



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

Case # 2013.130ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/03/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/25/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	N/A	
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/near death:**

As stated in Intake ID # ██████████ "The Department of Children Services received a report on December 3, 2013 that stated, this will serve as notification that the ██████████ Medical Examiner is investigating the death of ██████████ (██████████). This 7 month-old infant was found unresponsive on her mattress at 0400 hrs. on the morning of 11/24/13. Paramedics with ██████████ Fire Department Ambulance # ██████████ pronounced death on the scene, a Multifamily Apartment Complex at ██████████. A scene investigation was conducted by this office and the ██████████ Police Department, and the decedent's remains were transported to this office for autopsy. The cause/manner of death is pending at this time. The mother's name is ██████████ (██████████) and the father is ██████████ (██████████). Two siblings also live in the house. Our case # is ██████████"

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

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

**Describe (in detail) interview with family:**

Child Protective Service Investigator (CPSI) met with ██████████, mother, and ██████████, father, of the late ██████████. ██████████ informed CPSI that ██████████ was born a full term baby weighing 5lbs and her twin brother ██████████ was only 4lbs. ██████████ stated that ██████████ was always a stubborn child since the womb. She informed CPSI that she had to struggle to get ██████████ to come down during birth. ██████████ stated that, she and ██████████ laid ██████████, and ██████████ down for the night around 11:00 pm on 11/24/2013. ██████████ informed CPSI that ██████████ had a cold on and off for about one month up to the night of her death. ██████████ stated that ██████████ had been seen prior by ██████████, MD, Primary Care Physician (PCP) earlier for her 6 months shots. It was reported that ██████████ stated to ██████████ that she could not give ██████████ anything for her cold because she had just taken her 6 months vaccination shots and by giving her something to fight the cold that would be to many chemicals in her body. She would have to let her body fight off the cold on it's on. It was reported that ██████████ was put to bed on her stomach, wrapped in a blanket. Normally, it was reported by ██████████ that every hour, maybe two, he would get up and check on the children. For some reason he explained that this particular night he did not get up until 4:00 am to check on the children. ██████████ stated that he shook ██████████ leg and ██████████ responded. ██████████ then went to ██████████ and did the same gesture towards her, but no response. ██████████ stated that he shook her leg more aggressively to get a response, she still did not respond. ██████████ then yelled her name. ██████████ stated that he noticed that ██████████ was not in the same position she was when he first laid her down for the night. ██████████ stated that ██████████ had turned over and her face was against the pillow that is in her crib.

During that time, ██████████ stated she was still lying in the bed. She informed CPSI that she felt ██████████ get up out of bed to check on the children, but did not get up with him; she continued to lay in the bed. ██████████ stated that when she heard him yell ██████████ name, she automatically knew something had to be wrong with her baby and she got up to go see what was wrong. Upon her arrival in the room she learned that she was not responsive at the time. The family contacted 911 at that time and dispatch walked, ██████████ through CPR until the paramedics arrived on the scene. During the course of CPR being administered, ██████████ stated that ██████████ never responded to anything he was doing to bring her back to life. The family stated that when the paramedics arrived on the scene, they attempted CPR, but she was later

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

pronounced dead by EMTs at the home located at [REDACTED] appeared to be very concern throughout the interview with CPSI [REDACTED] and [REDACTED] was very attentive towards her two children [REDACTED] and [REDACTED] during the interview and would asked question about the investigation. [REDACTED] was informed that when a child passes away suddenly, such as [REDACTED] an investigation is initiated and that the Department has a duty to ensure the safety of her other children that are in the home as well. [REDACTED] stated that she understood that and she thanked CPSI [REDACTED] and [REDACTED] for their compassion and concern about her child. During the visit, CPSI observed family photos of the family and both children appeared to be happy and interacted very well with CPSI [REDACTED] and [REDACTED] CPSI informed the family that they should not have any pillows or stuffed animals in the bed with the children when they are sleeping. CPSI inquired about previous DCS history with the family. [REDACTED] stated that she has never had involvement with DCS. When she was a child, her mother had history, but she has never been under investigation with the DCS. CPSI inquired about [REDACTED] involvement with the Department. CPSI informed [REDACTED] that he had been indicated for sexual abuse in 2012. [REDACTED] appeared to be surprised about the matter. [REDACTED] stated he knew nothing about him being indicated. [REDACTED] asked what does he need to do to correct that matter. CPSI informed him that he will look more into the matter and get back with him. [REDACTED] stated that the acquisition of him touching his child is completely false and feels that the mother may have put the child up to say those things at that time. [REDACTED] stated that if he had done those things towards his child, why is he allowed to go and see his daughter, pick her up from school, etc.

