



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 11/27/2014 11:39 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 11/28/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 12/01/2014 08:58 PM
First Team Leader Assigned: [REDACTED] Date/Time 12/02/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 12/02/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 6 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: Facsimile
Notification: None
Narrative: ****The child is not in DCS custody
Family Case IDs: POSSIBLE: Yes [REDACTED]
Open Court Custody/FSS/FCIP: No
Closed Court Custody: No
Open CPS: No
Substantiated: No
Death: No



**Tennessee Department of Children's Services
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Screened out: No

History (not listed above): POSSIBLE: Yes

Begin date: 9-6-06 / Investigation / [REDACTED] / ABN / Allegation Unsubstantiated and Perpetrator Unsubstantiated /
End date: 9-8-06

County: [REDACTED]

Notification: None

School/ Daycare: Not provided

Native American Descent: Not provided

Directions: The family's address is [REDACTED] The family's phone number is [REDACTED]

Reporter's name/relationship: [REDACTED]

Reporter states: ****The child is not in DCS custody.

FAXED REPORT TYPED VERBATIM

This will serve as notification that the [REDACTED] County Medical Examiner is investigating the death of Baby [REDACTED] ([REDACTED]). This 6 month-old infant was discovered unresponsive in bed at approximately 1330 hours on 11/26/2014, by his mother. [REDACTED] Fire Department responded to the residence of [REDACTED], and transported the infant to [REDACTED] Children's Hospital at 1410 hours. After all life-saving efforts were exhausted, death was pronounced at 1417 hours by Dr. [REDACTED]. A scene investigation was conducted by this office and [REDACTED] Police Department, and the decedent's remains were transported to this office for autopsy. The cause and manner of death are pending at this time. The mother's name is [REDACTED] (DOB: [REDACTED]) and the father is [REDACTED] (DOB: [REDACTED]). The family resides at [REDACTED], Tennessee, and their contact phone number is ([REDACTED]) - [REDACTED]. Five additional children also reside at the aforementioned residence. Our case number is [REDACTED].

Special Needs or Disabilities: Not provided

Child's current location/is the child safe at this time: [REDACTED] Center, [REDACTED]

Tennessee Regional Forensic Center, located at [REDACTED]

Perpetrator's location at this time: Not provided

Any other safety concerns for the child(ren) or worker who may respond: Not provided

Domestic Violence present in the home: Not provided

(Note: The other five children were not made participants due to there being no identifying information.)

Per SDM: Investigation P1 [REDACTED], CM3, on 11-27-14 at 11:31 p.m.

County notified via MIR3

[REDACTED] - Time Issued: 11:51:53 PM // Completed: 12:00:40 AM

Notified Child Death Group via email: [REDACTED]
Regional Administrator [REDACTED], was also copied on the notification email and the [REDACTED] Region notification group.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 27 Yrs

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
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Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 1 Yr 6 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 34 Yrs

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: 11/27/2014

Assignment Date: 12/02/2014

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]	Neglect Death	[REDACTED] Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/26/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments:

DEATH/NEAR DEATH:

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report;

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

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated (AUPU) for the allegation of Child Neglect Death.

D. Case Workers

Case Worker: [REDACTED]

Date: 10/05/2015

Team Leader: [REDACTED]

Date: 10/05/2015

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:

This CPSI was not able to observe client as client is deceased and the referral was made.

CPSI observed [REDACTED] (9), [REDACTED] (6), [REDACTED] (2), [REDACTED] (1) and [REDACTED] (6 mos) in their home located [REDACTED]. [REDACTED] spoke with this CPSI alone in her parent's bedroom. CPSI did not observe any visible marks or bruises on [REDACTED]. [REDACTED] reported on the morning in question she remembers [REDACTED] and [REDACTED] was in her parents room asleep while her mother and aunt ([REDACTED]) were talking about her



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Case Name : ██████████

Investigation ID: ██████████

upcoming party in the living room area. ██████████ reported her mother told them to get ready they were all about to go to IHOP (International House of Pancakes) and once her mother went into the bedroom to wake up ██████████ and ██████████ she heard her mom yell for her aunt to call 911. ██████████ states that they (ambulance) took ██████████ away.

██████████ appeared comfortable speaking with this CPSI regarding the alleged incident. ██████████ had to be redirected several times during the interview as she wanted to talk about anything else.

CPSI attempted to engage and speak with ██████████ but she would not speak to this CPSI in private or with her mother present.

CPSI observed ██████████ (2), ██████████ (1) and ██████████ (6 mos) to be dressed appropriately with no visible signs of abuse or neglect. ██████████ was asleep while this CPSI visited the home; he woke up several minutes before this CPSI left the home. ██████████ ran around playing with his older siblings while ██████████ lay asleep in his carrier located in the living room area. CPSI observed ██████████ to have a g-tube connected to his him. CPSI observed ██████████ (7) to be dressed appropriately with no visible signs of abuse or neglect.

CPSI attempted to engage and speak with ██████████ regarding his brother but ██████████ was only to comprehend that his brother was no longer alive he didn't seem to understand any other line of questioning and had to be redirected several times as he was not focused on the conversation with this CPSI. ██████████ has is diagnosed with ADHD and is Developmentally Delayed. Ms. ██████████ reports that he's been referred to the ██████████ Neurology Center for further testing.

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

Autopsy

SUMMARY AND INTERPRETATION ACCORDING:

This 6-month old premature black male twin infant was asleep in bed when his bed when his mother went to check on him. While at the decedent's side, she observed him gasp for air and become limp with his eyes rolling back. The decedent was placed supine to sleep in an adult with an adult comforter and was discovered in the same position.

His medical history includes prematurity (born at 27-weeks' gestation with a weight of 710 grams), failure to thrive, severe dysphagia with aspiration and a septal defect versus patent foramen ovale. He was hospitalized for three months after birth for poor feeding, respiratory distress syndrome, hyperbilirubinemia, methicillin resistant staphylococcus aureus eye infection, anemia or prematurity and retinopathy of prematurity. The newborn screen collected at birth was unable to be analyzed by the lab because of the quality of the sample. He also was developmentally delayed and would not track with is eyes to sound and failed a hearing test, according to medical records.

In September of 2014, he was taken to the hospital for spitting up and poor growth (weigh 2000 grams). He was seen in the emergency room, diagnosed with acute tracheobronchitis and released the same day. In October 2014, he presented to the hospital with similar complaints including halting of growth and vomiting during very feed. He was hospitalized for two weeks and a differential diagnosis for is failure to thrive was reflux, poor feeding methods or incorrect formula. A swallowing study showed that he had severe dysphagia with aspirations and a gastrostomy tube was placed. An echocardiogram had findings consistent with an atrial septal defect versus a patent foramen ovale. During that hospitalization, he also experienced an apneic episode.

