



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 08/14/2015 06:44 AM [REDACTED]
 Track Assigned: Special Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 08/14/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 08/14/2015 12:18 PM
 First Team Leader Assigned: [REDACTED] Date/Time 08/14/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 08/14/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 8 Mos	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: Family Case IDs: [REDACTED]

Open Court Custody: Yes/Case # [REDACTED] /05-12-15/ [REDACTED] County/CM [REDACTED] and Supervisor [REDACTED]

Closed Court Custody: No

Open: No

Substantiated: Yes

[REDACTED] /Substantiated/06-16-2015

Death: No



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

Number of Screen Outs: 0

History (not listed above): Yes

03-07-2014 INV#[REDACTED]/DEI/Unsubstantiated/06-26-2014

12-06-2013 INV#[REDACTED]/DEI/Unsubstantiated/02-25-2014

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: None Given

Reporter's name/relationship [REDACTED]

Reporter states:

[REDACTED] (DOB: Unknown/Age: 2) was a foster child placed in a [REDACTED] foster home in [REDACTED] TN. [REDACTED] foster parents information is unknown at this time. [REDACTED] FSW was [REDACTED] and [REDACTED] TL is [REDACTED]

Reportedly, [REDACTED] foster mother went to check on [REDACTED] around 5:45 am on 8-14-15 and found [REDACTED] to be cold to the touch. The worker with [REDACTED], [REDACTED], reported that the foster mother attempted to perform CPR on [REDACTED] but it did not work. Reportedly, the foster parents then contacted 911. When [REDACTED] was spoken with, ambulance had arrived on scene and was still at the home. EMS pronounced [REDACTED] dead at the scene. The cause of death is unknown at this time. It is believed that [REDACTED] was medically fragile. It is unknown if [REDACTED] shared a room with anyone at the foster home. It is unknown how long [REDACTED] had been placed in the foster home.

This is all information known at this time. [REDACTED] contacted [REDACTED], DCS Regional Administrator, immediately with all available information on 8-14-15 at 7:15 am. FSW [REDACTED] and TL [REDACTED] have been notified.

Special Needs or Disabilities: Unknown

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

Perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: Unknown

Domestic Violence present in the home: Unknown

Per SDM: Special Investigative Unit Track/P1 [REDACTED], CM2, 8-14-15 @ 7:12 AM.

Per TFACTS, [REDACTED] and he was a male. He was placed in Level 2 Continuum care with [REDACTED] on 05-19-15. The address is: [REDACTED]; phone number is [REDACTED]. According to placement notes, "[REDACTED] will be placed in a home that can meet his medical needs".

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED] Received	08-14-15 07:39:48 AM	[REDACTED]	08-14-15 07:40:40 AM	[REDACTED]
[REDACTED] Email Sent	08-14-15 07:39:50 AM	---	[REDACTED]	[REDACTED]

Email notification sent to [REDACTED] with cc to RA [REDACTED]. Email notification also sent to SIU notification group on 08-14-15 @ 07:44am, [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Partipant 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: 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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

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:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age: 2 Yrs 8 Mos (Est)

Address: [REDACTED] Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 08/14/2015

Assignment Date: 08/14/2015

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]	Abuse Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/29/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: AUPU

D. Case Workers

Case Worker: [REDACTED]

Date: 09/29/2015

Team Leader: [REDACTED]

Date: 09/29/2015

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:

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

[REDACTED], LPN for [REDACTED] reported that she was the home healthcare nurse that was assigned to work with [REDACTED]. She was with [REDACTED] the day prior to his death from 8:00 a.m. till 2:00 p.m. She reported that he was whiny and had to be held all day. She had to suction him a lot because he had a cold for the past week. [REDACTED] had been to the emergency room and to the doctor over the past few weeks due to illness. Ms. [REDACTED] reported that [REDACTED] was oxygen dependent. He was ordered to have 1/4- 1/2 liter of oxygen, but due to his congestion he was on 1/2 liter. [REDACTED] wore a pulse oximeter on his toe. The alarm will sound when his pulse ox is low. She reported that [REDACTED] nail beds are small and sometimes it would fall off or wouldn't get a good read so the alarm would sound. [REDACTED] also has a gastric feeding tube and received 24 ml/hour of Elecare Jr. formula. On August 11, 2015 [REDACTED] was seen by his doctor and weighed 17 lbs 12 oz and was 25 inches long. [REDACTED] was diagnosed with anoxic brain injury and cerebral palsy. Ms. [REDACTED] had no concerns regarding the [REDACTED] care of [REDACTED]



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

Case Name : ██████████

Investigation ID: ██████████

Dr. ██████████, was interviewed. She reported that the ██████████ were amazing foster parents. She reported that Ms. ██████████ used her medical knowledge and background to seek the best care possible for ██████████ (ACV). When ██████████ was initially placed in their home, he was brain dead so she did not anticipate improvements. On the contrary, in the ██████████ Foster Home ██████████ was thriving. Dr. ██████████ reported ██████████ began tracking with his eyes. Dr. ██████████ reported that ██████████ muscle tone was extremely stiff due to cerebral palsy yet while in their home he began to have purpose in his movement and he started making new sounds and communicating with Mrs. ██████████. She reported that Mrs. ██████████ was fantastic and she hopes the death of ██████████ does not discourage them from being foster parents because they were the best parents ██████████ could have had.

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

No alleged perpetrator was identified. Cause of death was accidental due to previous injury.

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

Foster Mother, ██████████, stated ██████████ (ACV) was unresponsive when she found him in the morning around 6:00 a.m. She stated ██████████ was cold, dusky and pale. Ms. ██████████ stated the probe for the pulse oximeter was not on ██████████ foot which is not unusual because it has been known to fall off if he wasn't wearing socks. Ms. ██████████ stated she put ██████████ on the floor and began CPR until the ambulance arrived. She stated she called out to her husband and he woke up and called 911.

Foster Father, ██████████, reported that he rocked ██████████ to sleep that night because ██████████ was fussy. Mr. ██████████ reported that at about midnight ██████████ became fussy again and fell back to sleep around 1:00 a.m. and then his monitor went off shortly after and his wife got up for her usual check. After that he did not hear anything else for the rest of the night. He reported that the monitor did not go off again after that point. Between 5:30 a.m. and 6:00 a.m. his wife woke him up and asked him to call 911 while she administered CPR. He reported that Ms. ██████████ administered CPR for at least 15 minutes until the paramedics arrived. The paramedics then arrived they continued life saving techniques.

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

The members of the Child Protective Services Team unanimously agreed to classify the Allegation Unsubstantiated/Unknown Perpetrator(s). An autopsy was completed and listed the probable cause of death was "Delayed effect of asphyxia due to wedging while asleep, at age 3 months. There was no sign of foul play injury." The autopsy revealed the death was accidental.

There is not a preponderance of evidence to substantiate the allegations.

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

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/30/2015 Contact Method:
 Contact Time: 10:08 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/30/2015
 Completed date: 12/30/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/30/2015 09:09 PM Entered By: [REDACTED]

The SIU closing notice was sent to pertinent DCS personnel on 12/30/15



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/18/2015 Contact Method:
 Contact Time: 10:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/18/2015
 Completed date: 12/18/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/18/2015 09:29 AM Entered By: [REDACTED]
 Case reviewed and approved for closure by State Director, [REDACTED], on 12/18/15 as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/18/2015 Contact Method:
 Contact Time: 10:18 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/18/2015
 Completed date: 12/18/2015 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: 12/18/2015 09:19 AM Entered By: [REDACTED]
 740 completed; copy sent to juvenile court and district attorney's office per regional protocol.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 12/18/2015 Contact Method:
Contact Time: 10:15 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 12/18/2015
Completed date: 12/18/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Case Summary
Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 12/18/2015 09:15 AM Entered By: [REDACTED]
Child Death Closing Summary for [REDACTED]

The Department of Children's Services (DCS); Special Investigations Unit (SIU) received a report of abuse regarding Alleged Child Victim (ACV [REDACTED], on August 14, 2015 at 06:45 a.m. The allegations named in the report are, Severe-Abuse Death. [REDACTED] (ACV) entered DCS custody on May 12, 2015 in [REDACTED] County, TN and was adjudicated dependent and neglected (D/N). He was initially placed at [REDACTED] Tennessee Children's Hospital and was moved to the home of [REDACTED] and [REDACTED] on May 19, 2015. Mr. and Mrs. [REDACTED] are foster parents through the [REDACTED]. The Alleged Perpetrator in this investigation was determined to be "Unknown".

Foster Mother [REDACTED], found [REDACTED] (ACV) unresponsive around 6:00 a.m. on morning of August 14, 2015. [REDACTED] was a medically fragile child due to past abuse/neglect he suffered while under [REDACTED] (birth mother) care when he was an infant. When [REDACTED] was three months old his mother left him with a 17 year old babysitter where he was found face down in a bassinet unresponsive. [REDACTED] was resuscitated but suffered anoxic brain injury and cerebral palsy from the lack of oxygen to the brain. [REDACTED] was oxygen dependent and had a gastric feeding tube. [REDACTED] bed was located in the foster parent's bedroom. Ms. [REDACTED] found [REDACTED] around 6:00 a.m. and he was cold, dusky and pale. Ms. [REDACTED] had her husband call 911 while she put him on the floor and began CPR until the ambulance arrived. The ambulance arrived approximately 15 minutes later. [REDACTED] was pronounced deceased on August 14, 2015 at 11:00 a.m. [REDACTED] had been sick in the weeks prior to his death with a respiratory infection. He had been seen by several doctors and at the emergency room.

There were several investigators involved in the case including: [REDACTED] - Special Investigations Unit Lead Investigator, Department of Children's Services; [REDACTED] - Special Investigations Unit, Department of Children's Services; Detective [REDACTED] [REDACTED] County Sheriff's Department; Detective [REDACTED], [REDACTED] County Sheriff's Department.

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

[REDACTED], Foster mother
[REDACTED], Foster father
[REDACTED] (13 y/o), Other child in the home
[REDACTED] (16 y/o), Other child in the home



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED], LPN for [REDACTED]
 [REDACTED], Case Worker
 [REDACTED], mother of [REDACTED], Foster Mother
 [REDACTED], foster care worker (FSW)
 Dr. [REDACTED], [REDACTED]

Foster Mother [REDACTED], stated [REDACTED] (ACV) was unresponsive when she found him in the morning around 6:00 a.m. She stated [REDACTED] was cold, dusky and pale. Ms. [REDACTED] stated the probe for the pulse oximeter was not on [REDACTED] foot which is not unusual because it has been known to fall off if he wasn't wearing socks. Ms. [REDACTED] stated she put [REDACTED] on the floor and began CPR until the ambulance arrived. She stated she called out to her husband and he woke up and called 911.

Foster Father [REDACTED], reported that he rocked [REDACTED] to sleep that night because [REDACTED] was fussy. Mr. [REDACTED] reported that at about midnight [REDACTED] became fussy again and fell back to sleep around 1:00 a.m. and then his monitor went off shortly after and his wife got up for her usual check. After that he did not hear anything else for the rest of the night. He reported that the monitor did not go off again after that point. Between 5:30 a.m. and 6:00 a.m. his wife woke him up and asked him to call 911 while she administered CPR. He reported that Ms. [REDACTED] administered CPR for at least 15 minutes until the paramedics arrived. The paramedics then arrived they continued life saving techniques.

[REDACTED] and [REDACTED] were interviewed and did not express any concerns. Both children reported that they woke up to their mother crying and performing CPR on [REDACTED]. [REDACTED] immediately called [REDACTED] while her father was on the phone with the 911 operator.

[REDACTED], LPN for [REDACTED] Healthcare reported that she was the home healthcare nurse that was assigned to work with [REDACTED]. She was with [REDACTED] the day prior to his death from 8:00 a.m. till 2:00 p.m. She reported that he was whiny and had to be held all day. She had to suction him a lot because he had a cold for the past week. [REDACTED] had been to the emergency room and to the doctor over the past few weeks due to illness. Ms. [REDACTED] reported that [REDACTED] was oxygen dependent. He was ordered to have 1/4- 1/2 liter of oxygen, but due to his congestion he was on 1/2 liter. [REDACTED] wore a pulse oximeter on his toe. The alarm will sound when his pulse ox is low. She reported that [REDACTED] nail beds are small and sometimes it would fall off or wouldn't get a good read so the alarm would sound. [REDACTED] also has a gastric feeding tube and received 24 ml/hour of Elecare Jr. formula. On August 11, 2015 [REDACTED] was seen by his doctor and weighed 17 lbs 12 oz and was 25 inches long. [REDACTED] was diagnosed with anoxic brain injury and cerebral palsy. Ms. [REDACTED] had no concerns regarding the [REDACTED] care of [REDACTED].

[REDACTED], [REDACTED] Worker, reported she visited the [REDACTED] Foster Home weekly and she also attended medical appointments and family visits with them. Ms. [REDACTED] did not have any concerns about the [REDACTED] care of [REDACTED] (ACV). [REDACTED] reported that since [REDACTED] placement in the [REDACTED] FH there has been improvement in his health in that he has gained weight and he moved his muscles better while in their care.

[REDACTED], Family Services Worker (FSW), reported she absolutely had no concerns about the [REDACTED] Foster Home. She reported the following: "[REDACTED] was a medically fragile child placed in a nurse's foster home. She stated there was nothing better". She reported she observed interactions with the [REDACTED] family and [REDACTED] and they were always appropriate and loving. She did not suspect abuse/neglect.

[REDACTED], mother of [REDACTED], foster mother, was interviewed and reported she came right over when she received the phone call the morning of [REDACTED] death. She reported that since [REDACTED] was placed in the [REDACTED] FH he has had major improvements in his health. They were in the process of increasing his feedings and increasing physical therapy as well as occupational therapy session times and frequency. She reported that they adored [REDACTED].

Dr. [REDACTED], was interviewed. She reported that the [REDACTED] were amazing foster parents. She reported that Ms. [REDACTED] used her medical knowledge and background to seek the best care possible for [REDACTED] (ACV). When [REDACTED] was initially placed in their home, he was brain dead so she did not anticipate improvements. On the contrary, in the [REDACTED] Foster Home [REDACTED] was thriving. Dr. [REDACTED] reported [REDACTED] began tracking with his eyes. Dr. [REDACTED] reported that [REDACTED] muscle tone was extremely stiff due to cerebral palsy yet while in their home he began to have purpose in his movement and he started making new sounds and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

communicating with Mrs. [REDACTED]. She reported that Mrs. [REDACTED] was fantastic and she hopes the death of [REDACTED] does not discourage them from being foster parents because they were the best parents [REDACTED] could have had.

Child death is defined as:

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

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

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

The Child Protective Investigative Team (CPIT) was convened on August 14, 2015. CPIT-Multi-Disciplinary Team (MDT) for [REDACTED] County TN was held at the [REDACTED] Center on September 30, 2015.

The members of the Child Protective Services Team unanimously agreed to classify the Allegation Unsubstantiated/Unknown Perpetrator(s). An autopsy was completed and listed the probable cause of death was "Delayed effect of asphyxia due to wedging while asleep, at age 3 months. There was no sign of foul play injury." The autopsy revealed the death was accidental.

There is not a preponderance of evidence to substantiate the allegations.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 12/18/2015 Contact Method:
 Contact Time: 10:13 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/18/2015
 Completed date: 12/18/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/18/2015 09:14 AM Entered By: [REDACTED]
 Child Death Closing Summary for [REDACTED]

The Department of Children's Services (DCS); Special Investigations Unit (SIU) received a report of abuse regarding Alleged Child Victim (ACV) [REDACTED], on August 14, 2015 at 06:45 a.m. The allegations named in the report are, Severe-Abuse Death. [REDACTED] (ACV) entered DCS custody on May 12, 2015 in [REDACTED] County, TN and was adjudicated dependent and neglected (D/N). He was initially placed at [REDACTED] Hospital and was moved to the home of [REDACTED] and [REDACTED] on May 19, 2015. Mr. and Mrs. [REDACTED] are foster parents through the [REDACTED] Organization. The Alleged Perpetrator in this investigation was determined to be "Unknown".

Foster Mother, [REDACTED], found [REDACTED] (ACV) unresponsive around 6:00 a.m. on morning of August 14, 2015. [REDACTED] was a medically fragile child due to past abuse/neglect he suffered while under [REDACTED] (birth mother) care when he was an infant. When [REDACTED] was three months old his mother left him with a 17 year old babysitter where he was found face down in a bassinet unresponsive. [REDACTED] was resuscitated but suffered anoxic brain injury and cerebral palsy from the lack of oxygen to the brain. [REDACTED] was oxygen dependent and had a gastric feeding tube. [REDACTED] bed was located in the foster parent's bedroom. Ms. [REDACTED] found [REDACTED] around 6:00 a.m. and he was cold, dusky and pale. Ms. [REDACTED] had her husband call 911 while she put him on the floor and began CPR until the ambulance arrived. The ambulance arrived approximately 15 minutes later. [REDACTED] was pronounced deceased on August 14, 2015 at 11:00 a.m. [REDACTED] had been sick in the weeks prior to his death with a respiratory infection. He had been seen by several doctors and at the emergency room.

There were several investigators involved in the case including [REDACTED] - [REDACTED] Investigator, Department of Children's Services [REDACTED] - Special Investigations Unit, Department of Children's Services; Detective [REDACTED] [REDACTED] County Sheriff's Department; Detective [REDACTED] [REDACTED] County Sheriff's Department.

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

[REDACTED], Foster mother
 [REDACTED] Foster father
 [REDACTED] (13 y/o), Other child in the home
 [REDACTED] (16 y/o), Other child in the home



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED], LPN for [REDACTED]
 [REDACTED], Case Worker
 [REDACTED], mother of [REDACTED], Foster Mother
 [REDACTED], foster care worker (FSW)
 Dr. [REDACTED]

Foster Mother, [REDACTED], stated [REDACTED] (ACV) was unresponsive when she found him in the morning around 6:00 a.m. She stated [REDACTED] was cold, dusky and pale. Ms. [REDACTED] stated the probe for the pulse oximeter was not on [REDACTED] foot which is not unusual because it has been known to fall off if he wasn't wearing socks. Ms. [REDACTED] stated she put [REDACTED] on the floor and began CPR until the ambulance arrived. She stated she called out to her husband and he woke up and called 911.

Foster Father [REDACTED], reported that he rocked [REDACTED] to sleep that night because [REDACTED] was fussy. Mr. [REDACTED] reported that at about midnight [REDACTED] became fussy again and fell back to sleep around 1:00 a.m. and then his monitor went off shortly after and his wife got up for her usual check. After that he did not hear anything else for the rest of the night. He reported that the monitor did not go off again after that point. Between 5:30 a.m. and 6:00 a.m. his wife woke him up and asked him to call 911 while she administered CPR. He reported that Ms. [REDACTED] administered CPR for at least 15 minutes until the paramedics arrived. The paramedics then arrived they continued life saving techniques.

[REDACTED] and [REDACTED] were interviewed and did not express any concerns. Both children reported that they woke up to their mother crying and performing CPR on [REDACTED] immediately called [REDACTED] while her father was on the phone with the 911 operator.

[REDACTED], LPN for [REDACTED] reported that she was the home healthcare nurse that was assigned to work with [REDACTED]. She was with [REDACTED] the day prior to his death from 8:00 a.m. till 2:00 p.m. She reported that he was whiny and had to be held all day. She had to suction him a lot because he had a cold for the past week. [REDACTED] had been to the emergency room and to the doctor over the past few weeks due to illness. Ms. [REDACTED] reported that [REDACTED] was oxygen dependent. He was ordered to have 1/4- 1/2 liter of oxygen, but due to his congestion he was on 1/2 liter. [REDACTED] wore a pulse oximeter on his toe. The alarm will sound when his pulse ox is low. She reported that [REDACTED] nail beds are small and sometimes it would fall off or wouldn't get a good read so the alarm would sound. [REDACTED] also has a gastric feeding tube and received 24 ml/hour of Elecare Jr. formula. On August 11, 2015 [REDACTED] was seen by his doctor and weighed 17 lbs 12 oz and was 25 inches long. [REDACTED] was diagnosed with anoxic brain injury and cerebral palsy. Ms. [REDACTED] had no concerns regarding the [REDACTED] care of [REDACTED].

[REDACTED], [REDACTED] Worker, reported she visited the [REDACTED] Foster Home weekly and she also attended medical appointments and family visits with them. Ms. [REDACTED] did not have any concerns about the [REDACTED] care of [REDACTED] (ACV). [REDACTED] reported that since [REDACTED] placement in the [REDACTED] FH there has been improvement in his health in that he has gained weight and he moved his muscles better while in their care.

[REDACTED], Family Services Worker (FSW), reported she absolutely had no concerns about the [REDACTED] Foster Home. She reported the following: "[REDACTED] was a medically fragile child placed in a nurse's foster home. She stated there was nothing better". She reported she observed interactions with the [REDACTED] family and [REDACTED] and they were always appropriate and loving. She did not suspect abuse/neglect.

[REDACTED], mother [REDACTED], foster mother, was interviewed and reported she came right over when she received the phone call the morning of [REDACTED] death. She reported that since [REDACTED] was placed in the [REDACTED] FH he has had major improvements in his health. They were in the process of increasing his feedings and increasing physical therapy as well as occupational therapy session times and frequency. She reported that they adored [REDACTED].

Dr. [REDACTED], was interviewed. She reported that the [REDACTED] were amazing foster parents. She reported that Ms. [REDACTED] used her medical knowledge and background to seek the best care possible for [REDACTED] (ACV). When [REDACTED] was initially placed in their home, he was brain dead so she did not anticipate improvements. On the contrary, in the [REDACTED] Foster Home [REDACTED] was thriving. Dr. [REDACTED] reported [REDACTED] began tracking with his eyes. Dr. [REDACTED] reported that [REDACTED] muscle tone was extremely stiff due to cerebral palsy yet while in their home he began to have purpose in his movement and he started making new sounds and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

communicating with Mrs. [REDACTED]. She reported that Mrs. [REDACTED] was fantastic and she hopes the death of [REDACTED] does not discourage them from being foster parents because they were the best parents [REDACTED] could have had.

Child death is defined as:

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

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

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

The Child Protective Investigative Team (CPIT) was convened on August 14, 2015. CPIT-Multi-Disciplinary Team (MDT) for [REDACTED] County TN was held at the [REDACTED] Center on September 30, 2015.

The members of the Child Protective Services Team unanimously agreed to classify the Allegation Unsubstantiated/Unknown Perpetrator(s). An autopsy was completed and listed the probable cause of death was "Delayed effect of asphyxia due to wedging while asleep, at age 3 months. There was no sign of foul play injury." The autopsy revealed the death was accidental.

There is not a preponderance of evidence to substantiate the allegations.

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

Narrative Type: Created In Error Entry Date/Time: 12/18/2015 09:14 AM Entered By: [REDACTED]

This should be a case summary. The new entry has been added.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/11/2015 Contact Method:
 Contact Time: 01:58 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/11/2015
 Completed date: 12/11/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/11/2015 12:59 PM Entered By: [REDACTED]

LI [REDACTED] completed an administrative review on this case. All investigative tasks are completed. Medical records have been requested. Final case summary sent for approval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/10/2015 Contact Method:
 Contact Time: 03:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/10/2015
 Completed date: 11/10/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/10/2015 02:23 PM Entered By: [REDACTED]

LI [REDACTED] completed an administrative review on this case. The autopsy has been completed and the cause of death is accidental. The medical records and nursing notes have been requested but still not received. SI will follow up. The case summary has been sent for approval. Case will be classified as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/12/2015 Contact Method: Phone Call
 Contact Time: 04:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/12/2015
 Completed date: 10/12/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/12/2015 04:13 PM Entered By: [REDACTED]
 10/12/2015 Collateral Contact

SI [REDACTED] spoke with Dr. [REDACTED], [REDACTED]. She stated the [REDACTED] were on top of things. She stated they were amazing foster parents. She stated Ms. [REDACTED] used her medical knowledge and background to seek the best care possible for [REDACTED] (ACV). She stated when [REDACTED] was initially placed in their home, he was brain dead so she did not anticipate improvements. On the contrary, in the [REDACTED] FH [REDACTED] was thriving. Dr. [REDACTED] stated [REDACTED] began tracking with his eyes. Dr. [REDACTED] stated his muscle tone was extremely stiff due to cerebral palsy yet while in their home he began to have purpose in his movement and he started making new sounds—communicating with [REDACTED], FM. She stated [REDACTED] was fantastic and she hopes the death of [REDACTED] does not discourage them from being foster parents because they were the best parents [REDACTED] could have had.

Narrative Type: Addendum 1 Entry Date/Time: 10/12/2015 06:05 PM Entered By: [REDACTED]

Dr. [REDACTED] added she was surprised [REDACTED] was released as soon as he was from the hospital after his last hospital stay. She stated [REDACTED] was very ill at that time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/12/2015	Contact Method:	Phone Call
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

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

10/12/15 330p Collateral Contact

SI [REDACTED] contacted [REDACTED], friend of six years of the [REDACTED] stated her family vacation with the [REDACTED] and she and [REDACTED] walk together. She stated in an emergency the [REDACTED] are the first people she calls on to look after her children. She stated she has no concerns about their parenting skills. She stated she observed them with [REDACTED] and they were wonderful to [REDACTED]. She stated they loved on him and treated him as their own. She stated she has never observed any wrong-doing.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/12/2015 Contact Method:
 Contact Time: 11:20 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/12/2015
 Completed date: 10/12/2015 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: 10/12/2015 06:04 PM Entered By: [REDACTED]
 10/12/15 1120a
 Medical records requested from TC [REDACTED] for 7/31/15-8/3/15 hospital stay.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/12/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/12/2015 06:01 PM Entered By: [REDACTED]
 10/12/15 11a
 Second request for nurses records sent to [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	10/08/2015
Completed date:	10/09/2015	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: 10/08/2015 11:56 PM Entered By: [REDACTED]

9/30/2015 11a CPIT

CPIT Meeting held. The classification unanimously agreed upon is Allegation Unsubstantiated Perpetrator Unknown. No abuse or neglect presented. Signed CPIT Form in folder and uploaded in TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/24/2015 Contact Method:
 Contact Time: 06:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 09/25/2015
 Completed date: 09/25/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2015 09:24 AM Entered By: [REDACTED]
 9/24/15 6p Autopsy Report received and uploaded into TFACTS.

Probable cause of death per autopsy "Delayed effect of asphyxia due to wedging while asleep, at age 3 months".

Narrative Type: Addendum 1 Entry Date/Time: 09/25/2015 09:25 AM Entered By: [REDACTED]
 "At autopsy there was no sign of foul play injury." per autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/16/2015 Contact Method:
 Contact Time: 02:50 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/16/2015
 Completed date: 09/16/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/16/2015 01:50 PM Entered By: [REDACTED]

LI [REDACTED] completed an administrative review on this case. The deceased child was medically fragile. No outward signs of abuse/neglect. The autopsy is still pending lab work.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/16/2015 Contact Method: Phone Call
 Contact Time: 02:48 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/16/2015
 Completed date: 09/16/2015 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: 09/16/2015 01:49 PM Entered By: [REDACTED]
 LI [REDACTED] contacted the [REDACTED] County Medical Examiners office to check the status of the autopsy. The autopsy is still pending. They are waiting on tissue sample labs to come back and those will possibly be back in 2-3 more weeks.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/02/2015 Contact Method:
 Contact Time: 11:18 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/16/2015
 Completed date: 09/16/2015 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: 09/16/2015 01:48 PM Entered By: [REDACTED]
 LI [REDACTED] sent an email to [REDACTED] to check the status of the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/17/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/24/2015
 Completed date: 08/24/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/24/2015 01:36 PM Entered By: [REDACTED]

LI [REDACTED] picked up a copy of the photographs taken by law enforcement as well as the recorded interviews with the foster parents. The disk is contained in the hard case file. Photographs will be uploaded to TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/15/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/18/2015
 Completed date: 08/18/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/18/2015 02:17 PM Entered By: [REDACTED]
 8/15/15 3p Summary of Risk Assessment
 High risk assessed due to [REDACTED] fragile medical condition and lack of prognosis.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method: Phone Call
 Contact Time: 02:45 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/17/2015
 Completed date: 08/17/2015 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: 08/17/2015 11:34 AM Entered By: [REDACTED]

LI [REDACTED] received a phone call from Dr. [REDACTED] County Medical Examiner. Dr. [REDACTED] stated that he has completed the autopsy and he has no preliminary findings at this time. He stated that he wanted to review the child's medical records from his abuse prior to DCS custody. He asked where the child was hospitalized at after those incidents. LI advised him that it was [REDACTED] Hospital. He stated that he would request those records. Dr. [REDACTED] stated that the child's body is ready for release.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method:
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/17/2015
 Completed date: 08/17/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/17/2015 10:34 AM Entered By: [REDACTED]

LI [REDACTED] completed a TFACTS history search on [REDACTED] (ACV), re:

CPS Inv# [REDACTED] /12-5-13/DEI/T. [REDACTED] alleged perp/AUPU

The child was born prematurely in a toilet at 36 weeks. The mother reported that she didn't know she was pregnant and received no prenatal care. The child was marijuana positive at birth.

CPS Inv# [REDACTED] 3-16-14/DEI/K. [REDACTED] and [REDACTED], alleged perps/AUPU

The child was left with a 17 yr old baby sitter and her boyfriend. The child was found face down in a bassinet and he wasn't breathing. The child was resuscitated but suffered anoxic brain injury and cerebral palsy from the lack of oxygen to the brain. The child was temporarily brought into DCS custody but the Judge returned the child to the birth mother and her Aunt.

CPS Inv# [REDACTED] /5-12-15/LOS/T. [REDACTED] alleged perp/ASPS

The mother left the child in a parked car for 25 minutes at the [REDACTED] court house. Law enforcement was able to get the child out of the hot car. The child was brought into State custody.

No SIU history found.

LI [REDACTED] completed a TFACTS history search on [REDACTED] and [REDACTED] foster parents), re:

No CPS history found.

No SIU history found.

Narrative Type: Addendum 1 Entry Date/Time: 08/17/2015 10:35 AM Entered By: [REDACTED]

LI [REDACTED] completed the Notice of Child Death Form (CS-0635) and sent to appropriate parties.

LI [REDACTED] obtained a copy of the incident report from [REDACTED] and attached it to the Notice of Child Death Form.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method: Phone Call
 Contact Time: 12:45 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/18/2015
 Completed date: 08/18/2015 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: 08/18/2015 01:56 PM Entered By: [REDACTED]

8/14/15 1245p Collateral Contact

SI [REDACTED] spoke with [REDACTED] foster care worker (FSW). Ms. [REDACTED] stated she absolutely had no concerns about the [REDACTED] FH. She stated her last home visit was on 7/21/15. She stated "[REDACTED] was a medically fragile child placed in a nurse's foster home...she stated there was nothing better". She stated she observed interactions with the [REDACTED] family and [REDACTED] and they were always appropriate and loving. She stated she does not suspect abuse/neglect.

Narrative Type: Addendum 1 Entry Date/Time: 12/18/2015 09:28 AM Entered By: [REDACTED]

[REDACTED] is in DCS custody. Release of Information/HIPPA, Native American Heritage Veto Verification, Notice of Equal Access to Services, and Acknowledgement of Receipt of Client's Rights Handbook are contained in the FSW's custodial file. Copies were not obtained for the SIU File.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method: Phone Call
 Contact Time: 12:40 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/18/2015
 Completed date: 12/18/2015 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: 12/18/2015 09:27 AM Entered By: [REDACTED]

Referent contacted and information in referral confirmed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method: Face To Face
 Contact Time: 12:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Resource Home Created Date: 08/18/2015
 Completed date: 08/18/2015 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: 08/18/2015 01:43 PM Entered By: [REDACTED]

8/14/15 12p Collateral Contact

SI [REDACTED] spoke with [REDACTED], mother of [REDACTED], foster mother, investigative person, privately at the [REDACTED] FH. Ms. [REDACTED] was at the [REDACTED] FH when SI [REDACTED] arrived. Ms. [REDACTED] stated she came right over when she received the phone call this morning. She stated her daughter, [REDACTED] gave [REDACTED] the best care. She stated since [REDACTED] was placed in the [REDACTED] FH he has had major improvements in his health. She stated they were in the process of increasing his feedings and increasing physical therapy and occupational therapy session times and frequency. Ms. [REDACTED] stated she feels it just was not in God's plans for him to continue living. She stated her daughter and son in law would never hurt anyone and certainly not [REDACTED]. They adored [REDACTED] the entire family did and no one ever hurt him. She denied any abuse/neglect.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method: Face To Face
 Contact Time: 11:43 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Resource Home Created Date: 08/18/2015
 Completed date: 08/18/2015 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: 08/18/2015 01:40 PM Entered By: [REDACTED]

8/14/15 1143a Collateral Contact

SI [REDACTED] spoke with [REDACTED], [REDACTED] Worker outside the [REDACTED] foster home (FH) privately. She stated she visited the [REDACTED] FH weekly and she also attended medical appointments and family visits with them. [REDACTED] stated she does not have any concerns about the [REDACTED] care of [REDACTED] alleged child victim (ACV). [REDACTED] stated since [REDACTED] placement in the [REDACTED] FH there has been improvement in his health. She stated he has gained weight and he moved his muscles better while in their care in addition, [REDACTED] was very attached to the [REDACTED]. She stated the news of his death is devastating.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method: Face To Face
 Contact Time: 11:10 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Resource Home Created Date: 08/14/2015
 Completed date: 08/18/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/15/2015 12:00 AM Entered By: [REDACTED]

8/14/15 1110a AP Interview

SI [REDACTED] interviewed [REDACTED], foster father, alleged perpetrator dob. [REDACTED], FCA participated by via phone. [REDACTED] explained [REDACTED] was a sweet child with a lot of medical problems. He stated he and [REDACTED] developed a relationship from the beginning and when [REDACTED] became upset or agitated e was able to relax him and put him to sleep. He stated he had a similar effect on his own children. Mr. [REDACTED] was emotional during this interview.

He stated around 4p yesterday he, his wife, daughter and [REDACTED] left home to pick up his wife's car from the dealership and go to his daughter's volleyball practice. He stated on the way there [REDACTED] was chilled, typically he described [REDACTED] is agitated in his car seat. He stated [REDACTED] was chilled at volleyball practice. On the way home [REDACTED] became agitated in his car seat. When they got to the house his wife tried to soothe him but it did not work. He stated when his wife called for him he held [REDACTED] and began to rock him and talk to him and [REDACTED] quit puffing and tensing up and became relaxed. He stated he laid him down in his bed and stood by him for 15-20 minutes rubbing his head and arms until he mellowed and dozed off he feels it was about 11pm. [REDACTED] stated at about midnight [REDACTED] became ancy again he calmed down and at 1am his wife got up for her usual check. After that he did not hear anything else for the rest of the night. [REDACTED] was relaxed and asleep. He stated the monitor went off around 1 am. He stated it did not go off again after that point. Between 530a-6a his wife woke him up and asked him to call 91 while she administered CPR. She yelled out the baby is not breathing. He stated she administered CPR for at least 15 minutes until the paramedics arrived. He stated when the paramedics arrived they placed patches on [REDACTED] chest and he straight-lined--he was gone.

He stated he had limited interaction with [REDACTED] the day before until around 430p; although he was in the home he was working most of the day. He stated this week was a normal week in their home. There were no unusual events.

[REDACTED] denied abuse/neglect.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method: Face To Face
 Contact Time: 10:45 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Resource Home Created Date: 08/14/2015
 Completed date: 08/18/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2015 11:15 PM Entered By: [REDACTED]

8/14/15 1045a Alleged Perpetrator (AP) Interview

SI [REDACTED] interviewed [REDACTED] at resource home. [REDACTED], Foster Care Advocate (FCA) participated by phone. [REDACTED] (AP) began by explaining [REDACTED] medical history. She stated he was born at 36 weeks- 3 lbs. and positive for THC. He spent 2 weeks in NICU. He was removed for 10 days by DCS and returned to natural mother after 10 days. At 3 months he was oxygen -deprived and suffered a brain injury--he spent 2 months in the hospital. On 5/12/15 his natural mother left him in a parked car at the court house --police found him in distressed and he was hospitalized for two weeks. It was at this time he came into DCS custody and was placed in her home on 5.23.15 upon discharge from the hospital. [REDACTED] stated [REDACTED] (ACV) was very ill. She stated [REDACTED] is developmentally delayed, blind, respiratory distress, reflux, wrapped esophagus, he has a feeding tube, he cannot swallow, cerebral palsy and his muscle are tight. She stated developmentally he was about 2-4 months old, he cannot make any sounds, or raise his arm past 90 degrees, [REDACTED] stated wherever he lays he stays. She stated [REDACTED] did not have a prognosis.

In July [REDACTED] was hospitalized for one night to undergo surgery to have his testicles descend, he also had a bronchoscopy to see if he was withholding secretions in lungs and a CT of chest. It was found the tissue in his bronchial tube was very fragile a follow up was scheduled for 8/31/15.

[REDACTED] stated while [REDACTED] lived with his natural mother she kept 4 medical appointments out of 22. His mother was dismissed from two practices due to no show. Since [REDACTED] has been in her home [REDACTED] stated his natural mother has visited 2 times per month and rarely missed a family visit.

[REDACTED] stated she received 30 hour of nursing care per week. She recently requested for it to be bumped up to 50 hours per week. [REDACTED] stated Tenn Care came out to her home to reassess this week.

[REDACTED] stated [REDACTED] sleep wake cycle was not normal. The past 4-5 nights he has not slept well. She stated typically she tries to get [REDACTED] to sleep between 9p-10p nightly. She stated he wakes up about 1p and she checks him--he lays in his bed and goes back to sleep in about 1 -1 1/2 hours. She stated he wakes up again around 5a then goes back to sleep around 8a. [REDACTED] stated he wears a Pulse Ox on his foot to monitor his oxygen level.

[REDACTED] stated last night [REDACTED] was fussy about being in his car seat which he does not like. She took him with her to her daughter's volleyball practice in [REDACTED] about 45 minutes away. She stated when they returned home he had a bowel movement she changed him listened to his lungs and they were clear--gave him his PM meds and turned on his music. She stated he still would not calm down. She stated it was difficult for him to self-soothe. [REDACTED] stated she rocked him for 40 minutes then called for her husband because he has a way with [REDACTED]. She stated [REDACTED] was warm to touch so she put on a t shirt onesie and no socks. She stated [REDACTED] does not regulate his temperature well.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated [REDACTED] cannot cry every now and again he cries out like a newborn and arches but that is difficult for him to do. She stated he "puffs" and sticks out his tongue when he is expressing agitation. For example she stated on Monday he had shots and he only was able to "puff".

[REDACTED] stated her husband took [REDACTED] and began to rock him and whisper in his ear and [REDACTED] went to sleep. Around 1a she heard him moving about so she got up and turned on the bathroom light repositioned him onto his back listened to see if he was wheezing and he was not she touched him to check his temperature and he felt comfortable she covered him with a light blanket and he quieted down and went back to sleep. She stated all rates were normal monitors were okay.

[REDACTED] stated when she found him in the morning around 6a he was cold, dusky and pale. [REDACTED] stated the probe was not on his foot. [REDACTED] stated she put him on the floor and began CPR until the ambulance came. She stated she called out to her husband and he woke up and called 911. while she did CPR.

When the paramedics arrived they informed them he was already gone as a nurse she stated she knew it because his legs had modeled.

[REDACTED] denied abuse/neglect.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method: Face To Face
 Contact Time: 10:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Resource Home Created Date: 08/14/2015
 Completed date: 08/18/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2015 09:41 PM Entered By: [REDACTED]

8/14/15 1030a Other child in the home

SI [REDACTED] interviewed [REDACTED] (16 y/o) dob: [REDACTED] in her bedroom privately. [REDACTED] was dressed appropriately in shorts and t-shirt and she had a blanket around her body. [REDACTED] did not have any visible marks/bruises. [REDACTED] expressed she was very sad with the passing of [REDACTED] alleged child victim (ACV).

[REDACTED] stated yesterday the dogs were around [REDACTED] when the nurse laid him down in the living room.

She stated [REDACTED] does not like sitting in his car seat and yesterday he went with them to volleyball practice in [REDACTED] which is about 45 minutes away. [REDACTED] stated [REDACTED] was fussy during the car ride.

[REDACTED] stated this morning sometime between 530a-615a she heard her mother crying and when she went to her bedroom she saw her mother administering CPR to [REDACTED] (ACV) and her father was on the phone with 911. She stated she called the caseworker.

[REDACTED] stated she did not hear the monitor (Pulse Ox) go off. She stated she is a hard sleeper and she can sleep through the vacuum cleaner.

[REDACTED] did not share any concerns or fears.
 She denied abuse/neglect.

SI [REDACTED] interviewed [REDACTED] (13 y/o) dob: [REDACTED] privately in the bedroom. He was dressed in t shirts and shorts and also had a blanket. [REDACTED] did not have any visible marks/bruises. He stated he really liked having [REDACTED] around. He stated yesterday he spent most of the day at a friend's house but he remembers [REDACTED] having a lot of snot-you could hear it when he breathe.

He stated his mother crying woke him up this morning. He stated he saw her administering CPR on [REDACTED] and his Dad on the phone with 911.

He did not share any concerns or fears. He denied any abuse/neglect.



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

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/14/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/17/2015
Completed date:	08/17/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/17/2015 10:25 AM Entered By: [REDACTED]

Household composition:

- [REDACTED] - foster mother
- [REDACTED] - foster father
- [REDACTED] - biological child
- [REDACTED] - biological child
- [REDACTED] - foster child



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name | [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 08/14/2015 Contact Method: Face To Face
Contact Time: 09:33 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Resource Home Created Date: 08/17/2015
Completed date: 08/17/2015 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: 08/17/2015 11:27 AM Entered By: [REDACTED]

LI [REDACTED] interviewed [REDACTED] (DOB [REDACTED]), LPN for [REDACTED]. Ms. [REDACTED] can be reached at [REDACTED]. The main number at [REDACTED]. Ms. [REDACTED] stated that she is a home healthcare nurse that was assigned to work with [REDACTED]. She stated that she had only worked with him for two days. Prior to her working with him, [REDACTED], was the assigned nurse. The child has an in-home nurse from 8:00 am- 2:00 pm Monday- Friday. The foster parents had requested an increase in nursing hours and that was in the process of being completed. Ms. [REDACTED] stated that yesterday she was with [REDACTED] from 8-2. She stated that he was whiny and had to be held all day. She stated that she had to suction him a lot because he had a cold for the past week. [REDACTED] had been to the emergency room and to the doctor over the past few weeks due to illness. Ms. [REDACTED] stated that she was told that a baby sitter previously passed out intoxicated on top of [REDACTED] and deprived him of oxygen which is how he received his brain injury. She stated that he functions on the level of a 2-3 month old. Ms. [REDACTED] stated that it is her understanding that [REDACTED] temporarily came into DCS custody following that incident but wasn't brought into the [REDACTED] home until May 2015 after his birth mother left him a hot car in front of the courthouse. Ms. [REDACTED] stated that [REDACTED] was in the hospital for 2 weeks following the car incident.

Ms. [REDACTED] stated that [REDACTED] was oxygen dependent. He is ordered to have 1/4- 1/2 liter of oxygen but due to his congestion he was on 1/2 liter. [REDACTED] wore a pulse oximeter on his toe. The alarm will sound when his pulse ox is low. She stated that [REDACTED] nail beds are small and sometimes it would fall off or wouldn't get a good read so the alarm would sound. [REDACTED] also has a gastric feeding tube and received 24 ml/hour of Elecare Jr. formula. On 8/11/15 [REDACTED] was seen by his doctor and weighed 17 lbs 12 oz and was 25 in. long. [REDACTED] is diagnosed with anoxic brain injury and cerebral palsy.

Ms. [REDACTED] stated that the foster mother, Ms. [REDACTED] is also a nurse. She used to be a trauma nurse but she currently works for [REDACTED] and works from home. Ms. [REDACTED] provided LI with a list of [REDACTED] medications.

Keppra 100 mg/twice a day- seizures
Cetirizine 3.5 mg/once a day- allergies
Curposa 0.5 mg/once a day- drooling
Prevacid 9 mg/once a day- reflux
Qnasl 1 spray- nasal spray
Qvar 3 puffs at bedtime- Asthma
Singulair 1 packet/once a day- allergies
Albuteral as needed- Asthma/wheezing
Glycerin Suppository- constipation



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Mylicon- gas
Oxygen- 1/2- 1/4 liters
Scopolamine patch behind ear- drool
Tylenol- 80 mg- as needed

LI [REDACTED] reviewed [REDACTED] nurse file. LI requested that Ms. [REDACTED] scan or fax a copy of all nurse notes since [REDACTED] placement at the [REDACTED] foster home in May 2015.

The foster parents used [REDACTED] in [REDACTED] as their pharmacy.

[REDACTED] was seen at [REDACTED] on 7/31/15 for respiratory distress.

[REDACTED] pediatrician is Dr [REDACTED] at [REDACTED]
[REDACTED]

[REDACTED] was seen by his doctor on 8/11/15. His medications were kept the same but his feeds were being increased to 30 cal/oz.

Ms. [REDACTED] had no concerns regarding the [REDACTED] care of the child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method: Face To Face
 Contact Time: 08:45 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Resource Home Created Date: 08/17/2015
 Completed date: 08/17/2015 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

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/17/2015 10:43 AM Entered By: [REDACTED]

LI [REDACTED] made response to the [REDACTED] foster home. LI [REDACTED] met with detectives and observed the child, [REDACTED], laying deceased in the foster parent's ([REDACTED] and [REDACTED]) bedroom floor. LI observed a baby bed and medical equipment (feeding tube, oxygen, pulse oximeter monitor) around the bed. The baby bed is located in the foster parents bedroom to the left of their bed, close to the bathroom. [REDACTED] was dressed in a short sleeved cotton onsie. He had formal stained on his onsie and around his mouth (this occurred during CPR). The child was clean and no obvious signs of trauma were observed. Photographs were taken by the [REDACTED] County Sheriff's Department and LI. The thermostat was set to 72 degrees in the home. LI [REDACTED] completed a walk-thru of the home. The home was clean but was cluttered with laundry. No immediate safety concerns were noted.

LI [REDACTED] briefly met with [REDACTED] and [REDACTED] and notified them that SI [REDACTED] is the assigned investigator and is en route to the residence to meet with them. LI notified them of the investigative process and their right to have a foster parent advocate present.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method:
 Contact Time: 08:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/17/2015
 Completed date: 08/17/2015 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: 08/17/2015 10:24 AM Entered By: [REDACTED]

Initial Case Summary:

Central Intake received the following referral at 6:44 am [REDACTED] on 8/14/2015. The investigation was assigned to Special Investigations Unit (SIU) Investigator [REDACTED] as a Priority 1 investigation by Lead Investigator (LI) [REDACTED]

ACV: [REDACTED]
 DOB: [REDACTED]
 Adjudication: D/N
 Number of Prior SIU Referrals: 0
 County of Residence: [REDACTED]

AP: Unknown
 Relationship to ACV: Unknown
 Number of Prior SIU Referrals: N/A
 County of Incident: [REDACTED]

Placement: [REDACTED] and [REDACTED] - [REDACTED] FH

Allegations: Abuse Death

Details of Allegation: Reporter states:

[REDACTED] (DOB: Unknown/Age: 2) was a foster child placed in a [REDACTED] foster home in [REDACTED] TN. [REDACTED] foster parents information is unknown at this time. [REDACTED] FSW was [REDACTED] and [REDACTED] TL is [REDACTED].

Reportedly, [REDACTED] foster mother went to check on [REDACTED] around 5:45 am on 8-14-15 and found [REDACTED] to be cold to the touch. The worker with [REDACTED], [REDACTED], reported that the foster mother attempted to perform CPR on [REDACTED] but it did not work. Reportedly, the foster parents then contacted 911. When [REDACTED] was spoken with, ambulance had arrived on scene and was still at the home. EMS pronounced [REDACTED] dead at the scene. The cause of death is unknown at this time. It is believed that [REDACTED] was medically fragile. It is unknown if [REDACTED] shared a room with anyone at the foster home. It is unknown how long [REDACTED] had been placed in the foster home.



Tennessee Department of Children's Services
Case Recording Summary

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

This is all information known at this time. ██████████ contacted ██████████, DCS Regional Administrator, immediately with all available information on 8-14-15 at 7:15 am. FSW ██████████ and TL ██████████ have been notified.

Initial notification sent to appropriate parties by Lead Investigator, ██████████.

Juvenile court and District Attorney's Office notified of referral per regional protocol.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2015 Contact Method: Phone Call
 Contact Time: 07:57 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/17/2015
 Completed date: 08/17/2015 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: 08/17/2015 10:47 AM Entered By: [REDACTED]

LI [REDACTED] received a call from Detective, [REDACTED] County Sheriff's Department. Det. [REDACTED] notified LI of the child death and the circumstances surrounding the child's medical history. CPIT was convened. LI will meet with detectives at the residence. Detective [REDACTED] is assigned to the investigation. SI [REDACTED] will be the assigned SIU investigator.

LI [REDACTED] contacted SIU IC [REDACTED] and notified her of the child death.

LI [REDACTED] contacted State Director, [REDACTED] and notified her of the child death.

ACV: [REDACTED] is in DCS custody.