[REDACTED] informed CPSI that the children attend [REDACTED] daycare located on [REDACTED] that the children are picked up by the school around 8:30 am each day and then she goes to work at [REDACTED]. Ms. [REDACTED] stated that her shift begins at 9 am and ends around 3 pm.

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

N/A

Describe disposition of body (Death):	Child Death			
Name of Medical Examiner/Coroner:	[REDACTED]	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
Type:		Case #:		

**Describe law enforcement or court involvement, if applicable:**

None

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

CPSI [REDACTED] and [REDACTED] completed a walk through at the home located at [REDACTED]. The home was a two bedroom and one bathroom home. The home was furnished appropriately. There was bedding for each child as well as a play pen for the infant child in the home. The home had plenty of food and there were no marks or bruises on the children at the time of this visit. CPSI had no concerns of safety at this time. CPSI informed the family that they should not have any pillows or stuffed animals in the bed with the children when they are sleeping.

Name: [REDACTED]	Age: (4) [REDACTED]
Name: [REDACTED]	Age: (7 months) [REDACTED]
Name:	Age:
Name:	Age:
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
10/02/2012	[REDACTED]	SEE	[REDACTED]	[REDACTED]	AIPI

Intake #:	██████████	Investigation #:	██████████	Date of Report:	11/27/2013
10/25/2002	██████████	██████████	██████████	██████████	██████████
03/10/2003	██████████	██████████	██████████	██████████	██████████
10/23/2006	██████████	██████████	██████████	██████████	██████████
/ /					
/ /					
/ /					

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: ██████████
Case Manager: ██████████	Telephone Number: ██████████
Team Leader: ██████████	Telephone Number: ██████████
Team Coordinator: ██████████	Telephone Number: ██████████

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

**Email ██████████**  
**within forty-eight (48) hours of notification**  
**Include subject line (in RED): CHILD DEATH [secure email] or**  
**CHILD NEAR DEATH [secure email]**



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 12/03/2013 06:22 PM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 12/03/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 12/04/2013 01:27 PM  
First Team Leader Assigned: [REDACTED] Date/Time 12/04/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 12/04/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 6 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative
Unknown Participant [REDACTED] Unknown		Lack of Supervision	No	Unknown Participant [REDACTED] Unknown	Other Non-relative
Unknown Participant [REDACTED] Unknown		Lack of Supervision	No	Unknown Participant [REDACTED] Unknown	Other Non-relative

**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: The child is not in state custody.  
TFACTS: Yes  
Case ID: [REDACTED]  
Open Court Custody/FSS/FCIP No



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

Closed Court Custody Yes

Open CPS - No

Indicated [REDACTED]

Fatality No

Screened out 1

History (not listed above):

- # [REDACTED] /10-23-2006, [REDACTED] /Unfounded
- # [REDACTED] /3-10-2003, [REDACTED] /Unfounded
- # [REDACTED] /10-25-2002, [REDACTED] /Unfounded
- # [REDACTED] /4-26-2013, [REDACTED] /Unfounded
- # [REDACTED] /2-19-2013, [REDACTED] /NSN
- # [REDACTED] /10-02-2012, [REDACTED] /AIPI

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

Reporters name/relationship: Inv. [REDACTED]

\*\*\*WEB REFERRAL-TYPED VERBATIM\*\*\*

Reporter states:

This child is not in custody.

This will serve as notification that the [REDACTED] Medical Examiner is investigating the death of [REDACTED] [REDACTED] This 7 month-old infant was found unresponsive on her mattress at 0400 hrs on the morning of 11/24/13. Paramedics with [REDACTED] Fire Department Ambulance #5 pronounced death on the scene, a Multi family Apartment Complex at [REDACTED] A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mothers name is [REDACTED], and the father is [REDACTED] Two siblings also live in the house. Our case # is [REDACTED]

Per [REDACTED] Investigative Track, P1; [REDACTED] CM2/ screening pilot @ 6:33pm 12/3/13

[REDACTED], TL on 12/03/13 @ 7:52 PM

[REDACTED] County was notified @ 7:52 PM on 12/03/13.