At autopsy, he was thin and emaciated with no subcutaneous fat and with mucus in is stomach and no material in his intestine. His body weight and length, even with is age adjusted for prematurity (3 months), was severely low and most consistent with those of a 1-month old. Microscopic examination was significant for fatty infiltration of the adrenal which is consistent infant stress changes likely caused by his poor nutritional status. The lungs showed sickling of some red cells that was not clinically significant. Microbiology cultures had growth of bacteria that was likely the result of contamination and postmortem overgrowth since microscopic examination of the lungs showed no inflammation. Vitreous fluid chemical analysis had findings consistent with dehydration. Toxicology was negative for all substance evaluated.

The decedent's cause of death was malnourishment and dehydration based on his low body weight and length, the absence of subcutaneous fat, milk-like material in his stomach and digestive material his intestine as well



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

as the findings in the vitreous fluid. The manner of death could not be determined since it is unclear as to the exact etiology of his malnourishment and failure to thrive, but prematurity, incorrect feeding methods by caregivers and a malabsorptive process are all possibilities.

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

The report to The Department of Children's Services listed the alleged perpetrator as Unknown. Interviews were conducted with birth parents [REDACTED] and all of the remaining family members that reside in the home.

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

The Department of Children's Services (DCS) Investigations Unit received a referral on November 27, 2014 alleging Neglect Death of [REDACTED] (DOB: [REDACTED]) and the perpetrator is reported as Unknown. On November 27, 2014, the 6 month-old infant was discovered unresponsive in bed at approximately 1330 hours on 11/26/2014, by his mother. [REDACTED] Fire Department responded to the residence of [REDACTED] and transported the infant to [REDACTED] Children's Hospital at 1410 hours. After all life-saving efforts were exhausted, death was pronounced at 1417 hours by Dr. [REDACTED]. A scene investigation was conducted by The [REDACTED] Medical Examiner's Office and [REDACTED] Police Department, and the decedent's remains were transported their office for autopsy. The cause and manner of death are pending at this time.

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

According to birth mother [REDACTED] on the day in question 11/26/2014 she'd awakened early to take her children's father [REDACTED] to work at [REDACTED] located [REDACTED] (1.77 miles away) at which time Mr. [REDACTED] sister [REDACTED] who was visiting was home with the children. She reports when she returned home the children were still asleep in the same spot she'd left them, [REDACTED] was wrapped in blanket lying on his side at the head of the bed and [REDACTED] (1) was lying across the bottom of the bed still asleep. Ms. [REDACTED] reported she picked [REDACTED] up for his feeding almost 11 am in which he only took 35 CC's of milk as opposed to his usual 60 CC's reporting that he seemed normal. She reports she laid him back down in the bed. Ms. [REDACTED] went on to report that she and the children's aunt [REDACTED] went on to prepare for her oldest daughter [REDACTED] birthday party on Sunday 11/30/2014. At around 1pm [REDACTED] suggested they take the children to the International House of Pancakes at which time she went to the bedroom where [REDACTED] and [REDACTED] were asleep to wake them up and this is when she noticed [REDACTED] wasn't breathing this is when she yelled for Ms. [REDACTED] to call 911 and she then began to preform CPR on the baby stating that before the twins could be discharged from the hospital she had to learn how to perform CPR. Ms. [REDACTED] went on to report that [REDACTED] talked to the operator while she continued performing CPR still not observing any difference in [REDACTED] breathing. She reports the firemen arrived first (1:25 pm) then the ambulance who transported him to [REDACTED] after several attempts to revive him he was pronounced dead on 11/26/2014 at 2:17 pm.

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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 11:02 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

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Case Id: [REDACTED]
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Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
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Status: Completed

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Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/05/2015

Contact Method:

Contact Time: 02:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/05/2015

Completed date: 10/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/05/2015 02:48 PM Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and has been referred for further review by the Deputy Director of Investigations, [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/09/2015	Contact Method:
Contact Time: 09:45 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For: [REDACTED]
Location:	Created Date: 09/25/2015
Completed date: 09/25/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/09/2015	Contact Method:
Contact Time: 09:45 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For: [REDACTED]
Location:	Created Date: 09/25/2015
Completed date: 09/25/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:03 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/08/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/08/2015

Completed date: 09/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/08/2015 10:27 AM Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and has been referred for further review by the Deputy Director of Investigations, [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2015

Contact Method:

Contact Time: 09:21 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2015

Completed date: 08/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2015 09:24 AM Entered By: [REDACTED]

The case of [REDACTED] has been reviewed by Investigations Coordinator, [REDACTED]. Corrections have been identified and forwarded to the Lead Investigator. Upon these corrections been made and submitted, this case will be forwarded for a next level review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2015

Contact Method:

Contact Time: 10:38 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/21/2015

Completed date: 08/21/2015

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: 08/21/2015 10:38 AM Entered By: [REDACTED]

This CPS/CPIT investigation has been completed by CPSI [REDACTED]. I have completed my review of this case and all investigative tasks have been completed.

The case was presented to CPIT Team and they made a collective decision for the allegation of Neglect Death to be classified as unsubstantiated.

Due to the allegation of Neglect Death, this case was submitted to IC, [REDACTED] for further review. Once IC [REDACTED] review is complete, this investigation will be submitted to RID, [REDACTED] for further review. Once RID [REDACTED] review is

completed this case will be closed and a classified CS-740 will be sent to Juvenile Court for notification to the Judge and the DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/11/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/25/2015

Completed date: 08/25/2015

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: 08/25/2015 03:08 PM Entered By: [REDACTED]

The closing SDM was completed and scored Conditionally Safe due to the autopsy stating the cause of death was malnutrition.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/10/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/10/2015
Completed date: 08/10/2015	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: 08/10/2015 01:13 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Investigations Unit received a referral on November 27, 2014 alleging Neglect Death of [REDACTED] (DOB: [REDACTED] and the perpetrator is reported as Unknown.

On November 27, 2014, the 6 month-old infant was discovered unresponsive in bed at approximately 1330 hours on 11/26/2014, by his mother. [REDACTED] Fire Department responded to the residence of [REDACTED], and transported the infant to [REDACTED] Children's Hospital at 1410 hours. After all life-saving efforts were exhausted, death was pronounced at 1417 hours by Dr. [REDACTED]. A scene investigation was conducted by The [REDACTED] Tennessee Medical Examiner's Office and [REDACTED] Police Department, and the decedent's remains were transported their office for autopsy. The cause and manner of death are pending at this time.

