



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

Case # 2014.158

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	09/24/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	09/24/2014		
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:	unknown	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	none		
If child is in DCS custody, list placement type and name:	n/a					

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

This case initially came to the attention of the Department with allegations of Lack of Supervision. In the body of the referral it was alleging that the child was found unresponsive by his daycare teacher at ██████████, during nap time. The teachers attempted to perform CPR on the child and contacted 911 immediately. The child was transported to ██████████ by EMT and to ██████████ afterwards. The child is currently on life support due to him not being able to breath on his own. There has been a brain test performed within the last 24 hours, and the result is negative for the child's survival. There will be another one preformed in 24 hours (by hospital protocol).

Upon futher investigation it was determined that the child was discovered by one of his teachers, ██████████. When ██████████ approached ██████████ to check on him between 2:25pm and 2:35pm (time is estimated), she discovered that the child was not breathing. She put her hand on top of ██████████ back and did not feel any movement of his chest while breathing. She touched his hand and flipped him over onto his back, as the child was on his stomach (face up, laying on the right cheek at the edge of the mat). She immediately called for help and the staff started performing CPR right away. Staff called 911 while they were performing CPR on ██████████. The medical staff was able to bring the child's heart beat back by performing CPR, while the child was still in day care. He was transported to the hospital immediately after that.

According to the examining doctor at ██████████, the child had no external or internal trauma that could have caused him to stop breathing. The lab work revealed that the child's white blood platelets were very high (50,000) as well as his amonia level. According to the examining doctors at ██████████ the child had a long "down time" before his heart beat was restored by the medical staff of EMT: anything passed 4.5 minutes is considered to be long "down time" and has fatal outcome in most cases. According to the examining doctor at ██████████ the child has slim chance to survive and recover.

Both parents have been notified and are at the hospital at this time. The parents gave consent to take ██████████ off life support today (09-24-2014) and he was pronounced dead at 3pm EST. The autopsy is scheduled for tomorrow (09-25-2014) after which there will be arrangements made for cremation by parents' request.

**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:**

SIU has met with the parents but a full interview has not yet been completed.

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

n/a

Describe disposition of body (Death):	Medical Examiners Office		
Name of Medical Examiner/Coroner:	unknown	Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	

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

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	9/2/2014	Case #	2014-158
Was there DCS involvement at the time of Death/Near Death?				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
Type:				Case #:			
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): ██████ has a twin sibling named ██████ who is in care of his father's co-worker, due to the family not having any relatives in ██████							
Name:	██████████	Age:		16 months			
Name:		Age:					
Name:		Age:					
Name:		Age:					
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		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
Any media inquiry or is attention expected?				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):							
Contact Person:				Telephone Number: ( ) -			
Case Manager: ██████████				Telephone Number: ██████████			
Team Leader: ██████████				Telephone Number: ██████████			
Team Coordinator: ██████████				Telephone Number: ██████████			
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.						<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>Email to: ██████████</b></p> <p><b>within forty-eight (48) hours of notification</b></p> <p><b>Include subject line (in RED): CHILD DEATH [secure email] or</b></p> <p><b>CHILD NEAR DEATH [secure email]</b></p>							



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 09/23/2014 05:37 PM CT  
 Track Assigned: Special Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 09/23/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 09/24/2014 06:35 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 09/24/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 09/24/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 10 Mos	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Preliminary Near Death: [REDACTED]

**Referent(s)**

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: No history found in TFACTS

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated No

Fatality No

Screened out 0



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

History (not listed above): None

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

Reporter's name/relationship: [REDACTED]

Reporter states: This child is not in DCS custody.

[REDACTED] (1) attends [REDACTED]. The name of his parents are unknown by the Referent at the inception of this report. The Referent has limited information.

The referent stated today 09-23-14 [REDACTED] was taking a nap when a Daycare Worker, name unknown, went to check on him and found him unresponsive. The Referent stated daycare staff began CPR and contacted 911.

[REDACTED] was transported to [REDACTED] and is in currently in the PICU. [REDACTED] is reportedly not breathing and is on a ventilator.

The Referent stated the child's white blood cell count is 50,000, and that the child is not expected to survive.

The Referent stated DCS SIU is on the scene at this time, and are working with Law Enforcement to investigate the situation.

The Referent does not have any additional information at this time.

Special Needs or Disabilities: Unknown

Per SDM: SIU Investigative Track, P-1  
 [REDACTED] @ 6:14 p.m. on 9/23/14

**\*\*NOTE:** [REDACTED] group, and RA-[REDACTED] notified via email. SIU TC [REDACTED] notified via email.

[REDACTED]	09-23-14 18:24:19	09-23-14 18:25:00	Work cell
received			
09-23-14 18:24:19	---	Work email	Email Sent



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: 1 Yr 10 Mos (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**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

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 09/23/2014

Assignment Date: 09/24/2014

Street Address:

City/State/Zip:

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Lack of Supervision	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 02/13/2015
2	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 02/13/2015

Preliminary Near Death: [REDACTED]

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: AUPU

**D. Case Workers**

Case Worker: [REDACTED]

Date: 02/13/2015

Team Leader: [REDACTED]

Date: 02/13/2015

**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:**

[REDACTED] was not able to interview the child due the child being in coma at the time of the response, and later passing away.

