



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/09/2014

Assignment Date: 12/10/2014

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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/01/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: 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 for the allegation of Child Neglect Death.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/01/2015

Team Leader: [REDACTED]

Date: 07/01/2015

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:

Investigator [REDACTED] was unable to view the body or speak with ACV due to ACV's body has been transported to the medical examiner's office for review.

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

Summary of the autopsy report

"According to the Investigator's Report, on the early morning hours of December 9, 2014, this 2 month old (9week old) male infant was taken to and dropped off at a daycare by his mother. At around 1045-1100 hours the caretaker placed him in a crib for a nap. She found him unresponsive at approximately 1330 hours. 911 was called and upon first responders' arrival; he was transported to the hospital where his death was



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Investigation ID: ██████████

pronounced shortly after arrival.

According to the obtained Medical Records, on 11/18/2014, the decedent was brought to the Hospital and was diagnosed with a fracture of the left tibia. A skeletal survey performed also detected a suspected remote fracture of the distal humerus. According to his mother, she was holding the child in her arms when she tripped and fell down multiple steps. A cast was placed on the leg and he was later discharged home. He had no other known medical conditions.

The autopsy documented a well-developed male infant with no evidence of acute injury. The body and organs appeared to be normally developed without evidence of pre-existing natural disease. The foramen ovale was probe patent. A case was on the left leg. X-rays showed an apparent healing fracture of the left tibia.

Toxicological testing detected no alcohol (ethanol), common drugs of abuse, or selected therapeutic medications. A vitreous electrolyte panel was non-contributor. Nasopharyngeal viral swab culture, cerebrospinal fluid culture, cerebrospinal fluid culture, and a spleen culture were non-contributory. Blood culture results were consistent with postmortem contamination. A lung swab detected methicillin resistant Staphylococcus aureus (MRSA) and Klebsiella pneumonia; however there was no gross or histologic evidence of pneumonia.

After consideration for the medical history, scene investigation, autopsy findings, Toxicology Report, and the circumstances surrounding the death, as currently understood, the cause of death is listed as undetermined, The manner of death could not be determined."

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

There is not a known perpetrator regarding this case. The death of the child was classed as undetermined.

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

There were no witness whom witness the death of the child however the Daycare owner Ms. ██████████ stated that on 12/09/2014 ██████████ was dropped off at her home at 7:25 am by his mother along with his older brother. She stated that when Ms. ██████████ brought him in she stated that he has been waking up threw out the night therefore, he would sleep all-day. Ms. ██████████ stated that mom stated that she feed him before she left the house therefore he should not hungry. Ms. ██████████ stated that she took ██████████ out of his car seat at 7:45 a.m. and placed him in his pack and play on his back and placed a blanket on top of him. Ms. ██████████ stated that around 9 am she checked on ██████████ she stated that she touched him on his feet and he moved around the pack and play. She stated that at 9:15 a.m. she woke him up and feed him she stated that he only ate an oz. and a half of milk. She stated while he was in the swing he kept falling asleep. She stated that he did not open his eyes he only moved his head around. She stated that this was not normally behavior for him. She stated that at 11 a.m. she laid him down in his pack and play because he fell asleep. She stated that she checked on him periodically and while he slept he moved around from one side to another in the pack and play. Ms. ██████████ stated that another child (a little girl) that she babysits stated that she had to use the rest room. Ms. ██████████ stated that while she was helping the other child she heard ██████████ make a noise. She stated that she went to prepare his bottle and when she went into the room where he was sleeping she noticed that she was not moving. She stated that she called his name and he didn't move. She stated that she touched him and noticed he didn't move. She stated that she called her husband who was not at home at the time, but came home quickly. She stated that she administered CPR and heard a griggling should. She stated that her husband called the paramedics. She stated that once they entered the home they ask her to move out of the way. She stated that they administered CPR and took him away in the ambulance. She stated that once the ambulance came the mother came 5 minutes afterwards.

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

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 for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Child Protective Service Investigation Summary
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Case Name : [REDACTED]

Investigation ID: [REDACTED]

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



Notice of Child Death/Preliminary Near Death

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/10/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> PRELIMINARY NEAR DEATH	Date of Death/Preliminary Near Death:	10/09/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:	N/A					

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

██████████ (2 months) was in the custody of his mother, ██████████. ██████████ have another child named ██████████ (4) that is in her custody at this time. Neither child has any known special needs or disabilities. The family has been reported to the Tennessee Department of Children Services and may have an open investigation at this time. There are no known safety concerns for a case worker going out to the home. The referent notes that there are no prior issues of domestic violence present at the family's home. ██████████ claimed that she dropped ██████████ off at a home daycare around 7:20 AM CST on December 9, 2014. The name of the home daycare is called ██████████. ██████████ also attends the daycare and is currently still at the daycare. The owner of the daycare is ██████████. According to ██████████ when she dropped ██████████ off at the daycare this morning there were no signs of concerns. ██████████ did not admit or report that anything happened this morning that could have caused internal injuries for ██████████. Around 1:30 PM CST ██████████ received a phone call from ██████████ stating that ██████████ was not breathing. ██████████ did not state at the time whether or not 911 had been contacted. At one point ██████████ Sheriff's Deputies and ██████████ Fire Department workers arrived at ██████████ home daycare and transported ██████████ to the hospital. ██████████ was non-responsive at the time of emergency personnel's arrival. ██████████ continued to be non-responsive during the transport to the hospital. ██████████ was pronounced dead 2:54 PM CST. The referent notes that ██████████ is in a cast from where he allegedly received a broken leg as a result of falling with ██████████. ██████████ reportedly had ██████████ in her arms at the time of her fall. This incident reportedly took place on November 18, 2014. This injury was already reported to the Tennessee Department of Children Services and is still being investigated. Medical personnel currently state that there are no other known visible marks or injuries. Photographs will be taken, but have not at this time due to the fact that ██████████ is holding the child's body.

██████████ was observed by scene officer, ██████████ with the ██████████ Sheriff's Department and there were no noted concerns with the child. ██████████ was left in the care of ██████████. Neither parent has picked ██████████ up from ██████████ care. It is unknown how many other children are still in ██████████ care at this time.

