



Notice of Child Death/Preliminary Near Death

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/22/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> PRELIMINARY NEAR DEATH	Date of Death/Preliminary Near Death:	12/15/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Hispanic or Latino	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	None	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

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

Special Investigator (SI) received P1 referral with the allegation of neglect death on 12/22/2014. The alleged victim was listed as nine month ██████████ and the alleged perpetrator is listed as unknown. The referral states that ██████████ is the son of ██████████ and ██████████ and ██████████ are the daycare providers for ██████████. Referral states that mother, ██████████ dropped off ██████████ at ██████████ home located at ██████████ in December 15, 2015 at approximately 8:30am. Referral also states ██████████ was in a car seat. ██████████ left and went to school as she was preparing for graduation. ██████████ brought ██████████ into the home and left him in the car seat for several unknown minutes. When ██████████ became fussy and began to cry, ██████████ picked ██████████ up and tried comforting him by walking and carrying him around. ██████████ then took ██████████ to a back bedroom and placed him on his right side on a bed. ██████████ stated she placed pillows in front and behind ██████████ so he would not roll off the bed. ██████████ went into the kitchen to fix breakfast and returned 20 minutes later to find the child unresponsive and in the same position in which she had left him.

██████████ notified mother, ██████████ at 11:32 AM. Neither ██████████ nor ██████████ knew CPR and did not know what to do for ██████████. ██████████ called 911 at approximately 12:00 PM. It is unknown if ██████████ was or had been sick. No obvious signs of abuse were noted on ██████████ by law enforcement personnel or the medical examiners' office. An autopsy was completed on 12.16.2014 and the results are pending as of 12.22.2014.

The birth mother, ██████████ and childcare provider, ██████████ have been interviewed. There are no other children in the mother's home and no patterns of abuse noted. The mother, ██████████ and childcare provider, ██████████ have no history with ██████████. Neither ██████████ nor ██████████ have been charged at this time.

There is a concern that the childcare providers ██████████ and ██████████ are running an unlicensed in-home daycare.

SI attempted home visit to Ms. ██████████ home on 12/22/2014 at 1:30pm but there was no answer. SI left contact information in door.

SI contacted Ms. ██████████ via telephone. Ms. ██████████ does not speak English and placed someone else on the phone to communicate with SI. SI explained that SI needed to speak with Ms. ██████████ and a home visit was scheduled for 12/23/2014 at 8:30am and Ms. ██████████ residence.

12/23/2014

Special Investigator (SI) ██████████ arrived to ██████████ on 12/23/2014 at 8:30am and was greeted by Ms. ██████████. Due to language barriers SI utilized translator, ██████████ with the ██████████ to communicate with Ms. ██████████. SI introduced self and explained reason for visit. Ms. ██████████ reported that she lives in the home with her husband; whose name she did not provide. Ms. ██████████ reported that they have no children and she cared for ██████████'s son, ██████████ while she went to school. SI asked Ms. ██████████ if she cared for any other children and Ms. ██████████ reported no. SI asked Ms. ██████████ to explain what happened on the morning of December 15, 2014. Ms. ██████████ reported that ██████████ was dropped off by his mother, ██████████ at 8:30am. Ms. ██████████ stated that she fed ██████████ and about thirty minutes later she took him to bed. Ms. ██████████ stated that she laid ██████████ on his right side and placed one pillow behind his back. Ms. ██████████ stated that she then prepared herself something to eat and after thirty minutes she returned to the room to check on ██████████ and he was not breathing. Ms. ██████████ stated that when she realized ██████████ was not breathing she immediately called his mother ██████████ to return. Ms. ██████████ stated that she did not know what else to do. Ms. ██████████ reported that she does not remember the exact time in which things occurred and cannot remember who called 911. Ms. ██████████ stated

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that her sister-in-law, [redacted] was also present in the home. Ms. [redacted] stated that she is not related to [redacted] or his mother and was just watching [redacted] for his mother.

SI observed several toys in the home, toddler chairs, and what appeared to be an attendance chart on the wall of the home. SI inquired about the items in the home. Ms. [redacted] reported that the list of 22 children were children that she and her husband bought Christmas presents for and reported that chairs were in the home because the family had a birthday party in the home last Sunday (12/14/2014). SI inquired about any children residing in the home and Ms. [redacted] reported that no children reside in the home. SI asked Ms. [redacted] about her relation to the children listed on the chart and Ms. [redacted] initially reported that she was friends with the parents of the children and then later stated that she did not know and that her mother-in-law, [redacted] is related to some of the children and knows some of their parents. Ms. [redacted] reported again that [redacted] is the only child she cared for. SI asked Ms. [redacted] to explain the marking system on the chart with the children's names on it and Ms. [redacted] reported that during the party adults placed a check by a child's name if they were observed doing something good and an x when they were observed doing something bad. SI asked for contact information for Ms. [redacted] and [redacted] and Ms. [redacted] reported that Ms. [redacted] resides in the home with her but was currently not present and she provided no contact information for Ms. [redacted]

Ms. [redacted] showed SI the room in which [redacted] was observed unresponsive and no hazards or concerns were observed in the room. Ms. [redacted] reported that she moved the bed into another room because the memory haunted her. SI observed the full-size bed in another bedroom. The bed set on a box spring and no frame was attached to the bed. Ms. [redacted] reported that on 12/15/2015 no linen was on the bed; only [redacted] and a pillow placed on his back was on the bed.

Pictures of the bed, toys, name chart, and toddler chairs were taken. [redacted] and [redacted] with [redacted] Licensing were also present and informed Ms. [redacted] about the legal laws of watching other people's children in the home and the limit of children allowed in a home before a license needs to be obtained. Ms. [redacted] continued to deny having multiple children in the home and displayed understanding of what was being explained to her by DHS Licensing personnel.

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

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

Describe (in detail) interview with family:

SI spoke with mother, [redacted] in her home setting of [redacted] at 10:15am on 12/23/2014. SI introduced self and explain reason for visit. Ms. [redacted] reported that her son [redacted] had been attending Ms. [redacted] and Ms. [redacted] s in-home daycare since he was three months old. Ms. [redacted] reported that she was referred by her sister, [redacted] Ms. [redacted] stated that her nephew [redacted] went there for a while before his paternal grandmother started to care for him while her sister worked. Ms. [redacted] stated that she had no concerns prior to this incident about the care that was being provided to her son while at the home daycare. Ms. [redacted] stated that [redacted] attended daily while she attended school. Ms. [redacted] stated that she paid fifteen dollars daily for [redacted] and [redacted] to care for her son.

Ms. [redacted] stated that on 12/15/2014 she dropped [redacted] off at daycare around 8:22am. Ms. [redacted] stated that she was attending [redacted] at [redacted] and had graduation rehearsal that morning. Ms. [redacted] stated that she received a telephone at 11:32am from [redacted] stating that [redacted] was purple. Ms. [redacted] stated that [redacted] informed her that she needed to get to her home immediately. Ms. [redacted] stated that she and [redacted] father, [redacted] have a good relationship therefore she called him and immediately headed to [redacted] home. Ms. [redacted] stated that when she arrived [redacted] and [redacted] were outside trying to get all the children in the van. Ms. [redacted] stated that she does not know how many children were in the van. Ms. [redacted] stated that she rushed into the room with [redacted] and there he was lying in the room alone and was purple in color. Ms. [redacted] stated that she was hysterical. Ms. [redacted] reported that [redacted] father, paternal relatives, and a maternal aunt arrived to the scene shortly after her. Ms. [redacted] stated that [redacted] s husband (name unknown) came into the room to see what was going on and he called 911. Ms. [redacted] stated that when [redacted] and paramedics arrived all the children were gone. Ms. [redacted] stated at this time she found out that it was some type of secret about all the children being in the home. Ms. [redacted] stated that [redacted] was then transported to [redacted] Hospital and was pronounced dead at the hospital. Ms. [redacted] reported that she has no other children and is currently nine weeks pregnant. Ms. [redacted] reported that [redacted] was current on all immunizations and had no health concerns.

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

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Describe disposition of body (Death):

Name of Medical Examiner/Coroner: _____ 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: _____ Case #: _____

Describe law enforcement or court involvement, if applicable:

SI spoke with [redacted] with [redacted] Department and [redacted] reported that when [redacted] arrived on the scene on 12/15/2014 no other children were observed in the home and [redacted] was not responsive. [redacted] reported that [redacted] was transported to [redacted] Hospital and was pronounced dead at 12:55pm. [redacted] reported that there was a one and a half hour time gap between the time in which Ms. [redacted] reported that [redacted] was found to the time that emergency services were contacted. [redacted] reported that Emergency Medical Services (EMS) was dispatched at 12:02pm. [redacted] reported that when [redacted] arrived on the scene rigor mortis had started on [redacted] body. [redacted] reported that bed linen and two pillows were observed on the bed with [redacted] [redacted] reported that Ms. [redacted] informed them that she placed a pillow in the front and behind [redacted] so he would not roll out of the bed. [redacted] reported that on 12/15/2014 Ms. [redacted] reported that seven adults reside in the home. [redacted] informed SI that he will provide SI with those adults' names upon arrival to his office. [redacted] reported that an autopsy was completed on 12/16/2014 but results have not been received as of yet.

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):

No children reside in the home in which the incident occurred and the mother, [redacted] [redacted] has no other children but is currently nine weeks pregnant.

Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
07/23/2014	[redacted]	Lack of Supervision	[redacted]	[redacted]	No Services Needed
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

Contact Person: _____ Telephone Number: () -

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	Case # 2014-213 2/20/14
Case Manager:	██████████	Telephone Number:	██████████		
Team Leader:	██████████	Telephone Number:	██████████		
Team Coordinator:	██████████	Telephone Number:	██████████		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to: ██████████</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or CHILD PRELIMINARY NEAR DEATH [secure email]</p>					

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RDA 2993



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 12/22/2014 08:28 AM CT
Track Assigned: Special Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 12/22/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 12/22/2014 01:51 PM
First Team Leader Assigned: [REDACTED] Date/Time 12/22/2014 01:51 PM
First Case Manager [REDACTED] Date/Time 12/22/2014 01:51 PM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 4 Mos	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	None

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No
Closed Court Custody No
Open-No
Substantiated-No
Death-No
Number of Screen Outs: 0

History (not listed above): Yes
07.23.2014 - ASMT / [REDACTED] / LOS / No Services Needed / 09/02/2014

County: [REDACTED]
Notification: None



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

School/ Daycare: Unknown Name of Daycare / Unlicensed at [REDACTED]

Native American Descent: Unknown

Directions: None given

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

Reporter states:

[REDACTED] (9 months old) is the son of [REDACTED] (18) who lives in [REDACTED] County. [REDACTED] (28) and [REDACTED] (unknown relationship) are the daycare providers for [REDACTED] and both live in [REDACTED] County. No other adults or children live in [REDACTED] home.

[REDACTED] (birth mother) dropped off [REDACTED] a [REDACTED] (daycare provider at [REDACTED]) on December 15, 2014 at approximately 8:30 AM. [REDACTED] was in a car seat. [REDACTED] left and went to school as she was preparing for graduation. [REDACTED] brought [REDACTED] into the home and left him in the car seat for several unknown minutes. When [REDACTED] became fussy and began to cry, [REDACTED] picked [REDACTED] up and tried comforting him by walking and carrying him around. [REDACTED] then took [REDACTED] to a back bedroom and placed him on his right side on a bed. [REDACTED] stated she placed pillows in front and behind [REDACTED] so he would not roll off the bed. [REDACTED] went into the kitchen to fix breakfast and returned 20 minutes later to find the child unresponsive and in the same position in which she had left him.

[REDACTED] notified [REDACTED] (birth mother) at 11:32 AM. Neither [REDACTED] nor [REDACTED] knew CPR and didn't know what to do for [REDACTED]. [REDACTED] called 911 at approximately 12:00 PM.

It is unknown if [REDACTED] was or had been sick. No obvious signs of abuse were noted on [REDACTED] by law enforcement personnel or the medical examiner's office. An autopsy was completed on 12.16.2014 and the results are pending as of 12.22.2014.

The birth mother, [REDACTED] and childcare provider, [REDACTED] have been interviewed. There are no other children in the mother's home and no patterns of abuse noted. The mother, [REDACTED] and childcare provider, [REDACTED] have no history with [REDACTED]. Neither [REDACTED] nor [REDACTED] have been charged at this time.

There is a concern that the childcare providers [REDACTED], [REDACTED] and [REDACTED] are running an unlicensed in home daycare [REDACTED]. This was admitted later by [REDACTED]. It is reported that multiple children (approximately 22 children) are kept in the unlicensed daycare. It is unknown how many children are in the home at one time on a daily basis. It is unknown who is the "primary" caretaker and if others "work" in the home to assist. [REDACTED] was the only child in the home at the time of the incident.

Special Needs or Disabilities: Unknown

Child's current location/is the child safe at this time: Unknown

Perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: None

Domestic Violence present in the home: Unknown

Per SDM: [REDACTED] (SIU), P1

P1 on 12/22/14 @ 11:20am by [REDACTED], CM3



**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: Unable to

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

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:** Unable to **Age:** 28 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: Does not speak English....

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: White Age: [REDACTED] Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: 1 Yr 4 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

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: Unable to

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/22/2014

Assignment Date: 12/23/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 04/15/2015
2	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 04/15/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegation substantiated; perpetrator substantiated.

D. Case Workers

Case Worker: [REDACTED]

Date: 04/15/2015

Team Leader: [REDACTED]

Date: 04/16/2015

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:

Medical records for [REDACTED] were gathered from [REDACTED] Medical on March 12, 2015. Medical records confirm the date and time of death to be December 15, 2014 at 12:55pm pronounced by [REDACTED].

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

The autopsy report was received on March 19, 2015. Autopsy report states cause of death and manner of death could not be determined and circumstances of death were unsafe sleeping environment.



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

Case Name : ██████████

Investigation ID: ██████████

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

Ms. ██████ reported on the morning of December 15, 2014 ██████ was dropped off by his mother at 8:30am. Ms. ██████ stated that she fed ██████ and about thirty minutes later she took him to bed. Ms. ██████ stated she laid ██████ on his right side and placed one pillow behind his back. Ms. ██████ stated she then prepared herself something to eat and after thirty minutes she returned to the room to check on ██████ and he was not breathing. Ms. ██████ stated when she realized ██████ was not breathing she immediately called his mother to return. Ms. ██████ reported that she does not remember the exact time in which things occurred and cannot remember who called 911.