**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 reports stated the following:

The gross autopsy findings are nonspecific, such as pulmonary congestion and edema, splenomegaly, intestinal petechiae with cecal mucosal hemorrhage and severe cerebral edema. Microscopically, the most remarkable findings are overwhelming pneumonia and severe anoxic encephalopathy. There are rather



**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]

frequent manifestations of a combination of etiologies such as viral syndrome complicated by bacterial pneumonia resulting in severe hypoxia-ischemia. The manner of death is natural.

This case was presented to CPIT team on 02-11-2015. The team agreed to unsubstantiate the allegations of LOS and Neglect Death as the child's manner of death was natural.

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

No AP identified

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

This case came to the attention of the Department with allegations of Lack of Supervision. In the body of the referral it was alleging that the child was found unresponsive by his daycare teacher at [REDACTED], during nap time. The teachers attempted to do CPR on the child and contacted 911 immediately. The child was transported to nearest [REDACTED] by EMT and to [REDACTED] afterwards. The child is currently on life support but is not able to breath on his own. There has been a brain test performed within the last 24 hours, and the result is negative for the child's survival. There will be another one preformed in 24 hours (by hospital protocol).

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

Upon further investigation it was determined that the facts did not support the allegations. [REDACTED] interviewed all the parties involved (including day care personnel and hospital staff). There were no facts or proof gathered throughout the investigation to indicate that the child was abused or neglected by either the day care staff or his parents. The medical records were examined by [REDACTED] at [REDACTED] who also did not find any external or internal signs of abuse. The autopsy records indicated that the child expired within 24 hours of being rushed to the hospital and the cause of death was established as pneumonia; the manner of death is natural. This case is being closed as AUPU for Lack of Supervision and Neglect Death.

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: 06/30/2015

Contact Method:

Contact Time: 03:32 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2015

Completed date: 06/30/2015

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: 06/30/2015 03:32 PM Entered By: [REDACTED]

Case reviewed and approved for closure by [REDACTED]. Team Coordinator [REDACTED] was given permission to close off workload.



**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: 06/26/2015 Contact Method:  
 Contact Time: 09:50 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/26/2015  
 Completed date: 06/26/2015 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: 06/26/2015 08:52 AM Entered By: [REDACTED]  
 Child Death Closing Summary for [REDACTED]

The Department of Children's Services (DCS); Special Investigations Unit (SIU) received a report of abuse regarding Alleged Child Victim (ACV) [REDACTED], on 09/23/2014 at 06:29 PM (CT). The allegations named in the report are, Severe-Lack of Supervision and Severe-Neglect Death. The non-custodial ACV-[REDACTED] was attending the "[REDACTED]" located in [REDACTED] at the time of the incident. The Alleged Perpetrator(s) in this investigation were both determined to be "Unknown" daycare staff members.

His daycare teacher at [REDACTED] observed ACV-[REDACTED] unresponsive, during his naptime. The [REDACTED] staff members immediately administered CPR to the child and contacted [REDACTED] services for emergency care for the child. [REDACTED] transported [REDACTED] via Ambulance to [REDACTED] and the child was later transported to [REDACTED] for further medical care. ACV-[REDACTED] was placed on life-support, and was unable to breathe without medical aid. Brain testing was performed on [REDACTED] medical staff determined that there was a significant decrease in the child's brain activity. Medical Records indicate that [REDACTED] was pronounced dead on 09-24-2014 @ 15:00.

There were several investigators involved in the case including: [REDACTED]

Interviews were conducted with the following individuals during the course of this investigation:

[REDACTED] (Daycare Staff)

[REDACTED] (Daycare Staff)

[REDACTED] (Mother)

[REDACTED] (Father)

[REDACTED], stated that there were a total of 6 children in the room. [REDACTED] left the room to do lesson plans because it is legal to have only one person in the room at naptime with up to 6 children. She left the room at 1:50 pm and [REDACTED] was making sounds at that time. [REDACTED] reported that she documented the time that the children wake up. She stated that at 1:25 pm she saw [REDACTED] sit up and he had heavy eyes. She reported that



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

he did not seem abnormal in any way and it is normal for him to wake up while he is sleeping. [REDACTED], was interviewed and agreed to reenact everything that had happened in the room where [REDACTED] was found unresponsive. [REDACTED] demonstrated how she did CPR on [REDACTED] with [REDACTED], assisting. [REDACTED] reported that CPR was started immediately upon staff discovering that [REDACTED] was unresponsive. [REDACTED] reported that he administered CPR to [REDACTED] in effort to revive the child. He informed investigator(s) that he completed CPR as they were trained. [REDACTED] (Mother) reported that [REDACTED] suffered a virus a week prior to the incident. [REDACTED] informed investigators that her child's illness was accompanied by a fever and rash. She stated that she contacted the child's Primary Care Physician [REDACTED], and was advised that the rash could have been a reaction to the immunization shots that he had received 10 days prior to him falling ill. [REDACTED] (Father) reported taking the children to [REDACTED] on 09/23/2014. [REDACTED] stated that he dropped the children off at the center at approximately 9:00 AM [REDACTED] on September 23, 2014.

Child death is defined as:

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

Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

Lack of supervision is defined as:

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:

- a.) 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
- b.) 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).
- c.) 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.

The Child Protective Investigative Team (CPIT) was convened on 09-23-2014. CPIT-Multi-Disciplinary Team (MDT) for [REDACTED] was held at the [REDACTED] PD-[REDACTED] on 02/11/2015.