Neither ██████████ has any criminal history and there is no known history of violence between the two adults. The reporter has no information on whether or not ██████████ has a criminal history. It is also unknown if ██████████ is a licensed daycare director. A scene officer is interviewing ██████████ at this time. The scene officer told the referent that they have had to make response at ██████████ home in the past for concerns for a child falling while in ██████████ care. It is unknown what happened in that incident or who the child was in question, but it was not ██████████. Neither ██████████ have been formally interviewed or interviewed in detail about the events of the last 24 hours. It is unknown if there has been anyone else providing care for ██████████ in the last 72 hours besides ██████████. Medical evaluations were not done on ██████████ at this time. It is unknown if he had any internal injuries or how his death will be ruled. ██████████ body is going to be transported to the medical examiners' office for further evaluation and the medical examiner will be ██████████ and ██████████. A report was taken for the ██████████ Sheriff's Department and the case number is ██████████. The detective assigned to this case is ██████████ and she can be reached at the number provided in this report. The referent request a phone call from the worker assigned to this case upon assignment. ██████████ the grandmother (name unknown), and a family friend are at the hospital currently. It is unknown where ██████████ is at this time. The referent reports that ██████████ demeanor appears to be an appropriate response.

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Distribution: Child's Case File



If this is a preliminary near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	Unknown	Telephone #	() -
Street Address:		City/State/Zip:	

Describe (in detail) interview with family:

The Investigator spoke with [REDACTED]. She stated [REDACTED] was 2 months old. She stated he was born full term. She stated she received prenatal care during her pregnancy. [REDACTED] stated on November 18, 2014, she slipped and fell from the top of the stairs of her home while holding [REDACTED]. She stated she immediately took him to the hospital to for medical treatment. She stated she did not seek medical attention for herself because she was only concerned with the well-being of her child. She stated [REDACTED] received a broken leg and a healing arm fracture was found. She stated she was also told by the physician during that visit [REDACTED] had a Vitamin D deficiency. She stated he was prescribed medicated drops for the Vitamin D deficiency. She reported he received a cast on his right leg.

[REDACTED] stated on 12/09/2014, she dropped [REDACTED] and her oldest son [REDACTED] off at the home of their babysitter [REDACTED] at 7:20 am. She stated she forgot his bottles and she went home to get them. She stated she returned to [REDACTED] home at 8 a.m. She stated after she dropped the bottles off she went to work. She stated she received a phone call from [REDACTED] husband [REDACTED]. She stated he informed her that [REDACTED] called the paramedic's regarding her son [REDACTED]. [REDACTED] stated she left work and as she was leaving she received a phone call from [REDACTED] stating that [REDACTED] was not breathing. She stated she was unable to understand what she was saying because she was crying and yelling. [REDACTED] stated when she arrived to the home the police and an ambulance were present. She stated she followed the ambulance to the hospital. She stated [REDACTED] was pronounced dead when she arrived at the hospital. [REDACTED] stated [REDACTED] did not have any known health problems. She stated he did not have a problem with his breathing. She stated his last medical visit was on 11/24/2014. She stated he received his 2 month checkup along with his immunizations. She stated the doctor did not report any health concerns during this checkup.

The Investigator spoke with [REDACTED] did not speak much, during the interview. [REDACTED] stated on 12/09/2014, he received a phone call from his wife stating the daycare owner called and said [REDACTED] was not breathing. [REDACTED] stated he met his wife at the hospital.

The Investigator also spoke with [REDACTED]. [REDACTED] was very emotional during the interview. Her eyes were observed to be red and puffy. [REDACTED] stated she has been babysitting [REDACTED] for 1 week and 2 days. She stated she has been [REDACTED] babysitter for 4 years. [REDACTED] stated on 12/09/2014, [REDACTED] was dropped off at her home at 7:25 am by his mother. She stated when [REDACTED] brought him in she stated he woke up several times throughout the night. She stated he may sleep all-day. [REDACTED] stated [REDACTED] stated she fed [REDACTED] before she left the house and he should not be hungry. [REDACTED] stated she took [REDACTED] out of his car seat at 7:45 a.m., and placed him in his pack and play on his back, and placed a blanket on top of him. She stated he was still asleep. She stated around 8 a.m. [REDACTED] came back to bring [REDACTED] milk and left. [REDACTED] stated she checked on [REDACTED] at 9 am. She stated she touched him on his feet and he moved around the pack and play. She stated at 9:15 a.m. he woke him up and she fed him. She stated he only ate an ounce and a half of milk. She stated after feeding him, she burped him, and placed him in the swing. She stated while he was in the swing he kept falling asleep. She stated he did not open his eyes; he only moved his head around. She stated that was not normal behavior for him. She stated at 11 a.m. she laid him down in his pack and play because he fell asleep. She stated she checked on him periodically as he slept. She stated he moved around from one side to the other in the pack and play. [REDACTED] stated another child that she babysits stated she had to use the rest room. [REDACTED] stated while she was helping the other child she heard [REDACTED] make a noise. She stated she went to prepare his bottle and when she returned to the room where he was sleeping, she noticed he was not moving. She stated she called his name and he did not move. She stated she touched him and he did not move. She stated she called her husband who was not at home at the time. She stated she began to administer CPR. She stated while she was administering CPR she heard a gurgling sound. She stated her husband called the paramedics. She stated when they entered the home she was asked to step aside. She stated they administered CPR and took him away in the ambulance. She [REDACTED] arrived 5 minutes later.

[REDACTED] stated since [REDACTED] has been attending her in home daycare she was always concerned about his swallowing. She stated she relayed this information to his mother. She stated when he would eat he would make a sound (She mimicked the sound). She stated she addressed this with the mother, and she would always say he is fine, and he always made those noises. [REDACTED] stated [REDACTED] cried a lot. She stated she believed he cried because he was in pain. She stated he had a cast on his right leg covering his foot and his entire leg.



[REDACTED] stated that she was once a license daycare, but due to her only caring for 4 children she did not have to renew her license.

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

The ACV was admitted to [REDACTED] on November 18, 2014, and was diagnosed with an acute fracture of the left proximal metadiaphysis of the tibia, a remote fracture of the right distal humerus, and a questionable left femoral metaphysis. The findings were not consistent with the history given and were concerning for non-accidental trauma.

Describe disposition of body (Death): The Investigator did not observe the body at the time of death.