The investigation into the incident was conducted by the [REDACTED] County Coroner's Office Investigator, [REDACTED] and Department of Children Services' Investigator, [REDACTED].

The report to The Department of Children's Services listed the alleged perpetrator as Unknown. Interviews were conducted with birth parents [REDACTED] and all of the remaining family members that reside in the home. [REDACTED] mother of [REDACTED] was extremely emotional throughout the interview as she reported she resides in her home with 7 children, her children's father, [REDACTED] and her mother, [REDACTED]. Ms. [REDACTED] reported the twins [REDACTED] (1.5) and [REDACTED] (1.8) were born on May 3, 2014 at 27-weeks' gestation at the [REDACTED] Medical Center. Ms. [REDACTED] reported [REDACTED] had more developmental and health concerns than his younger twin [REDACTED] and wasn't released from the hospital until 7/29/2014 due to numerous respiratory and feeding concerns which resulted in [REDACTED] coming home with a feeding tube. Ms. [REDACTED] report [REDACTED] had been in and out of [REDACTED] Children's Hospital since being discharged from the [REDACTED] Medical Center. [REDACTED] had a heart murmur. Ms. [REDACTED] report [REDACTED] had been diagnosed with several developmental delays by Tennessee's Early Intervention. Ms. [REDACTED] also stated all of her children were born prematurely but they all were single births weighing 4-5lbs. Ms. [REDACTED] reported twins; [REDACTED] and [REDACTED] shared a playpen/bassinnet where they slept; one in the playpen and one in the bassinet. They would at times sleep in their parent's queen size bed. According to Ms. [REDACTED] on the day in question (11/26/2014) she'd awakened early to take her children's father, [REDACTED], to work at [REDACTED] located [REDACTED] (1.77 miles away) at which time Mr. [REDACTED] sister, [REDACTED] (who was there visiting) was home with the children. She reported that when she returned home the children



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

were still asleep in the same spot she'd left them, ██████████ was wrapped in blanket lying on his side at the head of the bed and ██████████ (1) was lying across the bottom of the bed still asleep. Ms. ██████████ reported she picked ██████████ up for his feeding at around 11 AM in which he only took 35 CC's of milk as opposed to his usual 60 CC's reporting he seemed normal. She reported that she laid him back down in the bed. Ms. ██████████ also reported she and the children's aunt (██████████) went on to prepare for her oldest daughter (██████████) birthday party on Sunday, 11/30/2014. At around 1PM, ██████████ suggested they take all the children to the International House of Pancakes at which time she went to the bedroom where ██████████ and ██████████ were asleep to wake them up and this is when she noticed that ██████████ wasn't breathing. She then yelled for Ms. ██████████ to call 911 and she began to preform CPR on the baby stating that before the twins could be discharged from the hospital she had to learn how to perform CPR. Ms. ██████████ went on to report ██████████ talked to the operator while she continued performing CPR still not observing any difference in ██████████ breathing. She reported that the firemen arrived first (1:25 pm) then the ambulance who transported him to ██████████ after several attempts to revive him he was pronounced dead on 11/26/2014 at 2:17 PM. Ms. ██████████ reported ██████████ (Paternal Aunt) and the 7-older siblings were in the home throughout the morning. ██████████ (1) year old was in the same bed as ██████████ in the same spot, lying vertically across the bottom of the bed. According to Ms. ██████████ medical staff reported ██████████ death was due to fever and his heart "giving out". Ms. ██████████ noted she "blacked out emotionally" after that and did not really hear anything else.

Investigator ██████████ noted the family was very emotional and distraught over the loss of ██████████. The children were constantly coming up to Ms. ██████████ and crying. The children age range from 9 years to 6 months of age. They are: ██████████; ██████████ (has ADHD and is also developmentally delayed), ██████████ (has asthma), and ██████████ (has a G-Tube).

CPSI observed parent child interaction to be positive. Siblings were well mannered and were quiet while this CPSI spoke with their mother in private. ██████████ was asleep throughout this CPSI visit. CPSI observed ██████████ to remain in the same spot asleep on his back for over an hour.

Birth father, ██████████, reported he was not present at the time of the alleged incident. He reported he had been at work. He reported the children were all asleep when he'd left for work that morning reporting he had to be at work at 7 AM. He reported he couldn't really report specifically how ██████████ was prior to his death because he's always been sickly reporting he spent more time in the hospital than at home.

Maternal grandmother, ██████████ reported she moved into the home several months ago to assist her daughter when she had had the twins. She reported she works at the ██████████ Nursing Center and her shift begins at 7 AM. She reported on the day in question she had to be at work at 7 AM and was not present when ██████████ passed away. She reported her daughter didn't have much time to prepare for the twins because she went into premature labor a month after finding out she was pregnant. Ms. ██████████ reported her daughter is a good mother and the family has been all taking turns caring for the twins since they've been home. She reported ██████████ was sickly was in and out of the hospital since he had been discharged from the hospital.

██████████, (9) spoke with CPSI ██████████ alone in her parent's bedroom. ██████████ reported on the morning in question she remembered ██████████ and ██████████ were in her parents room asleep while her mother and aunt (██████████) were talking about her upcoming birthday party in the living room area. ██████████ reported her mother told them to get ready as they were all about to go to IHOP (International House of Pancakes) and once her mother went into the bedroom to wake up ██████████ and ██████████ she heard her mom yell for her aunt to call 911. ██████████ stated that they (ambulance) took ██████████ away.

DCS Policy Work Aide (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death causes by abuse resulting from direct action of the child's caretaker or the consequences of the child's caretaker failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated a sever 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 abuse.

The case of ██████████ was presented to the Child Protective Investigative Team (CPIT) in ██████████ County on December 11th, 2014 and was stamped DCS Handle as Appropriate. After review of the autopsy and the cause of death being reported as malnourishment and dehydration Assistant District Attorney ██████████, requested the case be sent back through morning CPIT with autopsy and medical records for review by the CPIT team.

The case of ██████████ was presented to the Child Protective Investigative Team (CPIT) in ██████████ County on



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

June 23, 2015 with the inclusion of the autopsy and medical records.

Case classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

There is no alleged perpetrator reported.

Birth parents, [REDACTED] and [REDACTED], were both emotionally distraught throughout interview.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated (AUPU) for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 07/08/2015 Contact Method:
 Contact Time: 06:04 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/08/2015
 Completed date: 08/08/2015 Completed By: System Completed
 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: 07/08/2015 06:07 PM Entered By: [REDACTED]

This CPS/CPIT investigation has been completed by CPSI [REDACTED]. I have completed my review of this case and all investigative tasks have been completed.

