived and took him outside to the ambulance. She stated that they tried to resuscitate him for about 30 minutes because he wasn't cold. She stated that she called the dad, [REDACTED] about 10:07 to let him know what was going on and he came over. She stated that the paramedics told her that they could not revive him. She stated that they never took him to the hospital and told her that they could not be mobile while trying to resuscitate him. She stated that they kept him in the ambulance until the coroner arrived. Ms. [REDACTED] stated that her 1 year old spends a lot of time with her sister and that is where he was at the time of the visit. She stated that the visitation will be held at [REDACTED] on Saturday, the Funeral is Sunday at 2:00 pm, and the burial will be at [REDACTED].

On 12/4/2013, Investigator III [REDACTED] conducted an interview with the father, [REDACTED]. [REDACTED] stated that he was asleep when he received the call from Ms. [REDACTED] at 10:07 am telling about what was going on. He stated that he got up and got dressed and his roommate mom's boyfriend dropped him off at Ms. [REDACTED] home. He stated that he does not have transportation at this time. He stated that he arrived at the home about 10:15 am and the paramedics were still working on [REDACTED]. He stated that he last saw his son about a week ago. He stated that about once or twice a week he comes over to see him. He stated that because he has no transportation, it made it difficult for him to come and visit more often. He stated that the paramedics would not let them see the baby after they put him in the ambulance. [REDACTED] stated that Ms. [REDACTED] is a very good mom. He stated that she takes very good care of her children and they always have what they need. He stated that she spoils them too.

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

Describe disposition of body (Death): Child was pronounced on the scene

Name of Medical Examiner/Coroner: [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:
None

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):

The mother has family support that is assisting her with her the 1 year old. He spends the majority of time with the mother's sister, [REDACTED] who resides in [REDACTED]. At the time of both visits to the home, the child was with the maternal aunt, [REDACTED].

Name: [REDACTED]	Age: 1
Name:	Age:

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
06/23/2012	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED] mother [REDACTED] father	Services recommended and not accepted No services Needed
/ /					
/ /					
/ /					
/ /					
/ /					

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 No Yes

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: 12/03/2013 06:00 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 12/03/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 12/04/2013 11:13 AM
First Team Leader Assigned: [REDACTED] Date/Time 12/04/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 12/04/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	6 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative
Unknown Participant [REDACTED] Unknown	2 Yrs 5 Mos	Lack of Supervision	No	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: The child is not in state custody.
TFACTS: Yes
Case ID: [REDACTED]
Open Court Custody/FSS/FCIP - No
Closed Court Custody - No
Open CPS - No



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

Indicated - None

Fatality - No

Screened out 0

History (not listed above): # [REDACTED] DEI/Services Recommended and Accepted, NSN

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: None provided

Reporters name/relationship: [REDACTED] [REDACTED]

FAXED REFERRAL TYPED VERBATIM

Reporter states:

The child is not in state custody.

This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of Baby [REDACTED] (DOB [REDACTED]). This 1 month-old infant was found unresponsive in bed at 0955 hrs on the morning of 12/3/2013. Paramedics with [REDACTED] Fire Department Ambulance [REDACTED] pronounced death on the scene, a single family residence at [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the 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]). One sibling (age 2) also lived in the house. Our case # is [REDACTED].

Per SDM: Investigative Track, P1; [REDACTED] CM2/ screening pilot @ 6:09pm 12/3/13

[REDACTED] TL on 12/03/13 @ 7:18 PM

[REDACTED] [REDACTED] was notified @ 7:18 PM on 12/03/13.

Child Death/Child Near Death Notification Group: [REDACTED]
[REDACTED] notified.



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

Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** Unable to **Age:** 6 Mos
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:** Unable to **Age:** 22 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Date of Birth: Participant ID: [REDACTED]

SSN: Race: Unable to Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: Date of Birth: [REDACTED] Participant ID: [REDACTED]

SSN: Race: Unable to 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [Redacted]
Referral Date: 12/03/2013
Street Address:
City/State/Zip:

Investigation ID: [Redacted]
Assignment Date: 12/04/2013

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. Contains two rows of allegations.

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: Allegation unsubstantiated/Perpetrator unsubstantiated

D. Case Workers

Case Worker: [Redacted] Date: 03/25/2014
Team Leader: [Redacted] Date: 03/25/2014

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:

There were no concerns observed with [Redacted] There were no concerns observed with the home environment.

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 autopsy report was received from the medical examiner office on 2-21-2014. Per the medical examiners report, the manner of death is classified as Sudden Unexplained Death in Infancy (SUID). The manner of death cannot be determined.



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

The alleged perpetrator was no identified in this case.

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

It was reported the [REDACTED] Medical Examiner is investigating the death of Baby [REDACTED] (DOB [REDACTED]). This 1 month-old infant was found unresponsive in bed at 0955 hrs on the morning of 12/3/2013. Paramedics with [REDACTED] Fire Department Ambulance [REDACTED] pronounced death on the scene, a single family residence at [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]). One sibling (age 2) also lived in the house.

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

The case was reviewed by ADA [REDACTED] on 3-25-2014. Per ADA [REDACTED] the matter of death is undetermined. DCS to handle as appropriate. The allegation neglect death/lack of supervision will not be substantiated.

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: 03/27/2014 Contact Method:
 Contact Time: 01:45 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/28/2014
 Completed date: 03/28/2014 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: 03/28/2014 01:47 PM Entered By: [REDACTED]

An email was sent from [REDACTED] region Investigative Director [REDACTED] granting permission for case closure. Copies of the 740 will be forwarded to the Judge and to the AG.



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: 03/25/2014

Contact Method:

Contact Time: 02:16 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/25/2014 02:27 PM Entered By: [REDACTED]

LACK OF SUPERVISION:

DCS Policy defines Lack of Supervision as a failure to provide adequate supervision by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or the Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills). Lack of Supervision is also defined as any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

NEGLECT DEATH:

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

The Department received a referral with an allegation of lack of supervision and neglect death. According to the referral, this will serve as notification that the [REDACTED] Medical Examiner is investigating the death of Baby [REDACTED] (DOB [REDACTED]). This 1 month-old infant was found unresponsive in bed at 0955 hrs on the morning of 12/3/2013. Paramedics with [REDACTED] Fire Department Ambulance [REDACTED] pronounced death on the scene, a single family residence at [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the 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]). One sibling (age 2) also lived in the house. Our case # is [REDACTED].

CPIT meeting held on 12-5-2013. DCS to handle and return.

Ms. [REDACTED] stated that she had a full term pregnancy with no complications with [REDACTED]. She stated that on December 1, he spent the night with her sister and he came home to her on December 2 about 2:00 pm. She stated that everything was fine and the day was normal. She stated that he was a little fussy but she thought that maybe it was because he had been away from her and wanted her to hold him. She stated that he was a little congested, but he was not sick. She stated that he had been congested for about a week and she would just suction his nose when needed. She stated that she put her 1 year old, [REDACTED] in the bed about 10:00 pm. She stated that she fed [REDACTED] and they got in the bed.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

about 10:30 pm. She stated that he was still awake when they got in the bed. She stated that both boys slept in the bed with her, but they do have their own beds. She stated that she laid him down to sleep beside with her and gave him his pacifier. Ms. [REDACTED] stated that [REDACTED] started sleeping through the night once she stopped breastfeeding him which was about 2 weeks ago. She stated that she woke up the next morning close to 10:00 am because her one year old was crying. She stated that she gave him his pacifier and then turned towards [REDACTED] to check on him. She stated that she couldnt see his face because of the way the pillow was turned. She stated that she puts the pillow above his head in the event he moves up, but the pillow had turned a little sideways. She stated that the pillow was not touching him and she moved it out of the way. She stated that she knew something wasnt right because of the way he was looking and he wasnt breathing. She stated that she picked him up and called his names and she noticed that his lips were blue and his fists were balled up and blue. She stated that she got her phone and immediately called 911. She stated that it was about 10:00 am when she called. She stated that the dispatcher told her to lay him on the floor and do CPR. She stated that she did not know how to do CPR but she tried to do it anyway. She stated that the paramedics arrived and took him outside to the ambulance. She stated that they tried to resuscitate him for about 30 minutes because he wasnt cold. She stated that she called the dad, [REDACTED] about 10:07 to let him know what was going on and he came over. She stated that the paramedics told her that they could not revive him. She stated that they never took him to the hospital and told her that they could not be mobile while trying to resuscitate him. She stated that they kept him in the ambulance until the coroner arrived.

The autopsy report was received from the medical examiner office on 2-21-2014. Per the medical examiners report, the manner of death is classified as Sudden Unexplained Death in Infancy (SUID). The manner of death cannot be determined.

The case was returned to CPIT on 2-24-2014. The case was sent to ADA [REDACTED] for review.

Ms. [REDACTED] was offered grief counseling. She reported she is receiving counseling through her church, support from her family, and single mothers group. There were no concerns observed with [REDACTED]

The case was reviewed by ADA [REDACTED] on 3-25-2014. Per ADA [REDACTED] the matter of death is undetermined. DCS to handle as appropriate. T

he allegation neglect death will not be substantiated.



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:	03/25/2014	Contact Method:	
Contact Time:	02:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/25/2014
Completed date:	03/25/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/25/2014 02:16 PM Entered By: [REDACTED]

Closing SDM completed rated as Safe



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:	03/25/2014	Contact Method:	
Contact Time:	02:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/25/2014
Completed date:	03/25/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/25/2014 02:15 PM Entered By: [REDACTED]
740 Completed



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/25/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/25/2014 02:15 PM Entered By: [REDACTED]

CPSI [REDACTED] met with Ms. [REDACTED] today. Ms. [REDACTED] was informed that the case was reviewed by the District Attorney today and the case will be submitted for closure. Ms. [REDACTED] stated she was concerned that someone thought she harmed her son. Ms. [REDACTED] was informed the case was reviewed because all child deaths are reviewed by the ADA. Ms. [REDACTED] stated she and [REDACTED] are doing better. She stated her family has continued to be supportive. She stated she does spend more time with her family in [REDACTED]. Ms. [REDACTED] was informed that she could contact this CPSI if she felt needed additional counseling/support. Ms. [REDACTED] stated she is doing a lot better than she was.

[REDACTED] was observed at the home. There were no marks of bruises observed during this visit. [REDACTED] was observed sleeping at the time of this 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:	03/25/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/25/2014
Completed date:	03/25/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/25/2014 12:26 PM Entered By: [REDACTED]

Case returned to CPIT today. Per, ADA [REDACTED] DCS to handle as appropriate. The cause of death is undetermined. The allegation of neglect death will not be substantiated.



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: 02/27/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/25/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/25/2014 02:07 PM Entered By: [REDACTED]

CPSI [REDACTED] met with Ms. [REDACTED] mother of [REDACTED]. Ms. [REDACTED] stated she was doing ok. She stated she has received a copy of the autopsy report and it stated [REDACTED] died of Sudden Unexplained Death in Infancy (SUID). Ms. [REDACTED] stated she was relieved to hear this but is still having difficulty adjusting to [REDACTED] being gone. Ms. [REDACTED] was offered grief counseling. She stated has been participating in a counseling group online. She also stated she use to go to a single mom's group. She stated she plans on going back to the group. She stated she also been seeking spiritual counseling. She stated her family has been very supportive. Ms. [REDACTED] was informed that if she felt she needed additional resources she could contact this CPSI at any time. Ms. [REDACTED] was informed that the Department has also received the autopsy report. Ms. [REDACTED] stated was informed the case is being reviewed as part of procedure by the Assistant District Attorney. Ms. [REDACTED] was informed she will be notified when the review has been completed and before the Department closes its case.

[REDACTED] age 1 was observed at the home. There were no marks or bruises observed at the time of this visit. [REDACTED] appears to be developmentally appropriate for his age. Ms. [REDACTED] reports [REDACTED] is up to date on his immunizations. The CPSI did not observe any concerns during this 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:	02/24/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/24/2014
Completed date:	02/24/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/24/2014 03:02 PM Entered By: [REDACTED]

CPIT meeting held today. The allegation was not classified during this meeting. The referral along with a copy of the medical examiner's report is being sent to [REDACTED] for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/21/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/24/2014

Completed date: 02/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 03:00 PM Entered By: [REDACTED]

A copy of the medical examiner's report was received today. The manner of death is classified as Sudden Unexplained Death in Infancy (SUID). The manner of death cannot be determined. An asphyxial death cannot be ruled out. The detail report is being placed in the CPS 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: 02/11/2014

Contact Method:

Contact Time: 02:54 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/11/2014

Completed date: 02/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/11/2014 02:55 PM Entered By: [REDACTED]

Background checks on [REDACTED] [REDACTED]

Content:

The following Internet Records Clearance inquiries were completed on the date(s) indicated:

Justice System Inquiry (JSSI):

No results

SSMS check

6-23-2012

[REDACTED] Drug child- [REDACTED] Services Recommended and Accepted

[REDACTED] Drug Exposed Child- [REDACTED] No Services Needed

Reporter states [REDACTED] (3 months) lives with [REDACTED] the mother and [REDACTED] the father. The [REDACTED] Police became involved with the family after receiving a 911 call at 12:04 on June 23, 2012 about someone being shot in the head. Officers were dispatched to [REDACTED] at [REDACTED]. Officers found a male who happened to be [REDACTED] shot in the head in his vehicle. The mother and [REDACTED] were not in the vehicle as they went down to the fire station. The mother said they were going to go to [REDACTED] for the weekend and decided to stop and buy some narcotics. The mother said they stopped some where in [REDACTED] to purchase some drugs. The mother said they met up with four guys and one of the men who was on the fathers side of the vehicle yelled give me the money several times. The mother said she then heard a loud banging sound and noticed the father had been shot. The father is in critical condition at [REDACTED]. The mother and the baby are on the scene with officers. The mothers mother (name unknown) is planning to come get [REDACTED] and take him home with her. There is no contact information available for the grandmother at this time. No charges have been filed against the father or mother at this time.

Methamphetamine Offender Registry: negative-completed on 2-11-2014

National Sexual Offender Registry: negative-completed on 2-11-2014



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Tennessee Sexual offender Registry: negative-completed on 2-11-2014

Tennessee Felony Offender Registry: negative-completed on 2-11-2014

Tennessee Dept. of health Vulnerable Person (Abuse Registry): negative-completed on 2-11-2014



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:	02/11/2014	Contact Method:	
Contact Time:	02:31 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/11/2014
Completed date:	02/11/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/11/2014 02:32 PM Entered By: [REDACTED]
 2nd request sent today to the Medical Examiner's office requesting a copy of the autopsy report for [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: 01/27/2014

Contact Method: Attempted Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/11/2014

Completed date: 02/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/11/2014 02:31 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to complete a home visit today at [REDACTED] There was no one present at the residence at the time of this 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:	12/05/2013	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/11/2014
Completed date:	02/11/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/11/2014 02:02 PM Entered By: [REDACTED]

CPIT meeting held today DCS to handle and return.



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: 12/04/2013 Contact Method:
 Contact Time: 08:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/05/2013
 Completed date: 12/05/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 09:56 PM Entered By: [REDACTED]
 Date: December 4, 2013
 Time: 8:00 pm

HOUSEHOLD COMPOSITION

[REDACTED] DOB: [REDACTED]
 [REDACTED] DOB [REDACTED]
 [REDACTED] DOB [REDACTED] (deceased)
 [REDACTED] DOB [REDACTED] (grandmother) been living in the home for about a month

3 bedrooms/ 1 bathroom home

Pediatrician: [REDACTED] @ [REDACTED]

United Healthcare Insurance

Resources: \$830/SSI
 \$250/Food Stamps
 \$60/AFDC

Family Supports/Collaterals: [REDACTED] (sister) [REDACTED]
 [REDACTED] (father of [REDACTED]) employed at [REDACTED]
 [REDACTED] (cousin) [REDACTED]

DCS History: 6/23/2012 # [REDACTED] Drug Exposed Infant victim: [REDACTED] Perp: [REDACTED] - Services
 Recommended and Not Accepted

[REDACTED] - No Services Needed



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: 12/04/2013

Contact Method: Face To Face

Contact Time: 07:45 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 09:38 PM Entered By: [REDACTED]

Date: December 4, 2013

Time: 7:45 pm

Location: [REDACTED] [REDACTED] TN

On 12/4/2013, Investigator III [REDACTED] conducted an interview with the father, [REDACTED]. [REDACTED] stated that he was asleep when he received the call from Ms. [REDACTED] at 10:07 am telling about what was going on. He stated that he got up and got dressed and his roommate moms boyfriend dropped him off at Ms. [REDACTED] home. He stated that he does not have transportation at this time. He stated that he arrived at the home about 10:15 am and the paramedics were still working on [REDACTED]. He stated that he last saw his son about a week ago. He stated that about once or twice a week he comes over to see him. He stated that because he has no transportation, it made it difficult for him to come and visit more often. He stated that the paramedics would not let them see the baby after they put him in the ambulance. [REDACTED] stated that Ms. [REDACTED] is a very good mom. He stated that she takes very good care of her children and they always have what they need. He stated that she spoils them too.



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: 12/04/2013

Contact Method:

Contact Time: 07:30 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/05/2013

Completed date: 12/05/2013

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: 12/05/2013 09:37 PM Entered By: [REDACTED]

Date: December 4, 2013

Time: 7:30 pm

Location: [REDACTED] TN

On 12/04/2013, the following forms were explained to and signed by the mother:

Notification of Equal Access to Programs and Services and Grievance Procedures

HIPAA Notice of Privacy Practices- Client Acknowledgement

Acknowledgement of Receipt of Client Rights Handbook

Native American Heritage Veto Verification

Authroization for Release of Child Specific Information and HIPAA Protected Health Information from the Department of Children's Services and Notification of Release

Authorization for Release of Information and HIPAA Protected Health Information to the Department of Children's Services and Notification of Release



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:	12/04/2013	Contact Method:	Face To Face
Contact Time:	07:05 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/05/2013
Completed date:	12/05/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/05/2013 09:28 PM Entered By: [REDACTED]

Date: December 4, 2013

Time: 7:05 pm

Location: [REDACTED] TN

On 12/4/2013, Investigator III [REDACTED] conducted an interview with the mother, [REDACTED] Ms. [REDACTED] stated that she had a full term pregnancy with no complications with [REDACTED]. She stated that on December 1, he spent the night with her sister and he came home to her on December 2 about 2:00 pm. She stated that everything was fine and the day was normal. She stated that he was a little fussy but she thought that maybe it was because he had been away from her and wanted her to hold him. She stated that he was a little congested, but he was not sick. She stated that he had been congested for about a week and she would just suction his nose when needed. She stated that she put her 1 year old, [REDACTED] in the bed about 10:00 pm. She stated that she fed [REDACTED] and they got in the bed about 10:30 pm. She stated that he was still awake when they got in the bed. She stated that both boys slept in the bed with her, but they do have their own beds. She stated that she laid him down to sleep beside with her and gave him his pacifier. Ms. [REDACTED] stated that [REDACTED] started sleeping through the night once she stopped breastfeeding him which was about 2 weeks ago. She stated that she woke up the next morning close to 10:00 am because her one year old was crying. She stated that she gave him his pacifier and then turned towards [REDACTED] to check on him. She stated that she couldn't see his face because of the way the pillow was turned. She stated that she puts the pillow above his head in the event he moves up, but the pillow had turned a little sideways. She stated that the pillow was not touching him and she moved it out of the way. She stated that she knew something wasn't right because of the way he was looking and he wasn't breathing. She stated that she picked him up and called his names and she noticed that his lips were blue and his fists were balled up and blue. She stated that she got her phone and immediately called 911. She stated that it was about 10:00 am when she called. She stated that the dispatcher told her to lay him on the floor and do CPR. She stated that she did not know how to do CPR but she tried to do it anyway. She stated that the paramedics arrived and took him outside to the ambulance. She stated that they tried to resuscitate him for about 30 minutes because he wasn't cold. She stated that she called the dad, [REDACTED] about 10:07 to let him know what was going on and he came over. She stated that the paramedics told her that they could not revive him. She stated that they never took him to the hospital and told her that they could not be mobile while trying to resuscitate him. She stated that they kept him in the ambulance until the coroner arrived. Ms. [REDACTED] stated that her 1 year old spends a lot of time with her sister and that is where he was at the time of the visit. She stated that the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

visitation will be held at [REDACTED] on Saturday, the Funeral is Sunday at 2:00 pm, and the burial will be at [REDACTED]
[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: 12/04/2013

Contact Method: Phone Call

Contact Time: 05:58 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 09:27 PM Entered By: [REDACTED]

Date: December 4, 2013

Time: 5:58 pm

On 12/4/2013, Investigator III [REDACTED] received a telephone call from the mother, [REDACTED]. She stated that she was home now and that the visit could be made at 7:00 pm.



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: 12/04/2013

Contact Method: Phone Call

Contact Time: 12:34 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 09:26 PM Entered By: [REDACTED]

Date: December 4, 2013

Time: 12:34 pm

On 12/4/2013, Investigator III [REDACTED] placed a telephone call to the mother, [REDACTED] and explained the purpose for the meeting. Ms. [REDACTED] stated that she would be going to the funeral home at 2:00 pm and that she would call Investigator III once she made it home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/04/2013

Contact Method:

Contact Time: 11:16 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/04/2013

Completed date: 12/04/2013

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: 12/04/2013 11:21 AM Entered By: [REDACTED]

This case is being assigned to CPSI [REDACTED] attempts were made by CPSI [REDACTED] on 12-3-13 to meet with the family which were unsuccessful. The CPSI will need to make contact with the mother and observe the remaining child. All adults in the home are to be interviewed and background checks will need to be completed. The CPSI is to review prior case history as well. The CPSI will staff the case with this LI and IC [REDACTED] prior to sending the fatality report in.