The members of the Child Protective Services Team unanimously agreed to classify the allegations of Severe Lack of Supervision and Neglect Death as Allegation(s) Unsubstantiated/Unknown Perpetrator(s) Unsubstantiated due to a lack of evidence.

The interviews accomplished by the investigative Team, all collectively support that there was no occurrence of Child Abuse or Neglect Death. All staff members were cooperative and corroborative in their account of the events leading up to the passing of ACV-[REDACTED]. The child was examined through X-Ray and MRI tests and the results of which did not indicate any internal bodily trauma that would support any history abuse or neglect the child might have experienced prior to being transported to the hospital. [REDACTED] confirmed that there was no medical proof to indicate that the child's death was caused by abuse or neglect.

There is not a preponderance of evidence to substantiate the allegations received from the State of TN-DCS Child Abuse Hotline. The autopsy findings are nonspecific, such as pulmonary congestion and edema, splenomegaly, intestinal petechiae with cecal mucosal hemorrhage and severe cerebral edema. Microscopically, the most remarkable findings are overwhelming pneumonia and severe anoxic encephalopathy. There are rather frequent manifestations of a combination of etiologies such as viral syndrome complicated by bacterial pneumonia resulting in severe hypoxia-ischemia. The manner of death in the final autopsy is documented as "natural".

The case will be closed and classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated for the allegation(s) of Child Neglect Death and Severe Lack of Supervision.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 02/13/2015 Contact Method:  
 Contact Time: 02:10 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 02/13/2015  
 Completed date: 02/13/2015 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: 02/13/2015 01:15 PM Entered By: [REDACTED]  
 02-13-2015 @ 2:10 PM EST

**CLOSING CASE SUMMARY**

This case came to the Department's attention on 09-23-2014 with allegations of Lack of Supervision and Neglect Death.

DCS policy defines LOS as:

**LACK OF SUPERVISION:**

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:

- a) 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
- b) 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).
- c) 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.

DCS policy defines NGD as:

**CHILD DEATH/ NEAR DEATH:**

- 1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- 2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.

3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.

Summary and results of the investigation:

This case came to the attention of the Department with allegations of Lack of Supervision. In the body of the referral it was alleging that the child was found unresponsive by his daycare teacher at [REDACTED], during nap time. The teachers attempted to do CPR on the child and contacted 911 immediately. The child was transported to nearest [REDACTED] by EMT and to [REDACTED] afterwards. The child is currently on life support but is not able to breath on his own. There has been a brain test performed within the last 24 hours, and the result is negative for the child's survival. There will be another one preformed in 24 hours (by hospital protocol).

Upon further investigation it was determined that the facts did not support the allegations. [REDACTED] interviewed all the parties involved (including day care personnel and hospital staff). There were no facts or proof gathered throughout the investigation to indicate that the child was abused or neglected by either the day care staff or his parents. The medical records were examined by [REDACTED] who also did not find any external or internal signs of abuse. The autopsy records indicated that the child expired within 24 hours of being rushed to the hospital and the cause of death was established as pneumonia; the manner of death is natural.

Based on the summary and the results of the investigation, allegations of Lack of Supervision and Neglect Death do not meet the criteria as outlined by policy. This case is being classified as AUPU for LOS and NGD. This case is being submitted to Lead Investigator [REDACTED] for review and closure.

Narrative Type: Created In Error Entry Date/Time: 06/26/2015 08:53 AM Entered By: [REDACTED]

Wrong format



**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:	02/11/2015	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	02/13/2015
Completed date:	02/13/2015	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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/13/2015 01:08 PM      Entered By: [REDACTED]  
09-11-2015 @ 9:00 AM EST

CPIT Meeting

This case was presented to the [REDACTED] Child Protective Investigative Team on 02-11-2015. All required CPIT members were present.  
A recommendation was made to unsubstantiate the allegations of Lack of Supervision and Neglect Death, and the CPIT members did agree. The hard copy of the CPIT form was signed and that hard copy is located in the case file.

Case referred for prosecution? No  
Why or why not: The child died of a natural cause

Narrative Type: Addendum 1      Entry Date/Time: 04/16/2015 08:44 AM      Entered By: [REDACTED]

CPIT Members:

[REDACTED] - Assistant District Attorney	(agreed to classification and signed)
[REDACTED] Sherriff's Office	(agreed to classification and signed)
[REDACTED] DCS/OCS LI	(agreed to classification and signed)
[REDACTED] Juvenile Court Representative	(agreed to classification and signed)
[REDACTED] - DCS Legal	(agreed to classification and signed)
[REDACTED]	(agreed to classification and signed)
[REDACTED] Sherriff's Office Detective	(present and assisted with the investigation)
[REDACTED] Sherriff's Office/Major Crimes Detective	(present and assisted with the investigation)
[REDACTED]	(assisted with the investigation)



**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: 02/09/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/13/2015

Completed date: 02/13/2015

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: 02/13/2015 12:11 PM      Entered By: [REDACTED]

The autopsy report stated the following:

The gross autopsy findings are nonspecific, such as pulmonary congestion and edema, splenomegaly, intestinal petechiae with cecal mucosal hemorrhage and severe cerebral edema. Microscopically, the most remarkable findings are overwhelming pneumonia and severe anoxic encephalopathy. There are rather frequent manifestations of a combination of etiologies such as viral syndrome complicated by bacterial pneumonia resulting in severe hypoxia-ischemia. The manner of death is natural.