The case was presented to CPIT Team and they made a collective decision for the allegation of Neglect Death to be classified as unsubstantiated.

Due to the allegation of Neglect Death, this case was submitted to IC, [REDACTED] for further review. Once IC [REDACTED] review is complete, this investigation will be submitted to RID, [REDACTED] for further review. Once RID [REDACTED] review is

completed this case will be closed and a classified CS-740 will be sent to Juvenile Court for notification to the Judge and the DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/06/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/25/2015

Completed date: 08/25/2015

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: 08/25/2015 03:07 PM Entered By: [REDACTED]

The FFA, Family Functional Assessment was initiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/06/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 04:17 PM Entered By: [REDACTED]

7/6/2015 CPSI uploaded medical records from the [REDACTED] Medical Center (birth records), [REDACTED] [REDACTED] (medical records), [REDACTED] Children's Center (emergency room visits) and Autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/17/2015 11:21 AM Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/22/2015

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 04:17 PM Entered By: [REDACTED]

6/22/2015 CPSI This case was presented to CPIT review and the classification decision of allegation unfounded and perpetrator unfounded was approved by members of the CPIT team. The CPIT review document received all necessary signatures for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/10/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 04:16 PM Entered By: [REDACTED]

6/10/2015 Case sent back through morning CPIT with the inclusion of the Alleged Child Victim, newborn records, primary care physician medical records, emergency room records and autopsy. Packet was held by District Attorney [REDACTED] to review medical records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/21/2015	Contact Method:
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/06/2015
Completed date: 07/06/2015	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: 07/06/2015 03:27 PM Entered By: [REDACTED]
 5/21/2015 CPSI went to [REDACTED] Children's Hospital to obtain requested medical records that had not been received.

Narrative Type: Addendum 1 Entry Date/Time: 10/03/2015 09:08 PM Entered By: [REDACTED]

The medical records from [REDACTED] noted the following:

On 5/3/14, [REDACTED] was born.

On 8/3/14, [REDACTED] was discharged from [REDACTED] Medical Center.

On 9/7/14, Ms. [REDACTED] took [REDACTED] to [REDACTED] Emergency Room. [REDACTED] was brought in due to vomiting and rhinorrhea and congestion. The records show he has a history of ROP (Retinopathy of Prematurity) and GER (Gastro esophageal Reflux (acid reflux)). He was already taking Zantac. It was also noted the ER physician gave educational materials concerning GERD (a more serious and long lasting form of GER which can prevent an infant from feeding). At this, [REDACTED] was given the diagnosis of Acute tracheobronchitis.

On 10/2/14, Ms. [REDACTED] took [REDACTED] again to [REDACTED] Emergency Room. [REDACTED] was brought in due to vomiting. At this point, [REDACTED] should have been tolerating 4 ounces of formula per feeding. However, he after he ate he would vomit the formula. He would not tolerate more than 1-2 ounces of formula at a time. He was still taking Zantac, but it did not help him keep his food down. [REDACTED] was not gaining weight as he should. It should be noted he also ran a fever at this time. At this time, he was diagnosis with vomiting and poor weight gain. He was admitted observation. During this hospitalization, a G-Tube was implanted to aid in his eating.

It was noted [REDACTED] ([REDACTED] twin) was gaining weight more appropriately since his discharge from the NICU at [REDACTED] Medical Center. It was noted he weighs almost 5 pounds more than [REDACTED] [REDACTED] had only gained 0.16 kg in the past month whereas [REDACTED] had gained 2 pounds in the past month. It was also noted [REDACTED] had stayed in the NICU at birth was due to his having difficulty with feeds and his heart murmur.

It was during this hospitalization, the records noted [REDACTED] past medical history. It included the following diagnosis: Failure to thrive, atrial septal, and a shunt from the left to the right. It was also noted the assessment of [REDACTED] prior to the G-Tube implant was Dysphagia (difficulty swallowing) and failure to thrive. It was also noted he had an "apneic episode" (where he was not breathing for 15-20 seconds. NOTE: not breathing for up to 5 seconds is considered normal).

[REDACTED] was discharged on 10/17/14 to go home.

The next time [REDACTED] presented at [REDACTED] Room was the day of [REDACTED] death, November 26, 2014. At this time, [REDACTED] diagnosis was cardiorespiratory arrest.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/12/2015 Contact Method:
 Contact Time: 04:03 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/12/2015
 Completed date: 05/12/2015 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: 05/12/2015 04:05 PM Entered By: [REDACTED]

LI has reviewed this investigation and has given permission for the case to remain open to enable CPSI to complete investigative tasks given to her by CPIT and LI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/12/2015

Contact Method: Face To Face

Contact Time: 03:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/06/2015

Completed date: 07/06/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/06/2015 03:25 PM Entered By: [REDACTED]

5/12/2015 CPSI observed siblings [REDACTED] and [REDACTED] at their home located at [REDACTED]. Siblings were dressed appropriately with no visible signs of abuse or neglect. CPSI observed [REDACTED] awake, playing with other siblings. [REDACTED] appears to be bigger in terms of size then before.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/11/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 03:23 PM Entered By: [REDACTED]

5/11/2015 CPSI left message for medical records with staff.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/04/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 03:22 PM Entered By: [REDACTED]

5/4/2015 CPSI submitted another request to [REDACTED] for possible medical records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/01/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 03:21 PM Entered By: [REDACTED]

5/1/2015 after review of the medical records Nurse [REDACTED] suggested that there should be more medical records after reading what was provided [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/27/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 03:20 PM Entered By: [REDACTED]

4/27/2015 CPSI received response from Nurse [REDACTED] stating that she was out of town.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/20/2015 Contact Method:
 Contact Time: 11:21 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/20/2015
 Completed date: 04/20/2015 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: 04/20/2015 11:23 AM Entered By: [REDACTED]

LI [REDACTED] has reviewed the investigation concerning the death of [REDACTED]. LI has approved this investigation to remain open to enable CPSI [REDACTED] to complete the remaining investigative tasks.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/20/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 03:20 PM Entered By: [REDACTED]

4/20/2015 CPSI sent request to staff medical records with Child Safety Nurse [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 03:11 PM Entered By: [REDACTED]

3/31/2015 Autopsy and Medical records on remaining siblings ([REDACTED] and [REDACTED] from [REDACTED] at [REDACTED] were forwarded to Child Safety Nurse [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/31/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/26/2015
Completed date:	06/26/2015	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: 06/26/2015 02:56 PM Entered By: [REDACTED]

3/31/2015

AUTOPSY REPORT

CPSI received the Report of Investigation from the Office Of The Medical Examiner [REDACTED] Tennessee Regional Forensic Center.