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: 12/04/2013

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/11/2014

Completed date: 02/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/11/2014 02:00 PM Entered By: [REDACTED]

Request sent to the [REDACTED] Medical Examiners Office today for requesting a copy of the autopsy report for [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: 12/03/2013

Contact Method: Attempted Phone Call

Contact Time: 10:30 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 09:25 PM Entered By: [REDACTED]

Date: December 3, 2013

Time: 10:30 pm

On 12/3/2013, Lead Investigator [REDACTED] attempted a telephone call to the mother, [REDACTED] but did not get an answer. LI left a voice mail message.



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: 12/03/2013

Contact Method: Face To Face

Contact Time: 10:10 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 09:21 PM Entered By: [REDACTED]

Date: December 3, 2013

Time: 10:10 pm

On 12/3/2013, Investigator III [REDACTED] observed a truck to be pulling up in the driveway. The young lady stated that her name is [REDACTED] and she is the mothers sister-in-la. She stated that the mother is not home and she is staying with a friend tonight. She stated that the moms sister has [REDACTED] her other son. She provided Investigator III with a contact phone number for the mother. [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: 12/03/2013 Contact Method: Face To Face
 Contact Time: 09:50 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 12/05/2013
 Completed date: 12/05/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 09:19 PM Entered By: [REDACTED]
 Date: December 3, 2013
 Time: 9:50 pm

On 12/3/2013, Investigator III [REDACTED] knocked on the next door neighbors home to see if they knew anything about the family next door. Investigator III spoke with [REDACTED] and she stated that the mom lives in the home with her soon to be 2 year old and the baby before the incident today. She stated that the moms grandmother was living in the home as well, but she fell and broke her hip. She stated that she is not sure if the grandmother is still living in the home. She stated that the mom has been living in the home for about 1 ½ years now and she is a nice lady. She stated that they talk often and are friendly. She stated that when the mom had the baby, she went over to see him. She stated that she has never had any problems out of the family. [REDACTED] stated that when she saw the ambulance over this morning, she assumed that the grandmother had hurt herself again, but her mother told her that it was the baby that the ambulance left the home with. She stated that she saw [REDACTED] the 1 ½ year old, and brought him over to her home for about an hour to give mom a break and so that she could deal with the company that was coming and going. She stated that she did not ask the mom what happened, but she did hear from a cousin that the mom went in to check on the baby and he was blue. [REDACTED] stated that she appears to be a good mother and there has not been any indication of anything different. She stated that she does not think anyone is home at the moment. She stated that the mother does not have a vehicle. She stated that she left the house about 5:30 pm to go and pick up her moms meds and it was a lot of cars over there. She stated that she had to leave back out about 9:15 pm and when she got back home, no one was there. [REDACTED] stated that the mother has a sister that lives in [REDACTED] so that is probably where she is staying.



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: 12/03/2013

Contact Method: Attempted Face To Face

Contact Time: 09:40 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation,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: 12/05/2013 09:17 PM Entered By: [REDACTED]

Date: December 3, 2013

Time: 9:40 pm

Location: [REDACTED] TN

On 12/3/2013, Investigator III [REDACTED] attempted a home visit to meet with the family. There were no vehicles in the driveway or in front of the home. Lights were observed to be on in the home, but Investigator III did not hear any noise coming from the inside of the home. Investigator III knocked on the door three times, but no one answered the door. Investigator III did not observe a door bell anywhere near the door.



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: 12/03/2013

Contact Method:

Contact Time: 06:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 09:15 PM Entered By: [REDACTED]

Date: December 3, 2013

Time: 6:00 pm

On 12/3/2013, the Department of Children's Services received a referral with the allegations of Neglect Death. The alleged victim is 1 month old [REDACTED]. The alleged perpetrator is unknown other non-relative. The report states the child is not in state custody. 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 in bed at 0955 hrs on the morning of 12/3/2013. Paramedics with [REDACTED] Fire Department Ambulance [REDACTED] pronounced death on the scene, a single family residence at [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedent's remains were transported to this office for autopsy. The cause/manner of death is pending at this time. The mother's name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]). One sibling (age 2) also lived in the house. Our case # is [REDACTED].