**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:	01/29/2015	Contact Method:	Phone Call
Contact Time:	10:10 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/29/2015
Completed date:	02/13/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/29/2015 10:22 AM Entered By: [REDACTED]

01-29-2015 @ 10:10 AM EST

[REDACTED] contacted [REDACTED] to update him with autopsy results. [REDACTED] advised that they had received the autopsy records from ME's office via email and that he was aware of the cause of death. [REDACTED] expressed his surprise because of the official results reported in the autopsy and the cause of death being pneumonia. [REDACTED] advised that they had been in contact with ME's office throughout this time and had been advised that the death was probably caused by a virus; however the official results say otherwise. [REDACTED] advised that she was going to consult a forensic doctor and would share the explanation with them after that.



**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: 01/29/2015

Contact Method: Phone Call

Contact Time: 09:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/29/2015

Completed date: 01/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/29/2015 09:19 AM      Entered By: [REDACTED]  
 01-29-2015 @ 9:50 PM EST

[REDACTED] received a call from [REDACTED] " unit in regards to the autopsy report of [REDACTED] [REDACTED] advised that the results were received from ME's office the day before. [REDACTED] advised that the cause of death was pneumonia that inflicted edema in the child's brain [REDACTED] advised that he had a copy of the autopsy for [REDACTED] that could be picked up from his 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: 12/04/2014

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/04/2014

Completed date: 12/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 12/04/2014 08:50 AM

Entered By: [REDACTED]

12-04-2014 @ 8:00 AM EST

[REDACTED] contacted [REDACTED] for an update on autopsy or culture reports for [REDACTED]. [REDACTED] checked with the ME's office and advised that there were no updates at the time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
 Contact Date: 11/13/2014 Contact Method: Phone Call  
 Contact Time: 08:30 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/04/2014  
 Completed date: 12/14/2014 Completed By: System Completed  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/04/2014 08:52 AM Entered By: [REDACTED]  
 11-13-2014 @ 8:30 AM EST

[REDACTED] contacted [REDACTED] for an update on autopsy or culture reports for [REDACTED]  
 [REDACTED] checked the ME's office and advised that there were no updates at the time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/07/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/02/2015

Completed date: 03/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/02/2015 02:00 PM      Entered By: [REDACTED]

11-07-2014 @ AM

[REDACTED] found out that [REDACTED] and [REDACTED] moved to [REDACTED] to live with [REDACTED] parents as they did not have any family support in [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:	10/17/2014	Contact Method:	Phone Call
Contact Time:	06:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	11/18/2014
Completed date:	11/18/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/18/2014 12:25 PM      Entered By: [REDACTED]  
 10-17-2014 @ 6:00 PM EST

[REDACTED] received a call from [REDACTED]. [REDACTED] was inquiring about any results [REDACTED] might have from ME's office in regards to autopsy results. [REDACTED] advised that she did not have any new information and was told that the lab results had not been sent back from the lab yet. [REDACTED] expressed concerns about the results taking that long to be sent back to ME's office; however she was very understanding that it could take longer than expected to receive those results. [REDACTED] also advised [REDACTED] to contact the ME's office herself and ask for updates as ME's office could release more information to her as a parent than to DCS.

[REDACTED] also spoke to [REDACTED] about the [REDACTED] school owner [REDACTED] being very supportive in the beginning; however he had not been responding to their emails for the past 2 weeks. [REDACTED] was interested to find out if the interview with [REDACTED] and [REDACTED] had prompted that behavior. [REDACTED] advised that [REDACTED] was very forthcoming in his interview and spoke very highly of [REDACTED]. [REDACTED] advised that the school had retained an attorney for this case but she thought that this was a precautionary measure from the [REDACTED] corporate office and not necessarily from [REDACTED] himself. [REDACTED] thanked [REDACTED] for everything and advised that she would contact the ME's office the next morning.



**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: 10/06/2014

Contact Method: Phone Call

Contact Time: 10:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/18/2014

Completed date: 11/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2014 10:19 AM      Entered By: [REDACTED]  
 10-06-2014 @ 10:20 AM EST

[REDACTED] received a call from [REDACTED]. [REDACTED] was inquiring if [REDACTED] had any news in regards to the lab test results that were taken on the day of the autopsy. [REDACTED] advised that she had no results at the time and that she would contact them as soon as she had any new information



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/02/2014 Contact Method: Face To Face  
 Contact Time: 04:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: School Created Date: 10/14/2014  
 Completed date: 10/14/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/14/2014 10:53 AM Entered By: [REDACTED]  
 10-02-2014 @ 4:00 PM EST

Interview with [REDACTED]  
 [REDACTED]