[REDACTED] County Examiner [REDACTED] M.D. Pathologist

State Number: [REDACTED]

Case Number: [REDACTED]

District Attorney: Honorable [REDACTED]

Name of Decedent: [REDACTED]

Date of Autopsy Examination: 11/27/2014

According to Dr [REDACTED] MD

CAUSE OF DEATH: Malnourishment and Dehydration

MANNER OF DEATH: Could Not be Determined

PATHOLOGICAL DIAGNOSIS:

- I. Prematurity (born at 27-weeks' gestation)
- II. Malnourishment and failure to thrive (body weight 74-grams; expected 65-grams)
- III. Moderate pulmonary congestion (combined weight 74-grams; expected 65-grams)
- IV. Patent foramen oval
- V. Small kidneys (combined weigh 19-grams; expected 39 grams)

SUMMARY AND INTERPRETATION ACCORDING:

This 6-month old premature black male twin infant was asleep in bed when his bed when his mother went to check on him. While at the decedent's side, she observed him gasp for air and become limp with his eyes rolling back. The decedent was placed supine to sleep in an adult with an adult comforter and was discovered in the same position.

His medical history includes prematurity (born at 27-weeks' gestation with a weight of 710 grams), failure to thrive, severe dysphagia with aspiration and a septal defect versus patent foramen ovale. He was hospitalized for three months after birth for poor feeding, respiratory distress syndrome, hyperbilirubinemia, methicillin resistant staphylococcus aureus eye infection, anemia or prematurity and retinopathy of prematurity. The newborn screen



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

collected at birth was unable to be analyzed by the lab because of the quality of the sample. He also was developmentally delayed and would not track with is eyes to sound and failed a hearing test, according to medical records.

In September of 2014, he was taken to the hospital for spitting up and poor growth (weigh 2000 grams). He was seen in the emergency room, diagnosed with acute tracheobronchitis and released the same day. In October 2014, he presented to the hospital with similar complaints including halting of growth and vomiting during very feed. He was hospitalized for two weeks and a differential diagnosis for is failure to thrive was reflux, poor feeding methods or incorrect formula. A swallowing study showed that he had severe dysphagia with aspirations and a gastrostomy tube was placed. An echocardiogram had findings consistent with an atrial septal defect versus a patent foramen ovale. During that hospitalization, he also experienced an apneic episode.

At autopsy, he was thin and emaciated with no subcutaneous fat and with mucus in is stomach and no material in his intestine. His body weight and length, even with is age adjusted for prematurity (3 months), was severely low and most consistent with those of a 1-month old. Microscopic examination was significant for fatty infiltration of the adrenal which is consistent infant stress changes likely caused by his poor nutritional status. The lungs showed sickling of some red cells that was not clinically significant.

Microbiology cultures had growth of bacteria that was likely the result of contamination and postmortem overgrowth since microscopic examination of the lungs showed no inflammation. Vitreous fluid chemical analysis had findings consistent with dehydration. Toxicology was negative for all substance evaluated.

The decedent's cause of death was malnourishment and dehydration based on his low body weight and length, the absence of subcutaneous fat, milk-like material in his stomach and digestive material his intestine as well as the findings in the vitreous fluid. The manner of death could not be determined since it is unclear as to the exact etiology of his malnourishment and failure to thrive, but prematurity, incorrect feeding methods by caregivers and a malabsorptive process are all possibilities.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 04:10 PM Entered By: [REDACTED]

CPSI staffed case with Lead Investigator [REDACTED]. CPSI was given a directive to speak with Child Safety Nurse [REDACTED] regarding medical records and resubmit to CPIT with all the medical records and autopsy as the initial CPIT staffing decision is DCS handle as appropriate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/10/2015

Completed date: 06/10/2015

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: 06/10/2015 02:40 PM Entered By: [REDACTED]

3/25/2015 CPSI submitted case service for pack & play.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2015

Contact Method: Face To Face

Contact Time: 05:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/10/2015

Completed date: 06/10/2015

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: 06/10/2015 02:39 PM Entered By: [REDACTED]

3/20/2015 CPSI provided Ms. [REDACTED] with a safe sleep pack and play. Pack and Play picked up by Ms. [REDACTED] and Mr. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2015

Contact Method:

Contact Time: 10:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2015

Completed date: 03/11/2015

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: 03/11/2015 10:19 PM Entered By: [REDACTED]

LI has reviewed this investigation and has given permission for this investigation to remain open pending the completion of the autopsy. LI has also given additional investigative tasks to the CPSI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/10/2015

Completed date: 06/10/2015

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: 06/10/2015 02:03 PM Entered By: [REDACTED]

3/10/2015 CPSI contacted the [REDACTED] County Coroner's Office and it reported that the autopsy is not complete



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/06/2015	Contact Method: Face To Face
Contact Time: 04:45 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/10/2015
Completed date: 06/10/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/10/2015 02:02 PM Entered By: [REDACTED]

3/6/2015 4:45 pm CPSI requested permission to enter the family home. [REDACTED] allowed this CPSI to enter the home. Ms. [REDACTED] reported that everything is going as well as to be expected. CPSI apologized to Ms. [REDACTED] for visiting the home unannounced but the reported telephone number was disconnected. Ms. [REDACTED] reported that she hasn't been able to purchase more minutes for her phone reporting that when her minutes expire she doesn't have the extra income to purchase any additional minutes.

CPSI observed Ms. [REDACTED] to be somewhat irritated that this CPSI has to continue to visit her home none the less Ms. [REDACTED] was polite.

CPSI observed siblings [REDACTED] and [REDACTED] at their home located at [REDACTED]. CPSI observed sibling to be dressed appropriately with no visible signs of abuse or neglect. CPSI observed [REDACTED] and [REDACTED] to be running around the apartment chasing one another. [REDACTED] and [REDACTED] were doing homework. CPSI observed parent child interaction to be appropriate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/27/2015

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2015

Completed date: 03/12/2015

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: 03/12/2015 01:31 PM Entered By: [REDACTED]

2/27/2015 CPSI contacted the [REDACTED] County Coroner's Office and it reported that the autopsy is not complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/10/2015

Contact Method: Face To Face

Contact Time: 04:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/12/2015

Completed date: 03/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/12/2015 02:40 PM Entered By: [REDACTED]

2/10/2015 CPSI observed siblings [REDACTED] and [REDACTED] at their home located at [REDACTED]

[REDACTED] Siblings were all dressed appropriately with no visible signs of abuse or neglect.