Child Death/Child Near Death Notification Group: [REDACTED]  
[REDACTED] notified.



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Unable to Age: 1 Yr 6 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Unable to Age: 32 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**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:** 23 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:**

**Date of Birth:**

**Participant ID:** [REDACTED]

**SSN:**

**Race:** Unable to

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**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: Participant ID: [REDACTED]

SSN: Race: Unable to Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** Unknown Participant [REDACTED] Unknown

Gender: Date of Birth: Participant ID: [REDACTED]

SSN: Race: Unable to Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**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]
Referral Date: 12/03/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 12/04/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 3 rows of allegation data.

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: Allegation unsubstantiated perpetrator unsubstantiated.

D. Case Workers

Case Worker: [Redacted] Date: 04/22/2014
Team Leader: [Redacted] Date: 04/28/2014

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:

The children in the case are too young to speak about the allegations, but were observed to be average height and weight. The children also interacted well with the investigator on the case.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

The autopsy examination revealed that the cause of death could not be determined.

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

The mother [REDACTED] stated that the child had been suffering from a cold and was really congested. [REDACTED] stated that she laid the child down like she always do for the night time and when the father went to check on them at approximately 3 am the child was unresponsive. Emergency medical personnel was immediately contacted and walked the father through CPR until they arrived. The child was pronounced dead on the scene.

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

N/A

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

The allegation is unsubstantiated.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/16/2014

Contact Method:

Contact Time: 10:44 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/16/2014

Completed date: 06/16/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/16/2014 10:46 AM Entered By: [REDACTED]

**NEGLECT DEATH:**

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

The neglect death allegation on alleged child victim [REDACTED] is unsubstantiated. CPSI [REDACTED] has met with the family. The family consist of the father, [REDACTED], mother, [REDACTED], child, [REDACTED], and child, [REDACTED]. CPSI [REDACTED] has no concerns in the families ability to care for their children. The father [REDACTED] was very appropriate and appeared very concern and cooperative throughout the investigation. [REDACTED] was provided with a Case Review on a prior case that he was substantiated on for sexual abuse. At the time [REDACTED] stated that he didn't know anything about a case or has he ever spoke with anyone about the case [REDACTED] was incarcerated during the time of the investigation. Medical records on [REDACTED], ACV, [REDACTED], and [REDACTED] were requested and recieved.

The mother and father, [REDACTED] and [REDACTED] acted appropriately. There were no safety concerns. CPSI [REDACTED] advised the family of not allowing the children to sleep with stuff animals and a lot of covers (bedding) in the bed with them.



**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: 05/30/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/02/2014

Completed date: 06/02/2014

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: 06/02/2014 06:15 PM Entered By: [REDACTED]

Medical records were obtained for [REDACTED] and [REDACTED]. The children are all up to date on their immunization and no medical concerns were observed throughout the medical file. Both [REDACTED] and [REDACTED] are meeting their milestones for their respective ages.



**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: 05/29/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 06/02/2014

Completed date: 06/02/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/02/2014 06:13 PM Entered By: [REDACTED]

CPSI [REDACTED] made face to face contact with [REDACTED] and [REDACTED] at [REDACTED]. The child appeared physically healthy, well groomed, and dressed in clean weather appropriate clothing. CPSI observed no signs of abuse or neglect. CPSI observed that the child appeared to be happy and interacting well. CPSI observed no serious safety concerns at the time of this visit. Both children were in their respective areas preparing for lunch. Lunch for the day was chicken nuggets, vegetable medley, a dinner roll, and a chocolate cookie. [REDACTED] was excited about it. [REDACTED] stated that she likes chicken nuggets. [REDACTED] was being prep for his lunch as well. He was having a jar of smashed green beans and another jar of sweet potatoes. The workers says his favorite thing to eat is the sweet potatoes.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/14/2014	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/14/2014
Completed date:	05/14/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/14/2014 10:53 AM      Entered By: [REDACTED]

Follow up on the status of request for medical records ([REDACTED]) for [REDACTED] and [REDACTED]. A face to face visit need to made with the family and children.



**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: 05/09/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/16/2014

Completed date: 05/16/2014

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: 05/16/2014 02:45 PM Entered By: [REDACTED]

A request for medical records on [REDACTED] and [REDACTED] was submitted to the [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: 04/22/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/22/2014

Completed date: 04/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/22/2014 05:03 PM Entered By: [REDACTED]

**NEGLECT DEATH:**

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

The case did not meet the criteria for a substantiated finding of neglect death. The autopsy determined that the death of the alleged child victim [REDACTED] could not be determined.

**LACK OF SUPERVISION:**

DCS Policy defines Lack of Supervision as a failure to provide adequate supervision by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or the Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills). Lack of Supervision is also defined as any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

The allegation of lack of supervision is unsubstantiated. There is no evidence that supports such a finding against the birth mother [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: 04/16/2014

Contact Method: Face To Face

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/22/2014

Completed date: 04/22/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/22/2014 05:00 PM Entered By: [REDACTED]

CPSI [REDACTED] made face to face contact with said children. The children appeared physically healthy, well groomed, and dressed in clean weather appropriate clothing. CPSI [REDACTED] observed no signs of abuse or neglect. CPSI [REDACTED] observed that the children appeared to be happy and interacting well. CPSI [REDACTED] observed no serious safety concerns at the time of this visit.

Narrative Type: Addendum 1 Entry Date/Time: 04/30/2014 10:53 AM Entered By: [REDACTED]

At the time of this visit, [REDACTED] was a little fussy and wanted to be held by CPSI [REDACTED]. CPSI [REDACTED] interacted with [REDACTED] while [REDACTED] was sitting in CPSI [REDACTED] lap, [REDACTED] wanted to sit down as well. During this visit CPSI [REDACTED] witnessed [REDACTED] eating a fruit snack that was given to her by the mother [REDACTED]. [REDACTED] stated that [REDACTED] loves fruit snacks. CPSI [REDACTED] tried to get [REDACTED] to talk to him, but she wouldn't. [REDACTED] appeared to be very shy, but was not scared of CPSI [REDACTED]. Mother, [REDACTED] informed CPSI [REDACTED] that is how [REDACTED] does everyone, but she could tell that [REDACTED] and [REDACTED] felt comfortable with CPSI [REDACTED] because normally they will not go to anyone.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/22/2014

Completed date: 04/22/2014

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: 04/22/2014 04:56 PM      Entered By: [REDACTED]

CPIT was convened and the case was staffed with the Attorney General's office. The autopsy could not determine the cause of death. The AG's office marked the case as no prosecute. Allegation unsubstantiated perpetrator unsubstantiated.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	03/31/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/29/2014
Completed date:	05/01/2014	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/29/2014 09:21 AM      Entered By: [REDACTED]

Followed up with [REDACTED], Team Service Director of [REDACTED] on status of review of case by District Attorney (DA). [REDACTED] said would follow up with the DA on status of review.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/26/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/22/2014

Completed date: 04/22/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/22/2014 04:58 PM Entered By: [REDACTED]

CPSI [REDACTED] made face to face contact with said children. The children appeared physically healthy, well groomed, and dressed in clean weather appropriate clothing. CPSI [REDACTED] observed no signs of abuse or neglect. CPSI [REDACTED] observed that the children appeared to be happy and interacting well. CPSI [REDACTED] observed no serious safety concerns at the time of this visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/22/2014

Completed date: 04/22/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/22/2014 04:57 PM Entered By: [REDACTED]

CPSI [REDACTED] made face to face contact with said children. The children appeared physically healthy, well groomed, and dressed in clean weather appropriate clothing. CPSI [REDACTED] observed no signs of abuse or neglect. CPSI [REDACTED] observed that the children appeared to be happy and interacting well. CPSI [REDACTED] observed no serious safety concerns at the time of this visit.



**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: 01/17/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/05/2014 02:21 PM Entered By: [REDACTED]

CPSI [REDACTED] made face to face contact with said children. The children appeared physically healthy, well groomed, and dressed in clean weather appropriate clothing. CPSI [REDACTED] observed no signs of abuse or neglect. CPSI [REDACTED] observed that the children appeared to be of average height and weight for their age. CPSI [REDACTED] observed that the children appeared to be happy and interacting well. CPSI [REDACTED] observed no serious safety concerns at the time of this visit.



**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: 01/17/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/30/2014

Completed date: 04/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/30/2014 11:13 AM      Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] [REDACTED] is an employee at the [REDACTED] stated that the children were always clean when arriving to daycare and that they had no concerns with the mother.



**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: 01/16/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2014

Completed date: 02/05/2014

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: 02/05/2014 02:32 PM Entered By: [REDACTED]

CPSI [REDACTED] followed up with the Medical Examiner's office. The autopsy report is still hasn't been completed at this time. CPSI [REDACTED] was informed that they will email the investigator once the report is complete.



**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: 01/16/2014

Contact Method:

Contact Time: 09:29 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/16/2014

Completed date: 01/16/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/16/2014 09:34 AM      Entered By: [REDACTED]

This case was staffed. Update case to reflect all contacts and case activity. Face to face completed on 1-8-14 with the mother, [REDACTED] and [REDACTED] siblings need to be documented. Contact the coroners office (medical examiners) and inquire on status of the autopsy report. References and collateral (Daycare providers) contacts need to be documented. Safety planning has been discussed with [REDACTED] (extra bedding in crib, no toys in crib). Request medical records from clinic ([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: 12/11/2013

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2014 02:13 PM Entered By: [REDACTED]

CPSI [REDACTED] received a returned call from Dr. [REDACTED], MD. Dr. [REDACTED] stated that she has been the primary care provider for the twins [REDACTED] and [REDACTED]. She stated that she had previously seen the children for them to received their 6 months immunization shots. Ms. [REDACTED] had mention to Dr. [REDACTED] that [REDACTED] had a cold and wanted something to give her. Dr. [REDACTED] stated that she could not give her anything for the cold because of the immunization shots she just received. Giving her any medication at this point will put to many chemicals in her body. The family was instructed to monitor the child and to suction out her nose if she is congested.



**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: 12/11/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2014

Completed date: 02/05/2014

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: 02/05/2014 02:04 PM Entered By: [REDACTED]

Background checks were completed on [REDACTED] and [REDACTED]. The results are listed below;

[REDACTED]

JSSI GENERAL and SESSION---No Record Found  
 Meth Reigstry---No Record Found  
 Health Abuse Registry---No Record Found  
 Sex Offender Registry---No Record Found

DCS History checked revealed history with [REDACTED] as a child. She has not been an alleged perpetrator on a case with the Department.

[REDACTED]

JSSI GENERAL and SESSION  
 -2013 Violation of Light Law  
 -2013 Criminal Trespass  
 -2010 Driving while license suspended/revoked/canceled  
 -2010 Aggravated burglary  
 -2009 Violation of vehicle registration law  
 -2008 Criminal Trespass  
 -2006 Possession of marijuana with intent to sell, manufacture, or deliver.

Meth Registry---No Record Found  
 Health Abuse Registry-- No Record Found  
 Sex Offender Registry--No Record Found

DCS History checked revealed history with [REDACTED].  
 -Investigation ID [REDACTED] lack of supervision-No Services needed  
 -Investigation ID [REDACTED] -Sexual Abuse---Allegation substantiated/perpetrator substantiated.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Narrative Type: Addendum 1    Entry Date/Time: 06/16/2014 10:57 AM    Entered By: [REDACTED]

[REDACTED] was provided with a Case Review form and the proper attachments to send in for a review on the case were Sexual abuse was substantiated against him. [REDACTED] was also provided a stamped envelope in order to mail the review request in to the State of Tennessee.



**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: 12/11/2013

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2014

Completed date: 02/05/2014

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: 02/05/2014 02:25 PM      Entered By: [REDACTED]

CPSI [REDACTED] sent over a request for the Autopsy report.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/11/2013

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/05/2014

Completed date: 02/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2014 02:09 PM Entered By: [REDACTED]

CPSI [REDACTED] made contact with [REDACTED], maternal grandmother. [REDACTED] stated to CPS [REDACTED] that [REDACTED], mother, has been a great mother to her children. [REDACTED] began to cry during the interview and stated that she can not believe that her family is currently going through this and did not understand, why a referral was made because her granddaughter passed away. [REDACTED] stated that whatever her daughter needs she is going to make sure that she gets it. [REDACTED] stated that she feels as if her daughter is being made to be the bad person during this time of bereavement. [REDACTED] her daughter did nothing wrong. It was just one of those things that the baby passed away.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/04/2013 Contact Method: Face To Face  
 Contact Time: 05:00 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/05/2014  
 Completed date: 02/05/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/05/2014 01:47 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) met with [REDACTED], mother, and [REDACTED], father, of the late [REDACTED]. [REDACTED] informed CPSI that [REDACTED] was born a full term baby weighing 5lbs and her twin brother [REDACTED] was only 4lbs. [REDACTED] stated that [REDACTED] was always a stubborn child since the womb. She informed CPSI that she had to struggle to get [REDACTED] to come down during birth. [REDACTED] stated that, she and [REDACTED] laid [REDACTED] and [REDACTED] down for the night around 11:00 pm on 11/24/2013. [REDACTED] informed CPSI that [REDACTED] had a cold on and off for about one month the night of her death. [REDACTED] stated that [REDACTED] had been seen prior by [REDACTED], MD, Primary Care Physician (PCP) earlier that day for her 6 months shots. It was reported that Dr [REDACTED] stated to [REDACTED] that she could not give [REDACTED] anything for her cold because she had just taken her 6 months vaccination shots and by giving her something to fight the cold that would be too many chemicals in her body. She would have to let her body fight off the cold on its on. It was reported that [REDACTED] was put to bed on her stomach, wrapped in a blanket. Normally, it was reported by [REDACTED] that every hour, maybe two, he would get up and check on the children. For some reason he explained that this particular night he did not get up until 4:00 am to check on the children. Mr. [REDACTED] stated that he shook [REDACTED] leg and [REDACTED] responded. [REDACTED] then went to [REDACTED] and did the same gesture towards her, but no response. [REDACTED] stated that he shook her leg more aggressively to get a response, she still did not respond. [REDACTED] then yelled her name. [REDACTED] stated that he noticed that [REDACTED] was not in the same position she was when he first laid her down for the night. [REDACTED] stated that [REDACTED] had turned over and her face was against the pillow that is in her crib. During that time, [REDACTED] stated she was still lying in the bed. She informed CPSI that she felt [REDACTED] get up out of bed to check on the children, but did not get up with him; she continued to lie in the bed. [REDACTED] stated that when she heard him yell [REDACTED] name, she automatically knew something had to be wrong with her baby and she got up to go see what was wrong. Upon her arrival in the room she learned that she was not responsive at the time. The family contacted 911 at that time and dispatch walked, Mr. [REDACTED] through CPR until the paramedics arrived on the scene. During the course of CPR being administered, [REDACTED] stated that [REDACTED] never responded to anything he was doing to bring her back to life. The family stated that when the paramedics arrived on the scene, they attempted CPR, but she was later pronounced dead by EMTs at the home located at [REDACTED]. [REDACTED] appeared to be very concern throughout the interview with CPSI [REDACTED] and [REDACTED] was very attentive towards her two children [REDACTED] and [REDACTED] during the interview and would asked question about the investigation. [REDACTED] was informed that when a child passes away suddenly, such as [REDACTED] an investigation is initiated and that the Department has a duty to ensure the safety of her



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

other children that are in the home as well. [REDACTED] stated that she understood that and she thanked CPSI [REDACTED] and [REDACTED] for their compassion and concern about her child. During the visit, CPSI observed family photos of the family and both children appeared to be happy and interacted very well with CPSI [REDACTED] and [REDACTED]. CPSI informed the family that they should not have any pillows or stuffed animals in the bed with the children when they are sleeping. CPSI inquired about previous DCS history with the family. [REDACTED] stated that she has never had involvement with DCS. When she was a child, her mother had history, but she has never been under investigation with the DCS. CPSI inquired about [REDACTED] involvement with the Department. CPSI informed [REDACTED] that he had been indicated for sexual abuse in 2012. [REDACTED] appeared to be surprised about the matter. Mr. [REDACTED] stated he knew nothing about him being indicated. [REDACTED] asked what he needs to do to correct that matter. CPSI informed him that he will look more into the matter and get back with him. [REDACTED] stated that the acquisition of him touching his child is completely false and feels that the mother may have put the child up to say those things at that time. [REDACTED] stated that if he had done those things towards his child, why is he allowed to go and see his daughter, pick her up from school, etc.? CPSI checked into the history of [REDACTED] and from TFACTS it states that the prior CPSI was unable to locate [REDACTED] about the matter. CPSI [REDACTED] will send an indication letter to [REDACTED] now that the Department knows his whereabouts.

[REDACTED] informed CPSI that the children attend [REDACTED] daycare located on [REDACTED] that the children are picked up by the school around 8:30 am each day and then she goes to work at [REDACTED]. [REDACTED] stated that her shift begins at 9 am and ends around 3 pm.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/04/2013 Contact Method: Face To Face  
 Contact Time: 05:00 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 04/22/2014  
 Completed date: 04/22/2014 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****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/22/2014 10:15 AM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) met with [REDACTED], mother, and [REDACTED], father, of the late [REDACTED]. [REDACTED] informed CPSI that [REDACTED] was born a full term baby weighing 5lbs and her twin brother [REDACTED] was only 4lbs. [REDACTED] stated that [REDACTED] was always a stubborn child since the womb. She informed CPSI that she had to struggle to get [REDACTED] to come down during birth. [REDACTED] stated that, she and [REDACTED] laid [REDACTED] and [REDACTED] down for the night around 11:00 pm on 11/24/2013. [REDACTED] informed CPSI that [REDACTED] had a cold on and off for about one month the night of her death. [REDACTED] stated that [REDACTED] had been seen prior by [REDACTED], MD, Primary Care Physician (PCP) earlier that day for her 6 months shots. It was reported that Dr. [REDACTED] stated to [REDACTED] that she could not give [REDACTED] anything for her cold because she had just taken her 6 months vaccination shots and by giving her something to fight the cold that would be too many chemicals in her body. She would have to let her body fight off the cold on its on. It was reported that [REDACTED] was put to bed on her stomach, wrapped in a blanket. Normally, it was reported by [REDACTED] that every hour, maybe two, he would get up and check on the children. For some reason he explained that this particular night he did not get up until 4:00 am to check on the children. Mr. [REDACTED] stated that he shook [REDACTED] leg and [REDACTED] responded. [REDACTED] then went to [REDACTED] and did the same gesture towards her, but no response. [REDACTED] stated that he shook her leg more aggressively to get a response, she still did not respond. [REDACTED] then yelled her name. [REDACTED] stated that he noticed that [REDACTED] was not in the same position she was when he first laid her down for the night. [REDACTED] stated that [REDACTED] had turned over and her face was against the pillow that is in her crib. During that time, [REDACTED] stated she was still lying in the bed. She informed CPSI that she felt [REDACTED] get up out of bed to check on the children, but did not get up with him; she continued to lie in the bed. [REDACTED] stated that when she heard him yell [REDACTED] name, she automatically knew something had to be wrong with her baby and she got up to go see what was wrong. Upon her arrival in the room she learned that she was not responsive at the time. The family contacted 911 at that time and dispatch walked, Mr. [REDACTED] through CPR until the paramedics arrived on the scene. During the course of CPR being administered, [REDACTED] stated that [REDACTED] never responded to anything he was doing to bring her back to life. The family stated that when the paramedics arrived on the scene, they attempted CPR, but she was later pronounced dead by EMTs at the home located at [REDACTED]. [REDACTED] appeared to be very concern throughout the interview with CPSI [REDACTED] and [REDACTED] was very attentive towards her two children [REDACTED] and [REDACTED] during the interview and would asked question about the investigation. [REDACTED] was informed that when a child passes away suddenly, such as [REDACTED] an investigation is initiated and that the Department has a duty to ensure the safety of her



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

other children that are in the home as well. [REDACTED] stated that she understood that and she thanked CPSI [REDACTED] and [REDACTED] for their compassion and concern about her child. During the visit, CPSI observed family photos of the family and both children appeared to be happy and interacted very well with CPSI [REDACTED] and [REDACTED]. CPSI informed the family that they should not have any pillows or stuffed animals in the bed with the children when they are sleeping. CPSI inquired about previous DCS history with the family. [REDACTED] stated that she has never had involvement with DCS. When she was a child, her mother had history, but she has never been under investigation with the DCS. CPSI inquired about [REDACTED] involvement with the Department. CPSI informed [REDACTED] that he had been indicated for sexual abuse in 2012. [REDACTED] appeared to be surprised about the matter. Mr. [REDACTED] stated he knew nothing about him being indicated. [REDACTED] asked what he needs to do to correct that matter. CPSI informed him that he will look more into the matter and get back with him. [REDACTED] stated that the acquisition of him touching his child is completely false and feels that the mother may have put the child up to say those things at that time. [REDACTED] stated that if he had done those things towards his child, why is he allowed to go and see his daughter, pick her up from school, etc.? CPSI checked into the history of [REDACTED] and from TFACTS it states that the prior CPSI was unable to locate [REDACTED] about the matter. CPSI [REDACTED] will send an indication letter to [REDACTED] now that the Department knows his whereabouts.

[REDACTED] informed CPSI that the children attend [REDACTED] daycare located on [REDACTED] that the children are picked up by the school around 8:30 am each day and then she goes to work at [REDACTED]. [REDACTED] stated that her shift begins at 9 am and ends around 3 pm.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/04/2013

Contact Method: Face To Face

Contact Time: 04:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/04/2013

Completed date: 12/04/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

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

Narrative Type: Original Entry Date/Time: 12/04/2013 06:02 PM Entered By: [REDACTED]

CPSI observed that the home is a two bedroom apartment home. The home was observed to be clean. CPSI observed the child [REDACTED] to be clean and well groomed. The child was observed to be happy and healthy baby. The child was observed with any marks or bruises on his face, legs, or arms.

The child [REDACTED] was observed to very happy and playful. CPSI asked the child how old she is and she stated five. CPSI asked the child what school does she go to and the child stated daycare. The child did not appear too neglected. The child was observed without any marks or bruises on her face, legs, or arms.

Narrative Type: Addendum 1 Entry Date/Time: 07/21/2014 08:25 AM Entered By: [REDACTED]

This note was created in error. Please see notes for ACV contact on 12/04/2013 entered by CPSI [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: 12/04/2013 Contact Method: Face To Face  
 Contact Time: 04:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 12/04/2013  
 Completed date: 12/04/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2013 05:53 PM Entered By: [REDACTED]

CPSI received a report on December 3, 2013 that stated, this will serve as notification that the [REDACTED] Medical Examiner is investigating the death of [REDACTED]. This 7 month-old infant was found unresponsive on her mattress at 0400 hrs. on the morning of 11/24/13. Paramedics with [REDACTED] Fire Department Ambulance #5 pronounced death on the scene, a Multifamily Apartment Complex at [REDACTED]. A scene investigation was conducted by this office and the [REDACTED] Police Department, and the decedents remains were transported to this office for autopsy. The cause/manner of death is pending at this time. The mothers name is [REDACTED] and the father is [REDACTED]. Two siblings also live in the house. Our case # is [REDACTED].

CPSI spoke with the mother in her home about the allegations and she stated that the put the children in bed around 11:00p.m.or midnight. The mother stated that she was still sleep but she felt the father get up to check on the babies. [REDACTED] stated that she was initially not in the room but she heard [REDACTED] call [REDACTED] name more than once and she knew something was wrong. The father, [REDACTED] stated that he normally does not sleep through the night and that he checks on the children every hour or so, but he didnt get up until about four a.m. to check on them and he noticed that [REDACTED] didnt move when he pull her leg [REDACTED] stated that he moved [REDACTED] again and she still didnt move so and she called 911 at that point. [REDACTED] stated that the paramedics talked him through CPR until they made it to the home.

[REDACTED] stated that was found with her face in the pillow and its possible that she rolled over. [REDACTED] stated that one of the examiner stated that the child had a cold and they may have been the problem. CPSI asked the mother did she take the child to the doctor and she stated that she take both [REDACTED] and [REDACTED] to [REDACTED] the day before and the doctor told her that they couldnt give them any medication due to it being too many chemicals in the medication.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/04/2013

Contact Method:

Contact Time: 02:26 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/04/2013

Completed date: 12/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2013 02:29 PM Entered By: [REDACTED]

A P (1) referral was called in to Central Intake on (12-3-13), at (6:22) p.m. Case assigned to [REDACTED] on (12-4-13) with the allegation of (ND/LOS) in regard to ([REDACTED]), age (7 months) years. The alleged perpetrator is Unknown.

Response is due on (Response time met on call by CPSI [REDACTED]); (6:22) p.m. The referent letter was mailed on (12-4-13). Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.