[REDACTED], met with [REDACTED] [REDACTED] was willing to share all the information that he had about the incident that happened to [REDACTED] his day care. [REDACTED] reported that he and his wife opened the school in February of 2007. [REDACTED] reported that he was mostly handling all administrative work as well as client billing of the school while his wife was handling the payroll of the staff (anything that CPA would do). [REDACTED] reported that he was in day care every day for a couple of hours in the morning and a couple of hours in the afternoon. He usually would come in at around 6:15 AM do his routine paperwork there, take a break at around 8:30 AM (breakfast, lunch, shopping for the school) and come back at around 1:15 Pm and stay till 5:30pm-5:45pm. [REDACTED] reported that he came in to work at 6:15 AM on the day of the accident and left at around 8:30 - 8:45 AM. [REDACTED] came back at around 1:30 PM and after finishing up with his paperwork he sat down to read a book. Itw as getting ready to the end of the nap time; all the lights in all the rooms were off except for the infant room as they have a different routine. It was very quiet in the school, [REDACTED] (the assistant director) was in director's office (across from [REDACTED] office and her door was open. [REDACTED] opened the door and yelled: "[REDACTED] I need you now!" [REDACTED] stormed down the hallway into the room where [REDACTED] was at. [REDACTED] called for [REDACTED] immediately and when [REDACTED] got to the room [REDACTED] was on the phone with 911 giving them the address of the school. [REDACTED] saw [REDACTED] lying diagonally on the mat; there were 5 other children in the room and [REDACTED] told [REDACTED] to move all the other children out of the room. [REDACTED] told [REDACTED] that [REDACTED] was not responsive and [REDACTED] started doing CPR immediately. [REDACTED] pulled [REDACTED] to lay flat on his back checked his breath and pulse, put his finger in [REDACTED] mouth and did a swipe. [REDACTED] started CPR right away and was yelling at [REDACTED] to tell 911 to hurry up. He first started CPR with one hand but then had to switch to 2 had CPR; 30 compressions and 2 breaths, as they were trained. [REDACTED] reported that [REDACTED] lips were greyish bluish color when he first entered the room. [REDACTED] reported that [REDACTED] entered the room when he was doing the second round of CPR; she came in dropped



## Tennessee Department of Children's Services

### Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

down right away and took over the breathing part of the CPR. Soon after that he heard sirens and 2 EMTs came into the room. They grabbed [REDACTED] and ran to the Emergency truck. They put [REDACTED] on the back of the Ambulance where a physician was waiting for them. They started working on [REDACTED] right away and after they brought his pulse back, 2 EMTs advised him that they were taking [REDACTED] to [REDACTED] as it was the closest hospital to the day care.

[REDACTED] reported that [REDACTED] parents were notified immediately and when he got to [REDACTED] a few minutes later, [REDACTED] was already there. They were told at the hospital that it did not look good and that [REDACTED] needed to be transported to [REDACTED] was transported to [REDACTED] shortly after that; his parents followed him to the hospital and so did [REDACTED] [REDACTED] spent some time with [REDACTED] (parents) and offered his help and support to them as he knew that the family had just recently moved to [REDACTED] from [REDACTED] and did not have any family in town for support.

[REDACTED] left [REDACTED] after [REDACTED] were approached by the doctors who advised that [REDACTED] was brain dead. [REDACTED] reported that he had been in touch with [REDACTED] via email and had offered his support to them. [REDACTED] was hesitant to push any face to face communication with [REDACTED] as he understood that they needed their space to be able to deal with their grief.

[REDACTED] reported that he had not noticed any vomit or smelled any bad odors coming from [REDACTED] mouth when he was performing CPR on him.

[REDACTED] reported that [REDACTED] were very involved in their children's life and the school did not have any concerns about them. He said that the children had been sick a couple of times but nothing serious had been reported to them.

[REDACTED] was very open and detailed during the interview, as well as very emotional while telling the story as he had personal attachment to each child that attended his day care and knew all of them individually.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/01/2014	Contact Method:	Face To Face
Contact Time:	11:50 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2014
Completed date:	11/18/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/18/2014 10:13 AM      Entered By: [REDACTED]  
 10-01-2014 @ 11:50 AM EST

Interview with [REDACTED] (mother and father of [REDACTED]). [REDACTED] reported that [REDACTED] was in care of his grandparents who flew in from [REDACTED] reported that [REDACTED] was doing well and was enjoying all the attention he was getting from grandparents as well as everyone else. [REDACTED] reported that they had taken [REDACTED] to his PCP on Friday, September the 26th as well as to [REDACTED] on Saturday the 27th. This was a precautionary measure that they decided to take as they were not if [REDACTED] death was caused by a bacteria or any other illness that [REDACTED] might have had as well. [REDACTED] reported that [REDACTED] had performed multiple tests (blood, urine, x-rays) on [REDACTED] and luckily found no reason for the parents to be concerned about. [REDACTED] reported that they still did not have any news about the autopsy or COD. [REDACTED] advised that sometimes it took several months for autopsy results to be back, but that she was advised that if ME's office had any concerns they would have contacted the parents directly and requested for [REDACTED] to be checked out as soon as possible. [REDACTED] reported that he took [REDACTED] to school on the day of the incident. He dropped them off at around 9:30 AM; [REDACTED] did not cry a lot but was a little fussy since that morning. [REDACTED] received a call from the school later that afternoon stating that [REDACTED] was found unresponsive and was being taken to the hospital by EMS. [REDACTED] reported that he had spoken to the doctors both at [REDACTED] but none of them were able to tell what had happened. There were multiple tests performed including x-rays and MRI, but no internal or external trauma had been detected. [REDACTED] was very emotional during the interview. [REDACTED] reported that they did not think that anyone had done anything malicious to [REDACTED] at the day care, but was very anxious to know what had caused his son's death. [REDACTED] reported that they had been in contact with the day care owner [REDACTED] via email, who had been very supportive of them; however it was psychologically hard for them to keep sending [REDACTED] to the same day care. [REDACTED] reported that [REDACTED] was fussy that morning and had woken up at 6AM. She took both [REDACTED] to a drive around in her car hoping that they would take a short nap. She came home shortly after they had left as none of the children had any intentions of taking a nap. They had breakfast after they came home (waffles, oat meal, strawberry, cheese stick) and she packed their lunch (chicken, eggs, carrots, peas, avocado and strawberry). [REDACTED] took the children to school a little after 9 AM. [REDACTED] reported that [REDACTED] had virus a week ago which was accompanied by fever and rash. She had contacted the PCP and was advised that the rash could have been a reaction to the immunization shots that he had received 10 days



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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before on August the 27th. [REDACTED] also had tubes placed in his ears about 6 weeks ago as he had chronic ear infection. [REDACTED] reported that [REDACTED] had to be on nebulizer back in spring because he had Croup. According to [REDACTED] they had always been in contact with the children's PCP and never missed any checkups for them. [REDACTED] reported that they had never been advised by any of the PCPs that [REDACTED] had any heart continuous or other serious illnesses. [REDACTED] advised that she was very anxious as well to find out what the COD was in case [REDACTED] could potentially have it as well.

[REDACTED] advised that she had checked with ME's office and did not have any updates about the lab results from the cultures taken on the day of the autopsy; however [REDACTED] had consulted with one of the [REDACTED] doctors who was on CPIT team for [REDACTED] and was advised that if ME's office had any concerns, they would have contacted the parents immediately and requested [REDACTED] to be checked out.

It was emotionally very hard for [REDACTED] to continue the interview any longer. [REDACTED] explained all the non-custodial paperwork to both parents and obtained signatures from them (see hard 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: 10/01/2014

Contact Method: Phone Call

Contact Time: 09:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/02/2015

Completed date: 03/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/02/2015 02:07 PM Entered By: [REDACTED]

10-01-2014 @ 9:50 AM EST

[REDACTED] spoke to [REDACTED] by phone. [REDACTED] advised that they did not mind having a meeting with [REDACTED] and answer any questions she might have to help the case. [REDACTED] suggested that she could visit the family at the family house, however [REDACTED] advised that it was not a good idea to have the meeting at their house as his wife was still not handling [REDACTED] death very well. [REDACTED] said that it would be a better idea to meet with [REDACTED] at her office and agreed to meet at around 11:30 AM. [REDACTED] provided [REDACTED] with the address and directions to the 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: 09/25/2014

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/13/2015

Completed date: 02/13/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/13/2015 12:37 PM      Entered By: [REDACTED]  
 09-25-2014 @ 11:30 AM EST

[REDACTED] contacted the [REDACTED] [REDACTED] for consultation. [REDACTED] advised that she knew about the case and had examined the medical documents. [REDACTED] advised that there was no COD determined at the time and that there was no medical proof to indicate that the child's death was caused by abuse or neglect. [REDACTED] advised that the ME (medical examiner) would be able to determine the cause of death after the final results of the autopsy. [REDACTED] advised that the medical staff or the ME did not detect anything that would prompt them to worry about the twin sibling, and if they did, they would contact the parents immediately and request that the twin sibling was checked by his PCP or the hospital.



**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: 09/24/2014

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/18/2014

Completed date: 11/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/18/2014 10:23 AM Entered By: [REDACTED]

09-24-2014 @ 3:00 PM EST

[REDACTED] received a call from [REDACTED] from [REDACTED] who advised that the parents had made a decision to take [REDACTED] off of life support on that day. [REDACTED] advised that the parents also agreed to have autopsy performed my ME's office to find out the cause of death.

Narrative Type: Addendum 1 Entry Date/Time: 02/13/2015 12:39 PM Entered By: [REDACTED]

The child was pronounced dead on 09-24-2014 @ 15:00.



**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: 09/23/2014

Contact Method: Phone Call

Contact Time: 07:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/18/2014

Completed date: 11/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2014 11:38 AM Entered By: [REDACTED]

10-23-2014 @ 7:30 PM EST

[REDACTED] consulted with IL on call [REDACTED] as well as [REDACTED] before leaving [REDACTED] explained that all the teachers had been interviewed but nothing was found to indicate that anyone had caused any harm to the child. [REDACTED] also advised that the child was on life support and that the [REDACTED] doctors were not sure if the child would be able to survive. [REDACTED] was advised to follow up with the family and [REDACTED] the next day .



**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: 09/23/2014

Contact Method: Face To Face

Contact Time: 07:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/18/2014

Completed date: 11/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2014 11:16 AM Entered By: [REDACTED]

09-23-2014 @ 7:00 PM EST

[REDACTED] met with [REDACTED] (mother and father of [REDACTED]) [REDACTED] explained the reason why DCS and [REDACTED] were involved in this matter and both parents were very understanding of the process. [REDACTED] obtained basic demographic information from the parents as well as offered help with services should the parents need it. [REDACTED] left their contact information with [REDACTED] and encouraged them to call any time they needed help or had questions. Both parents were trying to respond adequately to the situation; however they appeared to be in shock from the unexpected.



**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: 09/23/2014

Contact Method: Face To Face

Contact Time: 06:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/29/2014

Completed date: 10/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 09/29/2014 11:13 AM Entered By: [REDACTED]

09-22-2014 @ 6:00 PM EST

Initial Face to Face

[REDACTED] met with [REDACTED] in PICU at [REDACTED] [REDACTED] was transported from [REDACTED] and the staff was making arrangements. [REDACTED] had to be put on life support as he was not capable of breathing or functioning on his own. He was lying in bed with his eyes half open. [REDACTED] was only wearing a diaper and there was no cover on him. He had no visible marks or bruises on his body, head, and face neck that [REDACTED] was able to notice.



**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: 09/23/2014 Contact Method:  
 Contact Time: 05:40 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/29/2014  
 Completed date: 10/24/2014 Completed By: System Completed  
 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: 09/29/2014 11:16 AM Entered By: [REDACTED]  
 09-23-2014

This case came to the attention of the Department with allegations of Lack of Supervision. In the body of the referral it was alleging that the child was found unresponsive by his daycare teacher at [REDACTED], during nap time. The teachers attempted to do CPR on the child and contacted 911 immediately. The child was transported to nearest [REDACTED] by EMT and to [REDACTED] afterwards. The child is currently on life support but is not able to breath on his own. There has been a brain test performed within the last 24 hours, and the result is negative for the child's survival. There will be another one preformed in 24 hours (by hospital protocol).

Narrative Type: Addendum 1 Entry Date/Time: 02/13/2015 11:56 AM Entered By: [REDACTED]

**BEGINNING CASE SUMMARY**

On 9-23-2014 a referral was called into Child Abuse Hotline. The referral was screened into [REDACTED] as a P1 with allegations of Lack of Supervision and Neglect Death.

The alleged child victim is [REDACTED], age 16 months old. The alleged perpetrators are listed as: unknown

Response is due on 09-24-2014 at 5:37 PM CST.

The case is assigned to [REDACTED]. It is not known if this child is of Native American descent. This information will need to be obtained when response is met. A follow up phone call will be made and documented with the referent within 15 working days of referral per policy.

Severe Abuse Notification is made to the District Attorney's Office by local protocol. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge according to local protocol.

**NEXT STEPS:**

Convene CPIT

Make face to face contact with alleged child victim to assess for immediate harm factors and then complete all required tasks as defined by DCS work aid 2.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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History:

No history found for ACV.

No history found for AP as it is unknown



**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: 09/23/2014

Contact Method: Face To Face

Contact Time: 05:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/13/2015

Completed date: 02/13/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/13/2015 12:28 PM      Entered By: [REDACTED]

09-23-2014

[REDACTED] consulted with NICU staff (including the doctor on the shift). The doctor advised that they had checked the child for external trauma, marks or bruises and were not able to detect one. The child was also examined through x-ray and MRI results of which did not indicate any internal trauma that could suggest any abuse or neglect the child might have experienced prior to being taken to the hospital. The doctor also advised that they performed a brain test and the child failed it. There was another one scheduled in 24 hours due to hospital protocol, but the parents could wave that.



**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: 09/23/2014

Contact Method: Face To Face

Contact Time: 04:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 03/02/2015

Completed date: 03/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/02/2015 01:54 PM Entered By: [REDACTED]

09-23-2014 @ 4:45 PM EST

[REDACTED] met with [REDACTED] at [REDACTED] was appropriately dressed and appeared to be healthy. [REDACTED] appeared to be a little unhappy as he had recently woken up from nap. [REDACTED] did not notice any visible marks or bruises on [REDACTED] was not able to interview [REDACTED] due to his age.



**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:	09/23/2014	Contact Method:	Face To Face
Contact Time:	03:40 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	09/29/2014
Completed date:	10/24/2014	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/29/2014 11:26 AM      Entered By: [REDACTED]

September 23, 2014  
3:45 p.m.

Interview with [REDACTED]

[REDACTED] went right to sleep. He had sat up earlier, noted as 1:25, and [REDACTED] had gone and sat next to him to try to get him back to sleep because [REDACTED] was trying to get another little girl back to sleep. There were a total of 6 children in the room. [REDACTED] left the room to do lesson plans because it is legal to have only one person in the room at naptime with up to 6 children (there were 6 kids in the room). She left the room at 1:50 and he was still making sounds at that time. She documents (in her head) and documents in the tablet what time they wake up. 1:25 is when she saw him sit up and he had heavy eyes. He did not seem abnormal in any way and it is normal for him to wake up while he is sleeping. She had changed his brother's diaper at 2:25 and [REDACTED] was sitting next to [REDACTED] (twin brother doesn't walk and was in a pack n play). [REDACTED] was lying with his face to the left, stomach down, and his right arm was back. [REDACTED] had her hand on his back, patting his back. [REDACTED] changed his brother's diaper and after that, she said she thinks she put his brother back in the pack n play to see if he would sleep for 10 more minutes and she went to sit next to 2 other children who had awakened to try to keep them from waking up the others. At about that time, she was still standing, and [REDACTED] said she was going to go to the restroom. [REDACTED] started looking around and the little girl was breathing but she didn't see [REDACTED] breathing. [REDACTED] felt his back and didn't feel it rising. She touched his hand and turned him over and he was limp and unresponsive. One of his arms wasn't moving and was in the way so she couldn't flip him all the way over. She said that his eyes were partly open and his lips were slightly blue.

[REDACTED] is not a great eater but he ate better than normal today. He ate eggs, avocado, and bread. He also had strawberries on his plate, but she doesn't think he ate them. The egg was soft boiled egg cut up. Avocado was cut into bite size pieces and the bread was fluffy bread, pulled apart into pieces. He had milk to drink and he drank half his cup, which was a sippy cup. Sippy cups do not go to bed with them.

No known medical conditions or allergies. None reported. There is concern for delays with his brother, although she didn't think that had any relevance to this.

[REDACTED] did the diaper changes today.

Kids have Lunch at 11 and are down for nap by 12.

he was sleeping on a mat and the only thing on the mat is a crib sheet. It is a kinder mat, with a vinyl covering. The mat is on the floor. His face was on top of the sheet.

Children are usually dropped off by dad and picked up by mom. They started attending here in the beginning of August and come Monday, Tuesday, and Thursday, from 9 a.m. until around 5 pm. Both boys used to cry when they



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

came in, but about a week ago, [REDACTED] had stopped crying but this morning, he cried. Dad said he was "cranky or crabby" and neither [REDACTED] or [REDACTED] heard dad say why he was cranky. [REDACTED] cried only for a few minutes; he probably stopped by the time dad left the building. He didn't cry again until naptime, which is typical for him, as well. Child has never been a good eater or sleeper. Parents appear appropriate in their interactions and always communicate well and always ask questions and tell teachers what they are doing at home.

[REDACTED] noticed no marks or bruises on his face when he arrived this morning.

They are usually put down for nap about 30-40 minutes after eating.

He was wearing a long-sleeve orange/blue shirt and shorts. She saw nothing on his clothing when she flipped him over.

Narrative Type: Addendum 2 Entry Date/Time: 03/03/2015 07:50 AM Entered By: [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 02/19/2015 12:59 PM Entered By: [REDACTED]

Interview with [REDACTED] (day care staff)

[REDACTED] from [REDACTED] interviewed [REDACTED] at [REDACTED] on the day of the incident. [REDACTED] agreed to intact everything that had happened in the room where [REDACTED] spent all his day and was found unresponsive. [REDACTED] reported that [REDACTED] had his lunch like all the other children before nap. There was 30-45 minute preparation time between the lunch time and nap time which was intended for children to wash their hands and for staff to change diapers (if needed). [REDACTED] reported that [REDACTED] had his lunch and ate almost everything that he had (eggs, avocado and strawberries). [REDACTED] always had to be comforted while taking a nap, so [REDACTED] sat down on the floor right next to him and started patting on his back. [REDACTED] reported that sat next to [REDACTED] until around 2:10-2:15 when she had to get up to use the bathroom. [REDACTED] reported that she made several attempts to get up but [REDACTED] was holding her hand and would grab it tight as soon as he attempted to get up. [REDACTED] attempted to slowly scoot away from [REDACTED] but he grabbed her finger, so she had to scoot back and sit next to him. [REDACTED] was asleep when [REDACTED] got up to use the restroom as he did not move when she scooted away from him. [REDACTED] got up, when [REDACTED] was changing [REDACTED] diaper ([REDACTED] twin brother). [REDACTED] entertained [REDACTED] for a couple of minutes and headed to the bathroom. When [REDACTED] came back, [REDACTED] was already unresponsive and [REDACTED] was doing a CPR. [REDACTED] joined [REDACTED] and started helping him with CPR; she was breathing into his mouth and [REDACTED] was doing chest compressions until Ambulance arrived. [REDACTED] advised that all the children had been moved out of the room per [REDACTED]. Ambulance arrived quickly and took [REDACTED] immediately.

[REDACTED] reported that [REDACTED] was fussy at times and was sick a couple of weeks ago, but she had not noticed any unusual pattern that would prompt her think something was going on with him.

[REDACTED] demonstrated how she did CPR: they had [REDACTED] in the corner of the room where his bed was, she pulled the mattress he was sleeping on away and put him on the floor. [REDACTED] was doing chest compressions counting 20 at a time, and [REDACTED] was breathing into his mouth. [REDACTED] was very emotional and was yelling "come on kid, come on". [REDACTED] said that they were not able to bring him back but kept doing it until paramedics arrived.

[REDACTED] did not recall any mucus or vomit coming out of [REDACTED] mouth but she was so stressed and emotional that she could have just not notice it. [REDACTED] showed [REDACTED] mattress and the blanket as well as his little "blankie" that he used to hold in his hand while taking a nap. (All the items that belonged to [REDACTED] had been collected by [REDACTED] forensic unit for examination).

[REDACTED] was very emotional during the interview but continued providing details of the incident to ensure that DCS and the Detectives were able to picture the sequence of actions.

[REDACTED] also checked the staff board on the wall where it mentioned that [REDACTED] had been an early childhood development teacher for 25 years and [REDACTED] had MD in early childhood development.



**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: 09/23/2014

Contact Method: Phone Call

Contact Time: 01:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/13/2015

Completed date: 02/13/2015

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: 02/13/2015 01:10 PM Entered By: [REDACTED]

CPIT Convened

The Child Protective Investigative Team (CPIT) was convened on 09-23-2014. Notification of the referral was sent to the [REDACTED] District Attorney's office and to the appropriate law enforcement agency.

[REDACTED] from [REDACTED] and [REDACTED] from [REDACTED] have been assigned to this case.

Next Steps: Interview all the parties involved