Ms. [REDACTED] reports that financially it's been hard since [REDACTED] passed and she's been working hard to make ends meet. She reports that she purchase minutes for her phone when she can and use them sparingly. She provided this CPSI with her mother's telephone number as an alternate.

CPSI observed the home to be appropriately furnished with no visible safety concerns.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/05/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2015

Completed date: 03/12/2015

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: 03/12/2015 02:38 PM Entered By: [REDACTED]

2/05/2015 CPSI spoke with [REDACTED] who reported that Ms. [REDACTED] case was closed due to them not being able to reach Ms. [REDACTED] by telephone reporting that the telephone provided is not in service.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 01/10/2015 Contact Method:
 Contact Time: 09:59 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/10/2015
 Completed date: 02/10/2015 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/10/2015 10:02 PM Entered By: [REDACTED]

Investigation # [REDACTED] has been reviewed and LI has approved for the investigation to continue and the autopsy report obtained once it is completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/07/2015

Completed date: 01/07/2015

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: 01/07/2015 04:09 PM Entered By: [REDACTED]

1/7/2015 CPSI faxed autopsy request to the [REDACTED] County Coroner's Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2015

Contact Method: Face To Face

Contact Time: 03:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 10:57 AM Entered By: [REDACTED]

1/6/2015 3:45 pm CPSI made unannounced face to face home visit with [REDACTED] family. CPSI observed [REDACTED], [REDACTED] and [REDACTED] at their home located at [REDACTED]. Older siblings [REDACTED] and [REDACTED] were just walking into the home from school when this CPSI arrived to the home. The younger sibling [REDACTED] and [REDACTED] were laying in the bed with their father when this CPSI worker observed them. Siblings were observed to be dressed appropriately with no visible signs of abuse or neglect.

Appearance of Children: Children appeared to be healthy and normal in terms of development. There were no indications of developmental delays or any other problems that would benefit from intervention.

This CPSI requested permission to enter the family home. Ms. [REDACTED] allowed this CPSI to enter the home. She reported that everything is going fine reporting that she'd just picked the older children up from school. This CPSI explained that this CPSI tried to call first but the telephone number was disconnected. Ms. [REDACTED] explained that she no longer have a phone but could not give an exact date when her services would be reconnected.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/05/2015

Completed date: 01/05/2015

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: 01/05/2015 01:17 PM Entered By: [REDACTED]

12/29/2014 CPSI submitted referral to [REDACTED] for grief counseling and Tennessee's Early Intervention.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/19/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2015

Completed date: 01/02/2015

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: 01/02/2015 04:23 PM Entered By: [REDACTED]

12/19/2014 CPSI faxed request for medical records from the [REDACTED] Medical Center, [REDACTED] Children's Center and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/11/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2015

Completed date: 01/02/2015

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: 01/02/2015 12:58 PM Entered By: [REDACTED]

12/11/2014 The Child Protective Investigations Team meeting convened at the [REDACTED] [REDACTED] and the case was review by the CPIT Team along with the District Attorney General [REDACTED] and it was determined that DCS is to handle as appropriate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/05/2014	Contact Method: Face To Face
Contact Time: 02:00 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/02/2015
Completed date: 01/02/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/02/2015 04:00 PM Entered By: [REDACTED]

12/5/2014 Birth mother [REDACTED] met this CPSI at the DCS Office of Child Safety located at [REDACTED] provided this CPSI with documentation from the Tennessee's Early Intervention and SSI eligibility for [REDACTED] Ms. [REDACTED] made note that most of the twins paperwork from the [REDACTED] Medical Center says baby boy 1 and 2. Ms. [REDACTED] went on to report that [REDACTED] was the only one evaluated by Tennessee Early Intervention because [REDACTED] was in the hospital when the evaluation was conducted. Ms. [REDACTED] reported that all of the children had been to the doctor this week and provided this CPSI with the Primary Care Physicians contact information so that this CPSI could request the records. CPSI observed [REDACTED] (7) to be dressed appropriately with no visible signs of abuse or neglect. CPSI attempted to engage and speak with [REDACTED] regarding his brother but [REDACTED] was only to comprehend that his brother was no longer alive he didn't seem to understand any other line of questioning and had to be redirected several times as he was not focused on the conversation with this CPSI. [REDACTED] has is diagnosed with ADHD and is Developmentally Delayed. Ms. [REDACTED] reports that he's been referred to the [REDACTED] Neurology Center for further testing. [REDACTED] and [REDACTED] were present as well. CPSI observed siblings to be dressed appropriately with no visible signs of abuse or neglect. [REDACTED] stated that she did not attend school on today because she was feeling bad with a cold.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/01/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2015

Completed date: 01/02/2015

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: 01/02/2015 03:44 PM Entered By: [REDACTED]

12/1/2014 Birth mother [REDACTED] reported that the remaining children were scheduled for two separate appointments this week for their medical clearances as requested by DCS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/01/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/06/2015 11:50 AM Entered By: [REDACTED]

12/1/2014 Referent reported that the information was provided by the [REDACTED] fire Department, [REDACTED] Children's Hospital and the family. The referent reports that there is nothing additional to add to the referral.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/01/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/02/2015
Completed date:	01/02/2015	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: 01/02/2015 12:50 PM Entered By: [REDACTED]

12/1/2014 Background on [REDACTED]:

Vulnerable Persons Registry: No Match

TBI Felony Offender check: No Match

TBI Meth Offender background check: No Match

TBI Sex Offender background check: No Match

JSSI background check: No Match

TFACTS background check on [REDACTED]:

*Date: 6/21/2008

Investigation: [REDACTED]

Client: [REDACTED] and [REDACTED]

Allegation: ENN

Perpetrator: [REDACTED]

Classification: AUPU

Background on [REDACTED]

Vulnerable Persons Registry: No Match

TBI Felony Offender check: Supervision Status: Inactive

-TOMIS ID: [REDACTED]

-Sentence End Date: 12/24/2002

TBI Meth Offender background check: No Match

TBI Sex Offender background check: No Match

JSSI: 9/7/2000 Theft of Property/Found Guilty

9/7/2000 Unlawful Poss Weapon-Public Place/Found Guilty

9/7/2000 Violation of Probation/Petition Granted

3/28/2001 Poss Cont Sub W/I to Manuf/Del/Sell- HTS Waived Prelim Hear

3/28/2001 Poss Cont Sub W/I to Manuf/Del/Sell- Crim Court Indict Add

6/18/2002 Theft of Property \$500 or less/Found Guilty

11/7/2003 Aggravated Robbery/Released without Charge

3/18/2014 Poss of Cont Substance Marijuana/Amended

3/18/2014 Crim Att-Poss of Cont Sub-Marijuana/ Found Guilty



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

TFACTS background check on [REDACTED]: (children by different birth mother)

*Date: 9/7/2006

Investigation: [REDACTED]

Client: [REDACTED]

Allegation: ABN

Perpetrator: [REDACTED]

Classification: AUPU

Background Check on [REDACTED]:

Vulnerable Persons Registry: No Match

TBI Felony Offender check: No match

TBI Meth Offender background check: No Match

TBI Sex Offender background check: No Match

JSSI background check: No Match

TFACTS background check on [REDACTED] provided no history.