Name of Medical Examiner/Coroner: [REDACTED] **Was autopsy requested?** No Yes

Did CPS open an investigation on this Death/Preliminary Near Death? No Yes

Was there DCS involvement at the time of Death/Preliminary Near Death? No Yes

Type: Physical Abuse **Case #:** [REDACTED]

Describe law enforcement or court involvement, if applicable:

Law enforcement is currently not involved.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Preliminary Near Death) (attach safety plan, if applicable):

There were no safety concerns as it relates to [REDACTED]

Name: [REDACTED] **Age:** 4

Name: [REDACTED] **Age:** [REDACTED]

Name: [REDACTED] **Age:** [REDACTED]

Name: [REDACTED] **Age:** [REDACTED]

Name: [REDACTED] **Age:** [REDACTED]

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
11/18/2014	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes **List organizations requesting information:**

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person: [REDACTED] **Telephone Number:** () -

Case Manager: [REDACTED] **Telephone Number:** [REDACTED]

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

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

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

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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 12/09/2014 04:15 PM CT
 Track Assigned: Special Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 12/09/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 12/10/2014 09:15 AM
 First Team Leader Assigned: [REDACTED] Date/Time 12/10/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 12/10/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	Other Relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail
 Narrative: THE CHILD IS NOT IN CUSTODY
 Family Case ID: [REDACTED]
 Open Court Custody/FSS/FCIP None
 Closed Court Custody None
 Open CPS INV/[REDACTED]/11-18-14/PHA/Primary Case Worker [REDACTED]/Supervisor [REDACTED]
 Substantiated None
 Fatality None



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

Screened out None

History (not listed above): None other than already listed

County: [REDACTED]

Notification: Email

School/ Daycare: [REDACTED] [REDACTED]

Native American Descent: None

Directions: None

Reporter's name/relationship: [REDACTED] [REDACTED]

Reporter states:

THE CHILD IS NOT IN CUSTODY

[REDACTED] (2 months) was in the custody of his mother, [REDACTED]. [REDACTED] have another child named [REDACTED] (4) that is in her custody at this time. Neither child has any known special needs or disabilities. The family has been reported to the Tennessee Department of Children Services and may have an open investigation at this time. There are no known safety concerns for a case worker going out to the home. The referent notes that there are no prior issues of domestic violence present at the family's home.

[REDACTED] claimed that she dropped [REDACTED] off at a home daycare around 7:20 AM CST on December 9, 2014. The name of the home daycare is called [REDACTED] [REDACTED] also attends the daycare and is currently still at the daycare. The owner of the daycare is [REDACTED]. According to [REDACTED] when she dropped [REDACTED] [REDACTED] off at the daycare this morning there were no signs of concerns. [REDACTED] did not admit or report that anything happened this morning that could have caused internal injuries for [REDACTED].

Around 1:30 PM CST [REDACTED] received a phone call from [REDACTED] stating that [REDACTED] was not breathing. [REDACTED] did not state at the time whether or not 911 had been contacted. At one point [REDACTED] Sheriff's Deputies and [REDACTED] Fire Department workers arrived at [REDACTED] home daycare and transported [REDACTED] to the hospital. [REDACTED] was non-responsive at the time of emergency personnel's arrival. [REDACTED] continued to be non-responsive during the transport to the hospital, [REDACTED]. [REDACTED] was pronounced dead 2:54 PM CST.

The referent notes that [REDACTED] is in a cast from where he allegedly received a broken leg as a result of falling with [REDACTED] reportedly had [REDACTED] in her arms at the time of her fall. This incident reportedly took place on November 18, 2014. This injury was already reported to the Tennessee Department of Children Services and is still being investigated.

Medical personnel currently state that there are no other known visible marks or injuries. Photographs will be taken, but have not at this time due to the fact that [REDACTED] is holding the child's body.

[REDACTED] was observed by scene officer, [REDACTED] with the [REDACTED] Sheriff's Department and there were no noted concerns with the child. [REDACTED] was left in the care of [REDACTED]. Neither parent has picked [REDACTED] up from [REDACTED] care. It is unknown how many other children are still in [REDACTED] care at this time.

Neither [REDACTED] has any criminal history and there is no known history of violence between the two adults. The reporter has no information on whether or not [REDACTED] has a criminal history. It is also unknown if [REDACTED] is a licensed daycare director. A scene officer is interviewing [REDACTED] at this time. The scene officer told the referent that they have had to make response at [REDACTED] home in the past for concerns for a child falling while in [REDACTED] care. It is unknown what happened in that incident or who the child was in question, but it was not [REDACTED].



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: WORK

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:

Participant ID: [REDACTED]

SSN:

Race:

Age: 5 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 31 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

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]

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: 10 Mos

Address: [REDACTED]

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
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/05/2015

Contact Method:

Contact Time: 01:52 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/05/2015

Completed date: 07/05/2015

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: 07/05/2015 01:53 PM Entered By: [REDACTED]

Case reviewed and approved for closure by State Director, [REDACTED]. [REDACTED] was given permission to close case off TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2015

Contact Method:

Contact Time: 04:48 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2015

Completed date: 07/02/2015

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: 07/02/2015 04:52 PM Entered By: [REDACTED]

The case of [REDACTED] has been reviewed. The autopsy report has been obtained and is stated the cause of death is undetermined. The case has been present to the Child Protection Investigation Team (CPIT). Law enforcement has declined to prosecute. The allegation of neglect death has been classified as allegation unsubstantiated/perpetrator unsubstantiated. Case will be forwarded to [REDACTED] for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/01/2015	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/01/2015
Completed date:	07/01/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/01/2015 06:07 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Special Investigations Unit received a referral on 12/10/2014 with an allegation of Child Neglect Death regarding non- custodial child [REDACTED], alleged child victim (ACV). The ACV was seen by [REDACTED] on November 18, 2014 after falling down the stairs in his mother's arms. It is noted that the mother tripped and fell down the stairs in the middle of the night while the ACV was in her arms. Due to the fall,theACV received an acute fracture of the left proximal metadiaphysis of the tibia a well as a remote fracture of the right distal humerus . Less than a month the ACV was transported to the hospital in cardio- respiratory arrest. The ACV presented to the hospital because he was unresponsive in his crib at daycare. The ACV expired and was transported to the medical examiner office. According to the autopsy report, the ACV was diagnosed with a fracture of the left tibia. A skeletal survey preformed also detected a suspected remote fracture of the distal humerus. The autopsy documented a well-developed male infant with no evidence of acute injury. The body and organs appeared to be normally developed without evidence of pre-existing natural disease. The foramen ovale was probe patent. A cast was placed on the left leg. X-rays showed an apparent healing fracture of the left tibia. The cause of death is listed as undetermined. The manner of death could not be determined. [REDACTED], mother, stated that she dropped the ACV and her oldest son off at the babysitter's home at 7:20 am. She stated that later that day she received a phone call from the babysitter's husband stating that the paramedics were called regarding her son. She stated that she left work immediately. She stated that once she arrived to the babysitter's home she noticed the police and the ambulance in the driveway of the home. She stated that she followed the ambulance to the hospital. She stated that once she arrived to the hospital they pronounced her son dead. She stated that there were no medical problems. She stated that his last doctor's visit was on 11/24/2014 where he received his 2 months checkup along with his immunizations.