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

Referent reported there was a half hour time gap between the time in which ██████ was found to the time that emergency services were contacted. Referent reported that Emergency Medical Services (EMS) was dispatched at 12:02pm and when ██████ arrived on the scene rigor mortis had started on ██████ body.

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

There is a preponderance of evidence to substantiate the allegation of neglect death due to Ms. ██████ placing child in an unsafe sleeping position, failure to contact 911, and running an unlicensed daycare.

The case will be closed and classified as allegation substantiated; perpetrator substantiated for the allegation of Child Neglect Death.

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 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/26/2015

Contact Method:

Contact Time: 09:12 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/26/2015

Completed date: 05/26/2015

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: 05/26/2015 09:13 PM Entered By: [REDACTED]

Case reviewed and approved for closure by Director [REDACTED]. Permission was granted for Investigative Coordinator, [REDACTED] 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: 05/22/2015 Contact Method:
 Contact Time: 04:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/23/2015
 Completed date: 05/23/2015 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: 05/23/2015 02:07 PM Entered By: [REDACTED]

On December 22, 2014, the Department of Children's Services (DCS) received a referral with the allegation of neglect death. The case was assigned to Special Investigator (SI) [REDACTED]. The alleged child victim is listed as [REDACTED] (9 months) and the alleged perpetrator is listed as non-relative, Unknown. The referral states that [REDACTED] and [REDACTED] are the daycare providers for [REDACTED] and on December 15, 2015 [REDACTED] was found unresponsive by [REDACTED] in her home. An autopsy was completed on December 16, 2014 and results are pending as of December 22, 2014. No signs of abuse were noted by referent however, there is concern that childcare providers [REDACTED] and [REDACTED] are running an unlicensed in-home daycare. It is reported that approximately 22 children are kept in the unlicensed daycare and [REDACTED] was the only child in the home at the time of the incident.

The [REDACTED] family has one previous case with the Department of Children's Services for the allegation of lack of supervision on July 30, 2014 and the case was classified as no services needed. The alleged perpetrator is listed as the child's maternal aunt, [REDACTED].

A search of the Tennessee Family and Child Tracking System (TFACTS) shows no previous history for Ms. [REDACTED].

SI [REDACTED] responded to the referral on December 23, 2014. Due to language barriers SI utilized a translator to communicate with Ms. [REDACTED]. Ms. [REDACTED] reported that she lives in the home with her husband; whose name she did not provide. Ms. [REDACTED] reported they have no children and she cared for [REDACTED]'s son, [REDACTED] while she went to school. Ms. [REDACTED] reported that she cared for no other children. Ms. [REDACTED] reported on the morning of December 15, 2014 [REDACTED] was dropped off by his mother at 8:30am. Ms. [REDACTED] stated that she fed [REDACTED] and about thirty minutes later she took him to bed. Ms. [REDACTED] stated she laid [REDACTED] on his right side and placed one pillow behind his back. Ms. [REDACTED] stated she then prepared herself something to eat and after thirty minutes she returned to the room to check on [REDACTED] and he was not breathing. Ms. [REDACTED] stated when she realized [REDACTED] was not breathing she immediately called his mother to return. Ms. [REDACTED] reported that she does not remember the exact time in which things occurred and cannot remember who called 911. Ms. [REDACTED] stated that her sister-in-law, [REDACTED] was also present in the home. Ms. [REDACTED] would not provide contact information for Ms. [REDACTED].



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

SI observed several toys in the home, toddler chairs, and what appeared to be an attendance chart on the wall of the home. Ms. [REDACTED] reported that the list of 22 children are children who received Christmas presents from her and her husband. She also reported that the check marks placed by the children's name indicate they were observed doing something good and an x means they were observed doing something bad during a birthday party the family had on December 14, 2014. She also reported that the excess of chairs were in the home because of the birthday party as well. Ms. [REDACTED] reported that no children reside in the home and again reported that [REDACTED] is the only child she cared for.

SI observed the room in which [REDACTED] was found unresponsive and no hazards or concerns were observed in the room. Ms. [REDACTED] reported that she moved the bed into another room because the memory haunted her. SI observed the full-size bed in another bedroom. The bed set on a box spring and no frame was attached to the bed. Ms. [REDACTED] reported that on December 15, 2014 no linen was on the bed; only [REDACTED] and a pillow placed on his back was on the bed.

[REDACTED] and [REDACTED] Department of Human Services Daycare Licensing, were notified and interviewed Ms. [REDACTED] about the number of children that she was reportedly watching at the time of referral; as well as informing her of licensing requirements. Ms. [REDACTED] continued to deny having multiple children in the home and displayed understanding of what was being explained to her by DHS Licensing personnel.

Child Protective Investigation Team (CPIT) was convened with [REDACTED] Department on December 23, 2014. [REDACTED] reported when [REDACTED] arrived on the scene on December 15, 2014, no other children were observed in the home and [REDACTED] was unresponsive. He reported that [REDACTED] was transported to [REDACTED] Hospital and was pronounced dead at 12:55pm. [REDACTED] reported that there was a half hour time gap between the time in which [REDACTED] was found to the time that emergency services were contacted. He reported that Emergency Medical Services (EMS) was dispatched at 12:02pm. [REDACTED] reported that when [REDACTED] arrived on the scene rigor mortis had started on [REDACTED] body. He reported that bed linen and two pillows were observed on the bed with [REDACTED]. [REDACTED] reported that Ms. [REDACTED] informed them that she placed a pillow in the front and behind [REDACTED] so he would not roll out of the bed. There was no crib, bassinet, or playpen observed suggesting appropriate sleeping arrangements for an infant.

SI spoke with mother, [REDACTED] on December 23, 2014. Ms. [REDACTED] reported that her son [REDACTED] had been attending Ms. [REDACTED] and Ms. [REDACTED]'s in-home daycare since he was three months old. Ms. [REDACTED] stated that she had no concerns prior to this incident about the care that was being provided to her son while at the home daycare. She stated that [REDACTED] attended daily while she attended school. Ms. [REDACTED] stated she paid fifteen dollars daily for [REDACTED] and [REDACTED] to care for her son.

Ms. [REDACTED] stated that on December 15, 2014 she dropped [REDACTED] off at daycare around 8:22am. Ms. [REDACTED] stated that she was attending [REDACTED] and had graduation rehearsal that morning. Ms. [REDACTED] stated that she received a telephone call at 11:32am from [REDACTED] stating that [REDACTED] was purple. Ms. [REDACTED] stated that [REDACTED] informed her that she needed to get to her home immediately. Ms. [REDACTED] stated that when she arrived [REDACTED] and [REDACTED] were outside trying to get all the children in the van. Ms. [REDACTED] stated that she does not know how many children were in the van. Ms. [REDACTED] stated that she rushed into the room with [REDACTED] and he was lying in the room alone and was purple in color. Ms. [REDACTED] stated that [REDACTED]'s husband (name unknown) came into the room to see what was going on and he called 911. Ms. [REDACTED] stated when [REDACTED] and paramedics arrived all the children were gone. Ms. [REDACTED] stated at this time she found out it was some type of secret about all the children being in the home. Ms. [REDACTED] stated that [REDACTED] was then transported to [REDACTED] Hospital and was pronounced dead at the hospital. Ms. [REDACTED] reported that she has no other children and is currently nine weeks pregnant. Ms. [REDACTED] reported that [REDACTED] was current on all immunizations and had no health concerns.

Medical records for [REDACTED] were gathered from [REDACTED] on March 12, 2015. Medical records confirm the date and time of death to be December 15, 2014 at 12:55pm pronounced by [REDACTED].

The autopsy report was received on March 19, 2015. Autopsy report states cause of death and manner of death could not be determined and circumstances of death were unsafe sleeping environment.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

report.

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

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

This case was presented to the [REDACTED] County CPIT on April 2, 2015 and all parties were in agreement with classification of allegation substantiated for neglect death against [REDACTED].

There is a preponderance of evidence to substantiate the allegation of neglect death due to Ms. [REDACTED] placing child in an unsafe sleeping position, failure to contact 911, and running an unlicensed daycare.

The case will be closed and classified as allegation substantiated; perpetrator substantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2015

Contact Method:

Contact Time: 10:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/09/2015

Completed date: 04/09/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2015 11:18 AM Entered By: [REDACTED]

Investigation reviewed on 4/9/2015. Due to the babysitter placing child in an unsafe sleeping position, failure to contact 911, and running an illegal daycare and trying to say she didn't despite overwhelming evidence, it was determined that investigation will be substantiated for neglect 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: 04/02/2015

Contact Method: Correspondence

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/09/2015

Completed date: 04/09/2015

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: 04/09/2015 11:15 AM Entered By: [REDACTED]

Investigation presented to CPIT on 4/2 and classified as allegations substantiated for neglect death against [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/01/2015

Completed date: 04/01/2015

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: 04/01/2015 09:42 AM Entered By: [REDACTED]

SI received copy of autopsy report. Autopsy report states cause of death and manner of death could not be determined and circumstances of death were unsafe sleeping environment. Copy of autopsy report is placed in SIU file and uploaded in 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: 03/12/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2015

Completed date: 03/12/2015

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: 03/12/2015 10:42 AM Entered By: [REDACTED]

SI received medical records for [REDACTED] [REDACTED] [REDACTED] from [REDACTED] Medical Center via United States Postal System (USPS) mail. Records include same information as faxed medical records in addition to death record which list cardiopulmonary arrest as preliminary cause of death. Death Record also shows time of death 12/15/2014 at 12:55pm pronounced deceased by [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/27/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/04/2015

Completed date: 03/04/2015

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: 03/04/2015 01:43 AM Entered By: [REDACTED]

SI contacted [REDACTED], Deputy Director with the Office of the Chief Medical Examiner regarding the autopsy report for [REDACTED]. SI was informed that the autopsy report has not been received as of yet. SI was informed that as soon as report is received a secure email will be sent to SI with attached 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: 02/25/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2015

Completed date: 02/26/2015

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: 02/26/2015 08:38 AM Entered By: [REDACTED]

SI received medical records from [REDACTED] Medical Center via fax. Medical records state that [REDACTED] was unresponsive, pupils fixed and dilated, and milk was in mouth with oral airway. Mild rigor was also observed in [REDACTED] legs. Records also state that CPR was administered and cardiac ultrasound showed no activity; at this point code was called and parents were notified at bedside. Disposition states primary impression was cardiopulmonary arrest. Report was electronically signed by [REDACTED] on 12/15/2014 at 1:07pm.