Narrative Type: Addendum 1 Entry Date/Time: 01/02/2015 02:59 PM Entered By: [REDACTED]

Correction

Bakcground check on [REDACTED] JSSI:

1/14/1997 Theft of Property over \$500/ HTS Waived Prelim Hear



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 12/01/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/25/2015

Completed date: 08/25/2015

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: 08/25/2015 03:13 PM Entered By: [REDACTED]

The initial SDM was completed. It scored Conditionally Safe due to the passing of [REDACTED] and the autopsy report was pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/28/2014

Contact Method: Face To Face

Contact Time: 01:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/21/2015

Completed date: 07/21/2015

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: 07/21/2015 05:25 PM Entered By: [REDACTED]

11/28/2014 11:15 am Birth father, [REDACTED] reported that he was not present at the time of the alleged incident reporting that he'd been at work several hours prior. He reports that the children were all asleep when he'd left for work that morning reporting that he had to be at work at 7 am. He reports that he couldn't really report specifically how [REDACTED] was prior to his death because he's always been sickly reporting that he spent more time in the hospital than at home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/28/2014

Contact Method: Face To Face

Contact Time: 12:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/02/2015

Completed date: 01/02/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/02/2015 12:35 PM Entered By: [REDACTED]

11/28/2014 maternal grandmother [REDACTED] reported that she moved into the home several months ago to assist her daughter when she had the twins. She reports that she works at the [REDACTED] Nursing Center and her shift begins at 7 am. She reports that on the day in question she had to be at work at 7 am and was not present when [REDACTED] passed away. She reports that her daughter didn't have much time to prepare for the twins because she went into premature labor a month after finding out she was pregnant. Ms. [REDACTED] reports that she's a good mother and the her family has been all taking turns caring for the twins since they've been home reporting that [REDACTED] was sickly: staying in and out of the hospital since he was discharged from the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/28/2014	Contact Method: Face To Face
Contact Time: 11:15 AM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/12/2014
Completed date: 12/12/2014	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: 12/12/2014 08:44 PM Entered By: [REDACTED]

11/28/2014 This CPSI requested permission to enter the family home located at [REDACTED] allowed this CPSI to enter the home. Ms. [REDACTED] was extremely emotional throughout the interview as she reported that she resides in her home with 7 children, her children's father [REDACTED] and her mother [REDACTED]. Ms. [REDACTED] reported that Mr. [REDACTED] is the father to all the children explaining that when she had the first three children her last name was [REDACTED] because she had not been legitimated to [REDACTED] until a few years later. Ms. [REDACTED] reported that the [REDACTED] (1.5) and [REDACTED] (1.8) was born on May 3, 2014 at 27-weeks' gestation at the [REDACTED] Medical Center. Ms. [REDACTED] reports [REDACTED] had more developmental and health concerns than his younger twin [REDACTED] and wasn't released from the hospital until 7/29/2014 due to numerous respiratory and feeding concerns which resulted in [REDACTED] coming home with a feeding tube. Ms. [REDACTED] reports that [REDACTED] has been in and out of [REDACTED] Children's Hospital since being discharged from the [REDACTED] Medical Center. [REDACTED] had a heart murmur. She reports that the children are seen at [REDACTED] [REDACTED] for Primary care needs. She reports that all the children's shots are up to date. Ms. [REDACTED] reports that [REDACTED] had been diagnosed with several developmental delays by Tennessee's Early Intervention. Ms. [REDACTED] also stated that all of her children were born prematurely but they all were all single births weighing 4-5lbs. Ms. [REDACTED] reports they shared a playpen/bassinnet where they slept; one in the playpen and one in the bassinet. They would at times sleep in their parent's queen size bed. According to Ms. [REDACTED] on the day in question 11/26/2014 she'd awakened early to take her children's father [REDACTED] to work at [REDACTED] located [REDACTED] (1.77 miles away) at which time Mr. [REDACTED] sister [REDACTED] who was visiting was home with the children. She reports that when she returned home the children were still asleep in the same spot she'd left them, [REDACTED] was wrapped in blanket lying on his side at the head of the bed and [REDACTED] (1) was lying across the bottom of the bed still asleep. Ms. [REDACTED] reported that she picked [REDACTED] up for his feeding almost 11 am in which he only took 35 CC's of milk as opposed to his usual 60 CC's reporting that he seemed normal. She reports that she laid him back down in the bed. Ms. [REDACTED] went on to report that she and the children's aunt [REDACTED] went on to prepare for her oldest daughter [REDACTED] birthday party on Sunday 11/30/2014. At around 1pm [REDACTED] suggested that they take all the children to the International House of Pancakes at which time she went to the bedroom where [REDACTED] and [REDACTED] were asleep to wake them up and this is when she noticed that [REDACTED] wasn't breathing this is when she yelled for Ms. [REDACTED] to call 911 and she then began to preform CPR on the baby stating that before the twins could be discharged from the hospital she had to learn how to perform



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

CPS. Ms. ██████ went on to report that ██████ talked to the operator while she continued performing CPR still not observing any difference in ██████ breathing. She reports that the firemen arrived first (1:25 pm) then the ambulance who transported him to ██████ after several attempts to revive him he was pronounced dead on 11/26/2014 at 2:17 pm.

Ms. ██████ reported that ██████ (Paternal Aunt) and the 7-older siblings were in the home when throughout the morning. ██████ (1) year old was in the same bed as ██████ in the same spot, lying vertically across the bottom of the bed. . According to Ms. ██████ medical staff reported ██████ death was due to fever and his heart "giving out". Ms. ██████ noted she "blacked out emotionally" after that and did not really hear anything else. Ms. ██████ reported she wanted to see ██████ after he died and she did. She reported his eyes were still open when she saw him.

Ms. ██████ and Mr. ██████ are cooperative with the investigation. They understand the other five children need to be medically cleared either by their pediatrician or the ER. They have agreed to participate in grief counseling. Ms. ██████ is to meet with Investigator ██████ next week and bring all the medical records that she already has so a timeline of ██████ life can be developed.