[REDACTED] in her home. [REDACTED] stated that on 12/09/2014 [REDACTED] was dropped off at her home at 7:25 am by his mother along with his older brother. She stated that when [REDACTED] brought him in she stated that he has been waking up throughout the night therefore, he would sleep all-day. [REDACTED] stated that mom stated that she fed him before she left the house and he should not be hungry. [REDACTED] stated that she took [REDACTED] out of his car seat at 7:45 a.m. and placed him in his pack and play on his back and placed a blanket on top of him. [REDACTED] stated that around 9 am she checked on [REDACTED] she stated that she touched him on his feet and he moved around the pack and play. She stated that at 9:15 a.m. she woke him up and fed him and that he only ate an ounce and a half of milk. She stated while he was in the swing he kept falling asleep. She stated that he did not open his eyes, he would only move his head around. She stated that this was not normal behavior for him. She stated that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

at 11 a.m. she laid him down in his pack and play because he fell asleep. She stated that she checked on him periodically and while he slept he moved around from one side to another in the pack and play. [REDACTED] stated that another child (a little girl) that she babysits stated that she had to use the restroom. [REDACTED] stated that while she was helping the other child she heard [REDACTED] make a noise. She stated that she went to prepare his bottle and when she went into the room where he was sleeping she noticed that she was not moving. She stated that she called his name and he didn't move. She stated that she touched him and noticed he didn't move. She stated that she called her husband who was not at home at the time, but came home quickly. She stated that she administered CPR and heard a gurgling sound. She stated that her husband called the 911. She stated that once the paramedics entered the home they asked her to step out of the way. She stated that they administered CPR and took him away in the ambulance. She stated after the ambulance arrived, the mother arrived to the in-home daycare 5 minutes later. This case was coordinated with Law Enforcement. Law Enforcement declined to prosecute on this case.

DCS policy Work Aid 1 (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 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. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the ([REDACTED] CPIT) Child Protective Investigation Team on 01/08/2015, 01/15/2015, 01/29/2015, 02/26/2015, 03/12/2015, 03/26/2015, 04/02/2015, 04/16/2015, 04/30/2015, 05/14/2014, 5/21/2015, 05/28/2015, 06/11/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

[REDACTED] appears to have been supervising [REDACTED] appropriately on the date of this incident. She stated that [REDACTED] slept the majority of the day.

There was no video footage of the incident.

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 for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/11/2015

Contact Method: Face To Face

Contact Time: 03:45 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 11:44 AM Entered By: [REDACTED]

[REDACTED] was present for the final classification regarding this case on this day. It is noted from the consult from [REDACTED] that "there was not an connection with [REDACTED] death and the broken extremities."

The case was singed off by all parties. The team agreed to the classification as (AUPU) Allegations Unsubstantiated/ Perpetrator Unsubstantiated.

Narrative Type: Addendum 1 Entry Date/Time: 06/15/2015 02:01 PM Entered By: [REDACTED]

This case was coordinated with Law Enforcement. Law Enforcement declined to prosecute on this case



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/28/2015

Contact Method: Correspondence

Contact Time: 02:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 11:40 AM Entered By: [REDACTED]

This case was reviewed by CPIT on this day. It is noted that the autopsy shows no connection to the previous injury that was investigated by Local CPS. However the case was asked to be brought back for review due to "District Attorney requesting someone to talk to [REDACTED], to see if she thinks the broken leg, has anything to do with the child's death."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/21/2015

Contact Method: Face To Face

Contact Time: 03:10 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 11:16 AM Entered By: [REDACTED]

[REDACTED] was present for CPIT on this day. [REDACTED] was asked to bring the case back on 06/11/2015 due the the District Attorney [REDACTED] requesting [REDACTED] to reopen the investigation that lead to ACV's broken leg months before he died.

[REDACTED] was present for CPIT regarding ACV on this day [REDACTED] informed the team that his previous investigation regarding ACV was closed as AUPU. He stated that he did not notice any red flags regarding the incident that lead to ACV's broken leg.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/14/2015

Contact Method: Face To Face

Contact Time: 01:25 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 11:12 AM Entered By: [REDACTED]

[REDACTED] was present for final decision for classification regarding this case. [REDACTED] was asked to bring the case back on 05/21/2015 due to district attorney [REDACTED] requesting [REDACTED] to follow up on a previous investigation that caused the ACV to receive a broken leg. [REDACTED] will bring case back on 05/21/2015 for classification decision.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2015

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 11:08 AM Entered By: [REDACTED]

[REDACTED] attend CPIT for final classification regarding this case [REDACTED] [REDACTED] was asked to bring the case back on May 14, 2015 due to the District Attorney needing more time to review the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2015

Contact Method: Face To Face

Contact Time: 02:15 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/18/2015

Completed date: 04/18/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/18/2015 12:50 PM Entered By: [REDACTED]

[REDACTED] attend CPIT regarding this case. [REDACTED] was informed that the case will be brought back due to the team needing more time to review the autopsy report.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/16/2015 Contact Method:
 Contact Time: 12:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/16/2015
 Completed date: 04/16/2015 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: 04/16/2015 12:02 PM Entered By: [REDACTED]

[REDACTED] uploaded Autopsy report in TFACTs please see Document ID: [REDACTED] A hard copy of the report will be placed in the investigation file.

Narrative Type: Addendum 1 Entry Date/Time: 06/15/2015 12:10 PM Entered By: [REDACTED]

Summary of the autopsy report

"According to the Investigator's Report, on the early morning hours of December 9, 2014, this 2 month old (9week old) male infant was taken to and dropped off at a daycare by his mother. At around 1045-1100 hours the caretaker placed him in a crib for a nap. She found him unresponsive at approximately 1330 hours. 911 was called and upon first responders' arrival; he was transported to the hospital where his death was pronounced shortly after arrival.

According to the obtained Medical Records, on 11/18/2014, the decedent was brought to the Hospital and was diagnosed with a fracture of the left tibia. A skeletal survey performed also detected a suspected remote fracture of the distal humerus. According to his mother, she was holding the child in her arms when she tripped and fell down multiple steps. A cast was placed on the leg and he was later discharged home. He had no other known medical conditions.

The autopsy documented a well-developed male infant with no evidence of acute injury. The body and organs appeared to be normally developed without evidence of pre-existing natural disease. The foramen ovale was probe patent. A cast was on the left leg. X-rays showed an apparent healing fracture of the left tibia.

Toxicological testing detected no alcohol (ethanol), common drugs of abuse, or selected therapeutic medications. A vitreous electrolyte panel was non-contributor. Nasopharyngeal viral swab culture, cerebrospinal fluid culture, cerebrospinal fluid culture, and a spleen culture were non-contributory. Blood culture results were consistent with postmortem contamination. A lung swab detected methicillin resistant Staphylococcus aureus (MRSA) and Klebsiella pneumonia; however there was no gross or histologic evidence of pneumonia.

After consideration for the medical history, scene investigation, autopsy findings, Toxicology Report, and the circumstances surrounding the death, as currently understood, the cause of death is listed as undetermined. The manner of death could not be determined."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2015

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 11:31 AM Entered By: [REDACTED]

[REDACTED], Child Protective Services Investigator

[REDACTED] spoke with previous Investigator regarding this case. The previous investigator stated that the allegation of physical abuse was unfounded. He stated that the parents of ACV seek medical attention for the ACV immediately. He stated that the family was attentive to the ACV and other the sibling in the home needs. Investigator stated that he did not notice any red flags during his investigation with the family. He stated that the other child in the home seemed happy and safe in his environment and services were not needed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/13/2015

Contact Method:

Contact Time: 08:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/15/2015

Completed date: 04/15/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/15/2015 06:50 PM Entered By: [REDACTED]

[REDACTED] received autopsy report from TN Department of Children Services nurse via email. [REDACTED] will review report and attend CPIT for final classification on 04/16/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/02/2015	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:	04/15/2015
Completed date:	04/15/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/15/2015 06:46 PM Entered By: [REDACTED]

[REDACTED] attended CPIT regarding this case on 04/02/2015. [REDACTED] informed team that she has not received the autopsy report from The Department of Children Services Nurse. [REDACTED] was informed by the team that they have a copy of the report and will make a classification decision in two weeks. [REDACTED] will attend CPIT on 04/16/2015 regarding this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/16/2015

Completed date: 04/16/2015

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: 04/16/2015 11:54 AM Entered By: [REDACTED]

This case was reviewed by CPIT team. Team was informed that [REDACTED] has not obtained the autopsy report. The case will be reviewed on 04/01/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/18/2015	Contact Method:	
Contact Time:	01:21 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	04/16/2015
Completed date:	04/16/2015	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: 04/16/2015 10:48 AM Entered By: [REDACTED]

[REDACTED] received medical records from [REDACTED] records department regarding ACV. According to the documentation ACV presented to the Emergency Room due to left tibia FX on 11/18/2014. which he received by falling down 13 steps while in his mother's arms. At the time of the fall ACV was 6 weeks old.

According to the Physical Examination on 11/18/2014, the patient was a well-developed, well-nourished infant. He was active and alert in no distress. Vital Signs: afebrile with a temperature of 37.1 degrees. Heart rate 168. Respiratory rate 44. Blood pressure 113/70. Head, eyes, ears, nose, and throat:anterior fontanel is flat and soft. Mucous membranes are moist and pink. Abdomen: soft, nontender and non distended. Extremities: left lower extremity has already been immobilized in a case. There were no other obvious bony abnormalities or bruising noted on his general physical exam.

ACV was medically cleared to on 11/19/2014 and discharged in the care of his mother. Prior to discharge, a safety plan was implemented which stated that it was ok for ACV to be discharged in the care of his mother. The ACV was sent home with a prescription for vitamin D as his level was found to be low as well as a cast on his left leg.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2015

Contact Method: Correspondence

Contact Time: 01:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 12:58 PM Entered By: [REDACTED]

The case will be presented to CPIT once the autopsy report comes back.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/30/2015

Completed date: 01/30/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/30/2015 08:54 AM Entered By: [REDACTED]

[REDACTED] followed up with [REDACTED] regarding the autopsy report for ACV. [REDACTED] informed investigator that the autopsy report is not completed and may take several months. Investigator will continue to follow on report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/28/2015

Completed date: 01/28/2015

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: 01/28/2015 10:16 AM Entered By: [REDACTED]

[REDACTED] requested a following regarding the autopsy report regarding ACV.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/15/2015

Contact Method: Face To Face

Contact Time: 02:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/28/2015

Completed date: 01/28/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/28/2015 10:02 AM Entered By: [REDACTED]

[REDACTED] presented case to CPIT. [REDACTED] requested to bring case back due to not having the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/17/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/16/2015

Completed date: 04/16/2015

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: 04/16/2015 11:51 AM Entered By: [REDACTED]

[REDACTED] made a referral for grief counseling with [REDACTED]. Investigator provided agency with house hold information as well as contact information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/17/2014

Contact Method:

Contact Time: 12:04 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/28/2015

Completed date: 01/28/2015

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: 01/28/2015 10:07 AM Entered By: [REDACTED]

[REDACTED] requested autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2014

Contact Method: Face To Face

Contact Time: 04:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/28/2015

Completed date: 01/28/2015

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/28/2015 09:57 AM Entered By: [REDACTED]

[REDACTED] was unable to observe the deceased. ACV was transported to the Medical Examiner's office prior to arrival.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/10/2014 Contact Method:
 Contact Time: 04:06 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/10/2014
 Completed date: 12/10/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 04:07 PM Entered By: [REDACTED]

Initial Case Summary:

The following referral was received through the Child Abuse Hotline on 12/10/2014. The investigation was assigned to SIU Investigator [REDACTED] as a Priority 1 investigation.

ACV: [REDACTED]
 DOB: [REDACTED]
 Adjudication: Non- Custodial
 No. of Prior SIU Referrals: 0
 County of Residence: [REDACTED]

AP: Unknown
 Relationship to Child:
 Adjudication: NA
 No. of Prior SIU Referrals:
 County of Incident: [REDACTED]

School: [REDACTED]

Allegation: Neglect Death

Details of Allegation: "THE CHILD IS NOT IN CUSTODY

[REDACTED] (2 months) was in the custody of his mother [REDACTED] and father, [REDACTED]. [REDACTED] and [REDACTED] have another child named [REDACTED] (4) that is in her custody at this time. Neither child has any known special needs or disabilities. The family has been reported to the Tennessee Department of Children Services and may have an open investigation at this time. There are no known safety concerns for a case worker going out to the home. The referent notes that there are no prior issues of domestic violence present at the family's home.

[REDACTED] claimed that she dropped [REDACTED] off at a home daycare around 7:20 AM CST on December 9, 2014. The



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

name of the home daycare is called ██████████. ██████████ also attends the daycare and is currently still at the daycare. The owner of the daycare is ██████████. According to ██████████ when she dropped ██████████ off at the daycare this morning there were no signs of concerns. ██████████ did not admit or report that anything happened this morning that could have caused internal injuries for ██████████

Around 1:30 PM CST ██████████ received a phone call from ██████████ stating that ██████████ was not breathing. ██████████ did not state at the time whether or not 911 had been contacted. At one point ██████████ Sheriff's Deputies and ██████████ Fire Department workers arrived at ██████████ home daycare and transported ██████████ to the hospital. ██████████ was non-responsive at the time of emergency personnel's arrival. ██████████ continued to be non-responsive during the transport to the hospital. ██████████ was pronounced dead 2:54 PM CST.

The referent notes that ██████████ is in a cast from where he allegedly received a broken leg as a result of falling with ██████████ ██████████ reportedly had ██████████ in her arms at the time of her fall. This incident reportedly took place on November 18, 2014. This injury was already reported to the Tennessee Department of Children Services and is still being investigated.

Medical personnel currently state that there are no other known visible marks or injuries. Photographs will be taken, but have not at this time due to the fact that ██████████ is holding the child's body.

██████████ was observed by scene officer, ██████████ with the ██████████ Sheriff's Department and there were no noted concerns with the child. ██████████ was left in the care of ██████████ Neither parent has picked ██████████ up from ██████████ care. It is unknown how many other children are still in ██████████ care at this time.

Neither ██████████ has any criminal history and there is no known history of violence between the two adults. The reporter has no information on whether or not ██████████ has a criminal history. It is also unknown if ██████████ is a licensed daycare director. A scene officer is interviewing ██████████ at this time. The scene officer told the referent that they have had to make response at ██████████ home in the past for concerns for a child falling while in ██████████ care. It is unknown what happened in that incident or who the child was in question, but it was not ██████████ Neither ██████████ nor ██████████ have been formally interviewed or interviewed in detail about the events of the last 24 hours. It is unknown if there has been anyone else providing care for ██████████ in the last 72 hours besides ██████████

Medical evaluations were not done on ██████████ at this time. It is unknown if he had any internal injuries or how his death will be ruled. ██████████ body is going to be transported to the medical examiners' office for further evaluation and the medical examiner will be ██████████ and ██████████. A report was taken for the ██████████ Sheriff's Department and the case number is ██████████. The detective assigned to this case is ██████████ and she can be reached at the number provided in this report. The referent request a phone call from the worker assigned to this case upon assignment.

██████████ the grandmother (name unknown), and a family friend are at the hospital currently. It is unknown where ██████████ is at this time. The referent reports that ██████████ demeanor appears to be an appropriate response.

This is all the information given at this time."



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/10/2014	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/16/2015
Completed date:	04/16/2015	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: 04/16/2015 11:49 AM Entered By: [REDACTED]
 [REDACTED] completed a TFACTs history search on ACV There were no prior SIU the following CPS investigation was found.

[REDACTED]	[REDACTED]	Investigation	1	Open	11/18/2014	[REDACTED]
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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2014

Contact Method:

Contact Time: 02:00 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): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/12/2014 12:55 PM Entered By: [REDACTED]

The case of [REDACTED] was staffed with [REDACTED]. The ACV was not able to be observed. The ACV's body was transported to the medical examiner's office prior to this referral being assigned. The Investigator has spoken with the mother and the father. The mother reported the child was seen a few weeks ago for his well-child checkup and there were no concerns reported. The mother recalled the event which led to the ACV's leg being broken. The mother stated she fell from the top of the stairs in her home while she was holding the ACV. There was no explanation for the healing right arm fracture that was found (there is currently an open investigation regarding this incident). The ACV was diagnosed with a Vitamin D deficiency and was talking medication for this. The ACV was presumed to be healthy. The Investigator also spoke with the daycare owner, [REDACTED]. [REDACTED] reported the ACV appeared fine and he slept from the time he arrived until his passing. She stated she attempted to feed him but he did not eat much. She stated she was concerned about the child's swallowing and previously spoke to the mother about this. [REDACTED] stated she performed CPR on the child until the paramedics arrived. The home was not a licensed daycare because she was only caring for four children.

The sibling of [REDACTED] was observed and there were no concerns.

The family was offered grief counseling, which they accepted. The Investigator will complete a referral for counseling, request medical records, and a copy of the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/10/2014 Contact Method: Face To Face
 Contact Time: 01:20 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 12/10/2014
 Completed date: 12/10/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 04:02 PM Entered By: [REDACTED]

[REDACTED] - Daycare owner - Baby Sitter

[REDACTED] conducted face to face with [REDACTED] in her home. [REDACTED] was very emotional during the interview. Her eyes appeared red and puffy as if she had been crying. [REDACTED] stated that she has been babysitting [REDACTED] for 1 week and 2 days. She stated that she has been his bother [REDACTED] babysitter for 4 years. [REDACTED] stated that on 12/09/2014 [REDACTED] was dropped off at her home at 7:25 am by his mother. She stated that when [REDACTED] brought him in she stated that he has been waking up threw out the night therefore, he would sleep all-day. [REDACTED] stated that mom stated that she feed him before she left the house therefore he should not hungry. [REDACTED] stated that she took [REDACTED] out of his car seat at 7:45 a.m. and placed him in his pack and play on his back and placed a blanket on top of him. She stated that at this time he was still asleep. She stated that around 8 a.m. [REDACTED] came back to bring [REDACTED] milk and left. [REDACTED] stated that around 9 am she checked on [REDACTED] she stated that she touched him on his feet and he moved around the pack and play. She stated that at 9:15 a.m. she woke him up and feed him she stated that he only ate an oz. and a half of milk, after feeding him she burped him and placed him in the swing. She stated while he was in the swing he kept falling asleep. She stated that he did not open his eyes he only moved his head around. She stated that this was not normally behavior for him. She stated that at 11 a.m. she laid him down in his pack and play because she fell asleep. She stated that she checked on him periodically and while she slept he moved around from one side to another in the pack and play. [REDACTED] stated that another child (a little girl) that she babysits stated that she had to use the rest room. [REDACTED] stated that while she was helping the other child she heard [REDACTED] make a noise. She stated that she went to prepare his bottle and when she went into the room where he was sleeping and noticed that she was not moving. She stated that she called his name and he didn't move. She stated that she touched him and noticed he didn't move. She stated that she called her husband who was not at home at the time, but came home quickly. She stated that she administered CPR and heard a griggling should. She stated that her husband called the paramedics. She stated that once they entered the home to ask her to move out of the way. She stated that they administered CPR and took him away in the ambulance. She stated that once the ambulance came the mother came 5 minutes afterwards.

[REDACTED] stated that since [REDACTED] has been attending her [REDACTED] she informed his mother that she was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

concerned with his swallowing. She stated that when he is eating he makes a noise every time he drinks his milk. She stated that she informed mom of this mom stated that he is fine he always makes those noises. [REDACTED] stated that [REDACTED] cried a lot. She stated that she believed that he cried because he was in pain. She stated that he had a cast on his right leg covering his foot and his entire leg.

[REDACTED] stated that she was once a license daycare, but due to her only caring for 4 children she did not have to renew licenses.

During the interview [REDACTED] was very emotional. At times [REDACTED] stop the interview to all [REDACTED] to wipe her face.

[REDACTED] home appeared neat and clean and clutter free. The home was decorated with Christmas decorations.

Narrative Type: Addendum 1 Entry Date/Time: 06/15/2015 12:57 PM Entered By: [REDACTED]

[REDACTED] conducted face to face with [REDACTED] [REDACTED] in her home. [REDACTED] was very emotional during the interview. Her eyes appeared red and puffy as if she had been crying. [REDACTED] stated that she has been babysitting [REDACTED] for 1 week and 2 days. She stated that she has been his bother [REDACTED] babysitter for 4 years. [REDACTED] stated that on 12/09/2014 [REDACTED] was dropped off at her home at 7:25 am by his mother. She stated that when [REDACTED] brought him in she stated that he has been waking up threw out the night therefore, he would sleep all-day. [REDACTED] stated that mom stated that she feed him before she left the house therefore he should not hungry. [REDACTED] stated that she took [REDACTED] out of his car seat at 7:45 a.m. and placed him in his pack and play on his back and placed a blanket on top of him. She stated that at this time he was still asleep. She stated that around 8 a.m. [REDACTED] came back to bring [REDACTED] milk and left. [REDACTED] stated that around 9 am she checked on [REDACTED] she stated that she touched him on his feet and he moved around the pack and play. She stated that at 9:15 a.m. she woke him up and feed him she stated that he only ate an oz. and a half of milk, after feeding him she burped him and placed him in the swing. She stated while he was in the swing he kept falling asleep. She stated that he did not open his eyes he only moved his head around. She stated that this was not normally behavior for him. She stated that at 11 a.m. she laid him down in his pack and play because he fell asleep. She stated that she checked on him periodically and while he slept he moved around from one side to another in the pack and play. [REDACTED] stated that another child (a little girl) that she babysits stated that she had to use the rest room. [REDACTED] stated that while she was helping the other child she heard [REDACTED] make a noise. She stated that she went to prepare his bottle and when she went into the room where he was sleeping and she noticed that she was not moving. She stated that she called his name and he didn't move. She stated that she touched him and noticed he didn't move. She stated that she called her husband who was not at home at the time, but came home quickly. She stated that she administered CPR and heard a griggling should. She stated that her husband called the paramedics. She stated that once they entered the home to ask her to move out of the way. She stated that they administered CPR and took him away in the ambulance. She stated that once the ambulance came the mother came 5 minutes afterwards.

[REDACTED] stated that since [REDACTED] has been attending her [REDACTED] she informed his mother that she was concerned with his swallowing. She stated that when he is eating he makes a noise every time he drinks his milk. She stated that she informed mom of this mom stated that he is fine he always makes those noises. [REDACTED] stated that [REDACTED] cried a lot. She stated that she believed that he cried because he was in pain. She stated that he had a cast on his right leg covering his foot and his entire leg.

[REDACTED] stated that she was once a license daycare, but due to her only caring for 4 children she did not have to renew licenses. During the interview [REDACTED] was very emotional. At times [REDACTED] stop the interview to all [REDACTED] to wipe her face.

[REDACTED] home appeared neat and clean and clutter free. The home was decorated with Christmas decorations.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/10/2014	Contact Method:	
Contact Time:	12:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/15/2015
Completed date:	06/15/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/15/2015 12:23 PM Entered By: [REDACTED]

Family Composition

[REDACTED] Father
 [REDACTED] Mother
 [REDACTED] Brother



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/10/2014 Contact Method: Face To Face
 Contact Time: 12:20 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/10/2014
 Completed date: 12/10/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 03:16 PM Entered By: [REDACTED]

[REDACTED] conducted face to face with mother of [REDACTED] on 12/09/2014 at the family's home. [REDACTED] (mother of [REDACTED]) stated that [REDACTED] was 2 months old. She stated that he was full term. She stated that she received prenatal care during her pregnancy. [REDACTED] reported that on November 18, 2014 that she slipped and fell from the top of the stairs of her home while holding [REDACTED]. She stated that she immediately took him to the hospital to for medical treatment after the fall. She stated that she did not seek medical attention for herself because she was only concerned with the well-being of her child. She stated that [REDACTED] received a broken leg and a healing fracture on his arm from the fall. She stated that she was also told by the physician during that visit that [REDACTED] had a Vitamin D deficiency. She stated that he was prescribed medication drops for the Vitamin D deficiency. She reported that he also received a cast on his right leg due to his broken leg.

[REDACTED] stated that on 12/09/2014 she dropped [REDACTED] and her oldest son off at their babysitter's ([REDACTED]) home at 7:20 am. She stated that she forgot his bottles therefore she went home to get them and brought them back around 8 a.m. She stated that she then went to work. She stated that she received a phone call from [REDACTED] husband [REDACTED]. She stated that he informed her that [REDACTED] called the paramedic's regarding her son [REDACTED]. [REDACTED] stated that she left work and while leaving work she received a phone call from [REDACTED] stating that [REDACTED] was not breathing, she stated that she was unable to make out anything else she was saying because she was crying and yelling. [REDACTED] stated that she when she arrived at the home she noticed that police and the ambulance. She stated that she followed the ambulance to the hospital. She stated that they pronounced her son dead when she arrived at the hospital.

[REDACTED] stated that there were no known health problems. She stated that he did not have a problem with breathing. She stated that his lasted Doctor visit was on 11/24/2014. She stated that he received his 2 month checkup along with his immunizations. She stated that the Doctor did not note or bring to her attention any health problems during his checkup.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2014

Contact Method: Face To Face

Contact Time: 12:20 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/10/2014

Completed date: 12/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/10/2014 03:23 PM Entered By: [REDACTED]

[REDACTED] - Brother

[REDACTED] spoke with [REDACTED]. is 4 years old. He was able to communicate his needs. [REDACTED] was neat and clean in appears. He was neatly groomed and well dressed. [REDACTED] environment appears safe. [REDACTED] did not report any thing alarming. He stated that he likes spending time with his parents and his new brother. He reported that to Investigator that he enjoys going to school as well.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/10/2014 Contact Method: Face To Face
 Contact Time: 12:20 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/10/2014
 Completed date: 12/10/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 03:19 PM Entered By: [REDACTED]

[REDACTED]

[REDACTED] was present during face to face. [REDACTED] didn't speak much, assisted [REDACTED] in signing paperwork. [REDACTED] stated that on 12/09/2014 he received a phone call from his wife stating that she received a phone call from the daycare owner stating that [REDACTED] was not breathing. [REDACTED] stated that he met his wife at the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/15/2015

Completed date: 06/15/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 12:20 PM Entered By: [REDACTED]

The Initial Risk and Safety Assessment Notification has been sent to Juvenile Court and The District Attorney's Office. Required forms were signed and will be placed in the SIU case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/28/2015

Completed date: 01/28/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/28/2015 10:04 AM Entered By: [REDACTED]

[REDACTED] convened CPIT on this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/10/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/15/2015
 Completed date: 06/15/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/15/2015 11:48 AM Entered By: [REDACTED]

Initial Case Summary:

The following referral was received through the Child Abuse Hotline on 12/09/2014. The investigation was assigned to SIU Investigator [REDACTED] as a Priority 1 investigation.

ACV: [REDACTED]

Adjudication: Non- Custodial
 No. of Prior SIU Referrals: 0
 County of Residence: [REDACTED]

AP: Unknown
 Relationship to Child: Non Relative
 Adjudication: NA
 No. of Prior SIU Referrals: 0
 County of Incident: [REDACTED]

School:

Allegation: Neglect Death

Details of Allegation: "THE CHILD IS NOT IN CUSTODY

[REDACTED] (2 months) was in the custody of his mother, [REDACTED] and father, [REDACTED] and [REDACTED] have another child named [REDACTED] (4) that is in her custody at this time. Neither child has any known special needs or disabilities. The family has been reported to the Tennessee Department of Children Services and may have an open investigation at this time. There are no known safety concerns for a case worker going out to the home. The referent notes that there are no prior issues of domestic violence present at the family's home.

[REDACTED] claimed that she dropped [REDACTED] off at a home daycare around 7:20 AM CST on December 9, 2014. The



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

name of the home daycare is called [REDACTED] also attends the daycare and is currently still at the daycare. The owner of the daycare is [REDACTED]. According to [REDACTED] when she dropped [REDACTED] off at the daycare this morning there were no signs of concerns. [REDACTED] did not admit or report that anything happened this morning that could have caused internal injuries for [REDACTED]

Around 1:30 PM CST [REDACTED] received a phone call from [REDACTED] stating that [REDACTED] was not breathing. [REDACTED] did not state at the time whether or not 911 had been contacted. At one point [REDACTED] Sheriff's Deputies and [REDACTED] Fire Department workers arrived at [REDACTED] home daycare and transported [REDACTED] to the hospital. [REDACTED] was non-responsive at the time of emergency personnel's arrival. [REDACTED] continued to be non-responsive during the transport to the hospital, [REDACTED] was pronounced dead 2:54 PM CST.

The referent notes that [REDACTED] is in a cast from where he allegedly received a broken leg as a result of falling with [REDACTED] reportedly had [REDACTED] in her arms at the time of her fall. This incident reportedly took place on November 18, 2014. This injury was already reported to the Tennessee Department of Children Services and is still being investigated.

Medical personnel currently state that there are no other known visible marks or injuries. Photographs will be taken, but have not at this time due to the fact that [REDACTED] is holding the child's body.

[REDACTED] was observed by scene officer, [REDACTED] with the [REDACTED] Sheriff's Department and there were no noted concerns with the child. [REDACTED] was left in the care of [REDACTED]. Neither parent has picked [REDACTED] up from [REDACTED] care. It is unknown how many other children are still in [REDACTED] care at this time.

Neither [REDACTED] has any criminal history and there is no known history of violence between the two adults. The reporter has no information on whether or not [REDACTED] has a criminal history. It is also unknown if [REDACTED] is a licensed daycare director. A scene officer is interviewing [REDACTED] at this time. The scene officer told the referent that they have had to make response at [REDACTED] home in the past for concerns for a child falling while in [REDACTED] care. It is unknown what happened in that incident or who the child was in question, but it was not [REDACTED]. Neither [REDACTED] have been formally interviewed or interviewed in detail about the events of the last 24 hours. It is unknown if there has been anyone else providing care for [REDACTED] in the last 72 hours besides [REDACTED]

Medical evaluations were not done on [REDACTED] at this time. It is unknown if he had any internal injuries or how his death will be ruled. [REDACTED] body is going to be transported to the medical examiners' office for further evaluation and the medical examiner will be [REDACTED] and [REDACTED]. A report was taken for the [REDACTED] Sheriff's Department and the case number is [REDACTED]. The detective assigned to this case is [REDACTED] and she can be reached at the number provided in this report. The referent request a phone call from the worker assigned to this case upon assignment.

[REDACTED] the grandmother (name unknown), and a family friend are at the hospital currently. It is unknown where [REDACTED] is at this time. The referent reports that [REDACTED] demeanor appears to be an appropriate response.

This is all the information given at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/10/2014

Contact Method: Phone Call

Contact Time: 09:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/10/2014

Completed date: 12/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2014 04:08 PM Entered By: [REDACTED]

[REDACTED] spoke with referent. Referent provided Investigator with contact information for the ACV's mother.



Tennessee Department of Children's Services

SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): _____

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____