SI also received copy of paramedic report. Paramedic report states that unit was enroute at 12:08pm, arrived to scene at 12:13pm, and arrived to patient at 12:14pm. Report states that a nine month old male was observed unresponsive and "pulseless" on the floor of a bedroom. Report states, "PD on scene performing compressions. Family states last time PT was seen normal was 30 mins prior. PT is cyanotic in color and has stiffness in legs." Report further states that CPR was continued by paramedic staff and after consult with [REDACTED] [REDACTED] was transported to [REDACTED] Emergency Room.



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: 02/25/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2015

Completed date: 02/26/2015

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: 02/26/2015 08:24 AM Entered By: [REDACTED]

SI followed up with [REDACTED] Medical Center regarding records request. SI was informed that records will be faxed by close of business.



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: 02/20/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2015

Completed date: 02/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2015 08:22 AM Entered By: [REDACTED]

SI followed up with [REDACTED] [REDACTED] regarding investigation. [REDACTED] [REDACTED] reported that he is still waiting for the results of the autopsy and he has to complete interviews with other family members.



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: Attempted Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/26/2015
 Completed date: 02/26/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Persons Living in Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2015 08:16 AM Entered By: [REDACTED]

SI attempted home visit to follow up with [REDACTED] but there was no answer; SI contact information was left in door.



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: 01/13/2015 Contact Method: Attempted Phone Call
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/01/2015
 Completed date: 04/01/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2015 09:58 AM Entered By: [REDACTED]

SI attempted telephone contact again with Ms. [REDACTED] in an attempt to obtain pediatrician information but there was no answer; voice message was left.



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: 01/08/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2015

Completed date: 02/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2015 08:12 AM Entered By: [REDACTED]

SI submitted request for [REDACTED] medical records at [REDACTED] Hospital. SI also followed up with [REDACTED] regarding autopsy report and report has not been submitted 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: 01/08/2015 Contact Method: Attempted Phone Call
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/01/2015
 Completed date: 04/01/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2015 09:55 AM Entered By: [REDACTED]

SI attempted to contact mother, Ms. [REDACTED] via telephone to inquire about [REDACTED] pediatrician but there was no answer; SI left voice message requesting that Ms. [REDACTED] contact SI.



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: 12/23/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/01/2015

Completed date: 04/01/2015

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: 04/01/2015 09:49 AM Entered By: [REDACTED]

Strength and Risk/Safety Assessment was completed on 12/23/2014. The risk assessment was scored as low risk. Assessment score was confirmed by SI [REDACTED] as low risk based on the following:

[REDACTED] died 12/15/2014. SI spoke with [REDACTED] [REDACTED] and it was reported that it appears to be no signs of foul play.



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: 12/23/2014 Contact Method: Face To Face
 Contact Time: 10:15 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/23/2014
 Completed date: 12/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2014 02:08 PM Entered By: [REDACTED]

SI spoke with mother [REDACTED] in her home setting of [REDACTED] at 10:15am on 12/23/2014. SI introduced self and explain reason for visit. Ms. [REDACTED] reported that her son [REDACTED] had been attending Ms. [REDACTED] and Ms. [REDACTED]'s in-home daycare since he was three months old. Ms. [REDACTED] reported that she was referred by her sister, [REDACTED]. Ms. [REDACTED] stated that her nephew [REDACTED] went there for a while before his paternal grandmother started to care for him while her sister worked. Ms. [REDACTED] stated that she had no concerns prior to this incident about the care that was being provided to her son while at the home daycare. Ms. [REDACTED] stated that [REDACTED] attended daily while she attended school. Ms. [REDACTED] stated that she paid fifteen dollars daily for [REDACTED] and [REDACTED] to care for her son.

Ms. [REDACTED] stated that on 12/15/2014 she dropped [REDACTED] off at daycare around 8:22am. Ms. [REDACTED] stated that she was attending [REDACTED] and had graduation rehearsal that morning. Ms. [REDACTED] stated that she received a telephone at 11:32am from [REDACTED] stating that [REDACTED] was purple. Ms. [REDACTED] stated that [REDACTED] informed her that she needed to get to her home immediately. Ms. [REDACTED] stated that she called [REDACTED] father, [REDACTED] and immediately headed to [REDACTED] home. Ms. [REDACTED] stated that when she arrived [REDACTED] and [REDACTED] were outside trying to get all the children in the van. Ms. [REDACTED] stated that she does not know how many children were in the van. Ms. [REDACTED] stated that she rushed into the room with [REDACTED] and there he was lying in the room alone and was purple in color. Ms. [REDACTED] stated that she was hysterical. Ms. [REDACTED] reported that [REDACTED] father, paternal relatives, and a maternal aunt arrived to the scene shortly after her. Ms. [REDACTED] stated that [REDACTED]'s husband (name unknown) came into the room to see what was going on and he called 911. Ms. [REDACTED] stated that when [REDACTED] and paramedics arrived all the children were gone. Ms. [REDACTED] stated at this time she found out that it was some type of secret about all the children being in the home. Ms. [REDACTED] stated that [REDACTED] was then transported to [REDACTED] Hospital and was pronounced dead at the hospital. Ms. [REDACTED] reported that she has no other children and is currently nine weeks pregnant. Ms. [REDACTED] reported that [REDACTED] was current on all immunizations and had no health concerns.



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: 12/23/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/23/2014
 Completed date: 12/23/2014 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: 12/23/2014 02:06 PM Entered By: [REDACTED]

Upon leaving the residence [REDACTED] with [REDACTED] Department arrived to the home. SI spoke with [REDACTED] and [REDACTED] reported that when [REDACTED] arrived on the scene on 12/15/2014 no other children were observed in the home and [REDACTED] was not responsive. [REDACTED] reported that [REDACTED] was transported to [REDACTED] Hospital and was pronounced dead at 12:55pm. [REDACTED] reported that there was a one and an half time gap between the time in which Ms. [REDACTED] reported that [REDACTED] was found to the time that emergency services were contacted. [REDACTED] reported that Emergency Medical Services (EMS) was dispatched at 12:02pm. [REDACTED] reported that when [REDACTED] arrived on the scene rigor mortis had started on [REDACTED] body. [REDACTED] reported that bed linen and two pillows were observed on the bed with [REDACTED] [REDACTED] reported that Ms. [REDACTED] informed them that she placed a pillow in the front and behind [REDACTED] so he would not roll out of the bed. [REDACTED] reported that on 12/15/2014 Ms. [REDACTED] reported that seven adults reside in the home. [REDACTED] informed SI that he will provide SI with those adults' names upon arrival to his office. [REDACTED] reported that an autopsy was completed on 12/16/2014 but results have not been received as of yet.



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: 12/23/2014 Contact Method: Face To Face
 Contact Time: 08:30 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 12/23/2014
 Completed date: 12/23/2014 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: 12/23/2014 02:04 PM Entered By: [REDACTED]

Special Investigator (SI) [REDACTED] arrived to [REDACTED] on 12/23/2014 at 8:30am and was greeted by Ms. [REDACTED]. Due to language barriers SI utilized translator, [REDACTED] to communicate with Ms. [REDACTED]. SI introduced self and explained reason for visit. Ms. [REDACTED] reported that she lives in the home with her husband; whose name she did not provide. Ms. [REDACTED] reported that they have no children and she cared for [REDACTED] s son, [REDACTED] while she went to school. SI asked Ms. [REDACTED] if she cared for any other children and Ms. [REDACTED] reported no. SI asked Ms. [REDACTED] to explain what happened on the morning of December 15, 2014. Ms. [REDACTED] reported that [REDACTED] was dropped off by his mother, [REDACTED] at 8:30am. Ms. [REDACTED] stated that she fed [REDACTED] and about thirty minutes later she took him to bed. Ms. [REDACTED] stated that she laid [REDACTED] on his right side and placed one pillow behind his back. Ms. [REDACTED] stated that she then prepared herself something to eat and after thirty minutes she returned to the room to check on [REDACTED] and he was not breathing. Ms. [REDACTED] stated that when she realized [REDACTED] was not breathing she immediately called his mother, [REDACTED] to return. Ms. [REDACTED] stated that she did not know what else to do. Ms. [REDACTED] reported that she does not remember the exact time in which things occurred and cannot remember who called 911. Ms. [REDACTED] stated that her sister-in-law, [REDACTED] was also present in the home. Ms. [REDACTED] stated that she is not related to [REDACTED] or his mother and was just watching [REDACTED] for his mother.

SI observed several toys in the home, toddler chairs, and what appeared to be an attendance chart on the wall of the home. SI inquired about the items in the home. Ms. [REDACTED] reported that the list of 22 children were children that she and her husband bought Christmas presents for and reported that chairs were in the home because the family had a birthday party in the home last Sunday (12/14/2014). SI inquired about any children residing in the home and Ms. [REDACTED] reported that no children reside in the home. SI asked Ms. [REDACTED] about her relation to the children listed on the chart and Ms. [REDACTED] initially reported that she was friends with the parents of the children and then later stated that she did not know and that her mother-in-law, [REDACTED] - [REDACTED] is related to some of the children and knows some of their parents. Ms. [REDACTED] reported again that [REDACTED] is the only child she cared for. SI asked Ms. [REDACTED] to explain the marking system on the chart with the children's names on it and Ms. [REDACTED] reported that during the party adults placed a check by a child's name if they were observed doing something good and an x when they were observed doing something bad. SI asked for contact information for Ms. [REDACTED] and [REDACTED] and Ms. [REDACTED] reported that Ms. [REDACTED] resides in the home with her but was currently not present and she provided no contact information for Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Ms. [REDACTED] showed SI the room in which [REDACTED] was observed unresponsive and no hazards or concerns were observed in the room. Ms. [REDACTED] reported that she moved the bed into another room because the memory haunted her. SI observed the full-size bed in another bedroom. The bed set on a box spring and no frame was attached to the bed. Ms. [REDACTED] reported that on 12/15/2015 no linen was on the bed; only [REDACTED] and a pillow placed on his back was on the bed.

Pictures of the bed, toys, name chart, and toddler chairs were taken. [REDACTED] and [REDACTED] with DHS Licensing were also present and informed Ms. [REDACTED] about the legal laws of watching other people's children in the home and the limit of children allowed in a home before a license needs to be obtained. Ms. [REDACTED] continued to deny having multiple children in the home and displayed understanding of what was being explained to her by DHS Licensing personnel.



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: 12/23/2014 Contact Method: Face To Face
 Contact Time: 08:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/26/2014
 Completed date: 12/26/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/26/2014 03:02 PM Entered By: [REDACTED]

Contact was made with child care provider, [REDACTED] and mother, [REDACTED] and home visits are scheduled. Ms. [REDACTED] reported that [REDACTED] was transported to [REDACTED] Hospital on 12/15/2014 by paramedics after he was found unresponsive while at daycare. Ms. [REDACTED] reported that upon arrival to [REDACTED] [REDACTED] was pronounced dead. Ms. [REDACTED] reported that the [REDACTED] funeral was held Friday, 12/19/2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/22/2014

Contact Method: Correspondence

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/01/2015

Completed date: 04/01/2015

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: 04/01/2015 10:05 AM Entered By: [REDACTED]

CPIT was convened by SI emailing copy of referral to [REDACTED] and [REDACTED] Department.



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: 12/22/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/01/2015

Completed date: 04/01/2015

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: 04/01/2015 09:46 AM Entered By: [REDACTED]

The Department received a response priority 1 referral with the allegation of neglect death on 12/22/2014 and was assigned to Special Investigator (SI) [REDACTED]. The alleged child victim is listed as [REDACTED] (9 months) and the alleged perpetrator is listed as non-relative, Unknown. The referral states verbatim:

[REDACTED] (9 months old) is the son of [REDACTED] (18) who lives in [REDACTED] County. [REDACTED] (28) and [REDACTED] (unknown relationship) are the daycare providers for [REDACTED] and both live in [REDACTED] County. No other adults or children live in [REDACTED] home.

[REDACTED] (birth mother) dropped off [REDACTED] at [REDACTED] (daycare provider a [REDACTED]) on December 15, 2014 at approximately 8:30 AM. [REDACTED] was in a car seat. [REDACTED] left and went to school as she was preparing for graduation. [REDACTED] brought [REDACTED] into the home and left him in the car seat for several unknown minutes. When [REDACTED] became fussy and began to cry, [REDACTED] picked [REDACTED] up and tried comforting him by walking and carrying him around. [REDACTED] then took [REDACTED] to a back bedroom and placed him on his right side on a bed. [REDACTED] stated she placed pillows in front and behind [REDACTED] so he would not roll off the bed. [REDACTED] went into the kitchen to fix breakfast and returned 20 minutes later to find the child unresponsive and in the same position in which she had left him.

[REDACTED] notified [REDACTED] (birth mother) at 11:32 AM. Neither [REDACTED] nor [REDACTED] knew CPR and didn't know what to do for [REDACTED] called 911 at approximately 12:00 PM.

It is unknown if [REDACTED] was or had been sick. No obvious signs of abuse were noted on [REDACTED] by law enforcement personnel or the medical examiner's office. An autopsy was completed on 12.16.2014 and the results are pending as of 12.22.2014.

The birth mother, [REDACTED] and childcare provider, [REDACTED] have been interviewed. There are no other children in the mother's home and no patterns of abuse noted. The mother, [REDACTED] and childcare provider, [REDACTED] have no history with [REDACTED]. Neither [REDACTED] nor [REDACTED] have been charged at this time.

There is a concern that the childcare providers [REDACTED], [REDACTED] and [REDACTED] are running an unlicensed in home daycare ([REDACTED]). This was admitted later by [REDACTED]. It is reported that multiple children (approximately 22 children) are kept in the unlicensed daycare. It is unknown how many children are in the home at one time on a daily basis. It is unknown who is the "primary" caretaker and if others "work"



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

in the home to assist. [REDACTED] was the only child in the home at the time of the incident.

This case is classified as severe and involves a non-custodial child.

This case was received as a fatality and this family is not of [REDACTED] Heritage.