Investigator ██████ noted the family was very emotional and distraught over the loss of ██████ She reported the children were constantly coming up to Ms. ██████ and crying. The children range from 9 years to 6 months of age. They are ██████; ██████ (has ADHD and is also developmentally delayed), ██████; ██████ (has asthma), and ██████ (has a G-Tube).

CPSI observed parent child interaction to be positive. Siblings were well mannered and were quiet while this CPSI spoke with their mother in private. ██████ was asleep throughout this CPSI visit. CPSI observed ██████ to remain in the same spot asleep on his back for over an hour.

Mr. ██████ reported he was at work when ██████ died. He reported when he left ██████ was asleep swaddled in his blanket at the top of their bed. The one year old, ██████ was at the bottom of the bed asleep.

Narrative Type: Addendum 1 Entry Date/Time: 07/06/2015 11:24 AM Entered By: ██████████

CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/28/2014

Contact Method: Attempted Phone Call

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/06/2015 11:46 AM Entered By: [REDACTED]

11/28/2015 CPSI made unsuccessful telephone contact with the referent. The telephone number provided is not a direct telephone number to the referent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/28/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 12/12/2014

Completed date: 12/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/12/2014 08:48 PM Entered By: [REDACTED]

CPSI was not able to make response time on client as the referral came in after the client expired.

Narrative Type: Addendum 2 Entry Date/Time: 08/26/2015 09:29 AM Entered By: [REDACTED]

Per work aid 2 : It is not required for the DCS case manager to observe the deceased child.

Narrative Type: Addendum 1 Entry Date/Time: 07/06/2015 10:49 AM Entered By: [REDACTED]

NEGLECT DEATH:

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/28/2014	Contact Method: Face To Face
Contact Time: 12:50 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/02/2015
Completed date: 01/02/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/02/2015 12:40 PM Entered By: [REDACTED]

CPSI observed [REDACTED] (9), [REDACTED] (6), [REDACTED] (2), [REDACTED] (1) and [REDACTED] (6 mos) in their home located [REDACTED]. [REDACTED] spoke with this CPSI alone in her parent's bedroom. [REDACTED] was dressed appropriately in black jeans and a blue t-shirt with yellow writing on the front. CPSI did not observe any visible marks or bruises on [REDACTED]. [REDACTED] reported that she attends [REDACTED] Elementary along with her younger siblings that are school age. [REDACTED] reported that on the morning in question she remembers that [REDACTED] and [REDACTED] was in her parents room asleep while her mother and aunt ([REDACTED]) were talking about her upcoming party in the living room area. [REDACTED] reported that her mother told them to get ready they were all about to go to IHOP (International House of Pancakes) and once her mother went into the bedroom to wake up [REDACTED] and [REDACTED] she heard her mom yell for her aunt to call 911. [REDACTED] states that they (ambulance) took [REDACTED] away.

[REDACTED] appeared comfortable speaking with this CPSI regarding the alleged incident. [REDACTED] had to be redirected several times during the interview as she wanted to talk about anything else.

CPSI attempted to engage and speak with [REDACTED] but she would not speak to this CPSI in private or with her mother present. CPSI observed [REDACTED] (2), [REDACTED] (1) and [REDACTED] (6 mos) to be dressed appropriately with no visible signs of abuse or neglect. [REDACTED] was asleep while this CPSI visited the home; he woke up several minutes before this CPSI left the home. [REDACTED] ran around playing with his older siblings while [REDACTED] lay asleep in his carrier located in the living room area. CPSI observed [REDACTED] to have a g-tube connected to his him.

[REDACTED] (7) was not present during this visit.

Sibling [REDACTED] (7) was not present; [REDACTED] was visiting with Cousin [REDACTED]. Ms. [REDACTED] nor this CPSI was able to reach Ms. [REDACTED].

CPSI informed Ms. [REDACTED] that this CPSI needed to make face to face with [REDACTED] as soon as possible.

CPSI observed the playpen/bassinette in the parents' bedroom appearing to be in good condition.

CPSI observed the home to be appropriately furnished with no visible safety concerns.

Appearance of Children: Children appeared to be healthy and normal in terms of development. There were no indications of developmental delays or any other problems that would benefit from intervention.

Household Composition:

[REDACTED], birth mother
 [REDACTED], birth father
 [REDACTED], sibling



Tennessee Department of Children's Services
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Organization: [REDACTED] Region

[REDACTED], sibling
[REDACTED], sibling
[REDACTED], sibling
[REDACTED], sibling
[REDACTED] twin sibling
[REDACTED] maternal grandmother



Tennessee Department of Children's Services
Case Recording Summary

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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/28/2014

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2015

Completed date: 07/06/2015

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: 07/06/2015 10:56 AM Entered By: [REDACTED]

11/28/2015 Notice of Child Death/Near Fatality emailed to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	11/27/2014	Contact Method:	
Contact Time:	11:39 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/12/2014
Completed date:	12/12/2014	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: 12/12/2014 07:29 PM Entered By: [REDACTED]

11/27/2014 11:39 pm CPSI received P1 referral alleging Child Neglect Death of [REDACTED] (6mos) and the alleged perpetrator is reported as Unknown. The referent reported that the 6 month-old infant was discovered unresponsive in bed at approximately 1330 hours on 11/26/2014, by his mother. [REDACTED] Fire Department responded to the residence of [REDACTED], and transported the infant to [REDACTED] Children's Hospital at 1410 hours. After all life-saving efforts were exhausted, death was pronounced at 1417 hours by Dr. [REDACTED]. A scene investigation was conducted by this office and [REDACTED] Police Department, and the decedent's remains were transported to this office for autopsy. The cause and manner of death are pending at this time. The mother's name is [REDACTED] and the father is [REDACTED]. The family resides at [REDACTED], Tennessee, and their contact phone number is [REDACTED]. Five additional children also reside at the aforementioned residence. Our case number is [REDACTED].

NEGLECT DEATH:

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

Narrative Type: Created In Error Entry Date/Time: 07/09/2015 08:55 AM Entered By: [REDACTED]

Incorrect Summary

Narrative Type: Addendum 1 Entry Date/Time: 07/06/2015 11:36 AM Entered By: [REDACTED]

Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy.



Tennessee Department of Children's Services
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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/27/2014

Contact Method:

Contact Time: 11:39 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/09/2015

Completed date: 07/09/2015

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: 07/09/2015 09:09 AM Entered By: [REDACTED]

The Department of Children Services received a referral concerning the allegation of Neglect Death. The alleged victim is [REDACTED]. The alleged perpetrator is Unknown. This case was assigned to [REDACTED] by LI, [REDACTED]. The referent was notified via [REDACTED] Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy.