

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

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 06/01/2021 05:12 PM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 06/01/2021

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 06/02/2021 08:26 AM  
First Team Leader Assigned: [REDACTED] Date/Time 06/02/2021 12:00 AM  
First Case Manager: [REDACTED] Date/Time 06/02/2021 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	1 Yr 4 Mos	Lack of Supervision	Yes	[REDACTED], [REDACTED]	

Preliminary Near Death: [REDACTED]

**Referent(s)**

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: NON-CUSTODIAL PRELIMINARY NEAR DEATH

Family Case IDs: [REDACTED]  
Associated Case IDs: [REDACTED]

Family Case ID Detailed History:  
Open Court Custody/FSS/FCIP No  
Closed Court Custody No

Open CPS: [REDACTED] | INV | PHA | 5-19-21 | None | [REDACTED] CM [REDACTED] SUP | ACV:  
Giovanni [REDACTED]

Substantiated: No  
Death: No



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

Screen Outs: [REDACTED] [REDACTED]

History (not listed above): Yes

INV/[REDACTED]/PHA and SRPHA/AUPU/2006-11-20

INV/[REDACTED]/SEE/AUPU/2006-10-09

INV/[REDACTED]/ENN/AUPU/2007-08-13

INV/[REDACTED]/Minor PHA/AUPU/2000-08-29

County of Jurisdiction: [REDACTED]

School/ Daycare: Unknown.

Active Military Status: Unknown.

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

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] [REDACTED] [REDACTED] (estimated 2 months) and her siblings, 2 females, 1 male (estimated ages 1-4) reside in the home with their mother, [REDACTED] [REDACTED] (24), and maternal grandmother, [REDACTED] [REDACTED] (age unknown) in [REDACTED] County. [REDACTED] [REDACTED] (24) is the father of the children, he also resides in [REDACTED] County. It is unknown if he resides in the home.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?  
No.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.

Today, 06/01/2021, [REDACTED] was transported to [REDACTED] Children's Hospital via [REDACTED] Fire and EMS arriving at the hospital at approximately 12:49 PM. [REDACTED] found [REDACTED] unresponsive (exact time unknown). According to [REDACTED] [REDACTED] was laying on her back in an adult bed with pillows behind her back. [REDACTED] left the room to go and get a diaper, and upon her return, [REDACTED] was face down and unresponsive. [REDACTED] estimates she was out the room for approximately 15 minutes. [REDACTED] stated when she found [REDACTED] she was not breathing and did not have a pulse. It is suspected that [REDACTED] rolled over on her stomach while still being propped up on the pillows.

[REDACTED] administered CPR and continued CPR for at least 5 mins until EMS arrived. When EMS arrived at the home, [REDACTED] was in cardiac arrest. EMS continued CPR and performed CPR until they arrived at the hospital and until medical personnel took over. [REDACTED] received extensive CPR until her heartbeat was restored. [REDACTED] is critically ill and is in the ICU. [REDACTED] is not breathing on her own and is currently on a ventilator. Her survival expectancy is currently unknown. Per the referent physical abuse or neglect is not suspected. [REDACTED] does have a viral illness.

[REDACTED] Youth Services Detective, [REDACTED] [REDACTED], has already spoken with the family. It is unknown when or if [REDACTED] will be discharged from the hospital. [REDACTED] is in room [REDACTED].

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?  
None.

-Anything additional to add to this initial report for the responding worker to know prior to response?  
None.

CM Notation: History was found in TFACTS for "[REDACTED] [REDACTED] (DOB: [REDACTED])" but it could not be confirmed that he was the same person as the ACV's birth father [family case id: [REDACTED]; associated: [REDACTED]

Screeners Notation: None

Emailed/Paged CPSI On Call: [REDACTED] 06-01-2021 21:14:57 Received



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

Notified Child Death/Preliminary Near-Death Notification Group via Email:

[REDACTED]

Region RA (document name of RA or SIU IC CC'd on Email)

Per SDM: This intake was reviewed by CAH Director [REDACTED] and approved to be screened in and sent to the county to be investigated./ INV P1 / [REDACTED] TL 06-01-2021@9:11pm.



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:**

**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], [REDACTED]

**Gender:** Female

**Date of Birth:**

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** 25 Yrs (Est)

**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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:**

**Race:** Unable to

**Age:** 1 Yr 4 Mos

**Address:** [REDACTED], [REDACTED] Tennessee [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**Contact Comments:** [REDACTED] Father's cell

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Case #2022.011

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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** 25 Yrs (Est)

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-07 11:15:00.0

Contact Method:

Contact Time: 11:15 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/07/2022

Completed date: 02/07/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/07/2022 04:47 PM Entered By: [REDACTED] [REDACTED]

Administrative Review:

This case has been reviewed and approved for closure AUPU by [REDACTED] [REDACTED] Executive Director of Child Safety.





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-07 11:00:00.0

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/07/2022

Completed date: 02/07/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/07/2022 11:20 AM Entered By: [REDACTED] [REDACTED]

[REDACTED] Closing Summary:

On June 1, 2021, the Department of Children's Services (DCS) received a referral for allegation of Lack of Supervision regarding Alleged Child Victim (ACV) [REDACTED] (2 months old). The alleged perpetrator (AP) was listed as [REDACTED] mother. This investigation was assigned to CPSI [REDACTED] This case was worked in conjunction with [REDACTED] Police Department (PD) Detective [REDACTED]

[REDACTED] (2 months) lived at the family home with mother, Ms. [REDACTED] father, Mr. [REDACTED] grandmother, Ms. [REDACTED] and siblings [REDACTED] (age 4), [REDACTED] (age 3), and [REDACTED] (age 2).

On June 1, 2021, [REDACTED] was transported to [REDACTED] Children's Hospital via EMS. Ms. [REDACTED] mother, found [REDACTED] unresponsive at the family home laying on an adult size bed face down. [REDACTED] received extensive CPR until her heartbeat was restored. However, [REDACTED] was in critical condition and passed away in ICU on June 2, 2021.

On June 1, 2021, CM [REDACTED] interviewed Ms. [REDACTED] who admitted she left [REDACTED] on an adult sized bed for approximately 10-15 minutes before finding her unresponsive.

An autopsy was completed on [REDACTED] by [REDACTED] County Medical Examiner [REDACTED] TN. The autopsy report stated the cause of death was complications from asphyxia with no contributing factors and the manner of death was accidental.

On October 26, 2021, this case was presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT). The team agreed that there not a preponderance of evidence to support the allegation of Lack of Supervision or Abuse Death:



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Per DCS Policy Work Aid 1 Section C Lack of Supervision is defined as failure to provide adequate supervision, by a parent or other legal custodian/caretaker, who is able to do so. A lack of supervision allegation or determination means that: a) 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 b) 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). c) Any registered sex offender residing in the 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.

Per DCS Policy Work Aid 1 Section G: Child death is defined as:

a) Any child death caused by abuse or neglect b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another person's direct action that resulted in the death of the child.

During the course of the investigation, DCS and Law Enforcement, offered the [REDACTED] family grief counseling and support.

There is a not preponderance of evidence to support the allegations of Lack of Supervision or Abuse Death. This case will be classified and closed as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegations of Lack of Supervision and Abuse Death of [REDACTED] [REDACTED] by Ms. [REDACTED] [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-04 10:14:00.0

Contact Method:

Contact Time: 10:14 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/04/2022

Completed date: 02/04/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/04/2022 10:56 AM Entered By: [REDACTED] [REDACTED]

TC [REDACTED] received a copy of [REDACTED] [REDACTED] autopsy report from Mr. [REDACTED] [REDACTED] Director of Critical Incident Support. The cause of her death was listed as asphyxia and the manner accidental.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-01-18 11:00:00.0

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/07/2022

Completed date: 02/07/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original

Entry Date/Time: 02/07/2022 04:30 PM

Entered By: [REDACTED] [REDACTED]

Administrative Review:

TC [REDACTED] to obtain autopsy report of [REDACTED] [REDACTED] and submit this case for closure once autopsy obtained.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-01-14 10:20:00.0

Contact Method: Face To Face

Contact Time: 10:20 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: School

Created Date: 01/14/2022

Completed date: 01/14/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2022 03:20 PM Entered By: [REDACTED] [REDACTED]

[REDACTED] and [REDACTED] were spoken with privately in the principal office alone with TC [REDACTED] only. [REDACTED] reported her teachers name was Ms. [REDACTED] her mother drove them to school today, she was about to go to recess and that she hopes she just to play in the snow this weekend (the weather forecast snow on Sunday). [REDACTED] hair was also braided with beads on the ends. [REDACTED] reported his teacher was Ms. [REDACTED] and that he sometimes rides the bus. [REDACTED] was not as talkative as [REDACTED] hair was semi curly. Neither [REDACTED] nor [REDACTED] had any visible marks or bruises. Both children were taken back to the office staff and TC [REDACTED] exited the school building.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-01-14 09:50:00.0	Contact Method: Face To Face
Contact Time: 09:50 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/14/2022
Completed date: 01/14/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview, Sibling Interview/Observation	
Contact Sub Type:	

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/14/2022 03:18 PM      Entered By: [REDACTED] [REDACTED]

On January 14, 2022 TC [REDACTED] visited Ms. [REDACTED] Ms. [REDACTED] and [REDACTED] at their family home of [REDACTED], [REDACTED] TN. [REDACTED] TC [REDACTED] was welcomed into the home by Ms. [REDACTED] Ms. [REDACTED] reported she is doing well and her family is also. Ms. [REDACTED] reported she received [REDACTED] death certificate back in August 2021 and showed TC [REDACTED] documentation that [REDACTED] had been cremated. Ms. [REDACTED] asked why CM [REDACTED] [REDACTED] had not called and TC [REDACTED] explained that CM [REDACTED] now works in a different unit within DCS. Ms. [REDACTED] reported TC [REDACTED] could go see [REDACTED] and [REDACTED] at [REDACTED] Elementary School today and that she had no questions for TC [REDACTED] Ms. [REDACTED] was spoken with by TC [REDACTED] in the family room privately. Ms. [REDACTED] reported she believed the school had called in DCS referral. TC [REDACTED] advised TC [REDACTED] could not disclose the referent but that this case is still open regarding [REDACTED] being transported to the hospital over the summer. Ms. [REDACTED] acknowledged she understood. Ms. [REDACTED] had no additional comments for TC [REDACTED] At this time, [REDACTED] entered the living room from the kitchen area. [REDACTED] hair was braided with color beads on the end. She explained to TC [REDACTED] she is 3 years old. [REDACTED] was holding a cellphone which she told TC [REDACTED] this my phone. [REDACTED] reported her siblings were at school. TC [REDACTED] noticed [REDACTED] was wearing a night gown and had no visible marks or bruises. Upon leaving TC [REDACTED] explained to Ms. [REDACTED] TC [REDACTED] would be going to the school immediately to see [REDACTED] and [REDACTED] in which again Ms. [REDACTED] consented. The home did not appear to present any visible safety hazards. TC [REDACTED] left the family home and immediately traveled to [REDACTED] Elementary School.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-01-13 13:24:00.0	Contact Method: Phone Call
Contact Time: 01:24 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/13/2022
Completed date: 01/13/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/13/2022 01:40 PM      Entered By: [REDACTED] [REDACTED]

TL [REDACTED] spoke to the mother, Ms. [REDACTED] [REDACTED] at [REDACTED]. Ms. [REDACTED] agreed to follow-up home visit tomorrow January 14, 2022 at 9am with TC [REDACTED] and her family. Ms. [REDACTED] confirmed she still resides at [REDACTED] [REDACTED] TN. [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-01-10 12:00:00.0

Contact Method: Correspondence

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2022

Completed date: 01/13/2022

Completed By: [REDACTED] [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)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/13/2022 12:32 PM Entered By: [REDACTED] [REDACTED]

CPIT Coordinator [REDACTED] confirmed this case was Unsubstantiated on October 26, 2021 at CPIT staffing.





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2021-09-20 12:00:00.0

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/07/2022

Completed date: 02/07/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/07/2022 04:41 PM Entered By: [REDACTED] [REDACTED]

Administrative Review:

TC [REDACTED] to present this case at CPIT staffing as AUPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 2021-08-05 10:00:00.0 Contact Method: Face To Face  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/05/2021  
 Completed date: 08/05/2021 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/05/2021 11:28 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] went to the home and spoke with both caregivers. CPSI observed the children, who were playing in the yard on their bikes. The children appeared clean and dressed in clean clothes. The parents had no questions or concerns. They understand that DCS will be checking in on the family every month, and stated that this is protocol in death cases. The family was cooperative. The family declined therapy services, but understand that they can reach out to DCS if they change their minds. The home was clean and uncluttered.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2021-06-10 08:30:00.0

Contact Method:

Contact Time: 08:30 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/07/2022

Completed date: 02/07/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/07/2022 04:38 PM Entered By: [REDACTED] [REDACTED]

Administrative Review:

This case was received for Lack of Supervision. The alleged child victim is [REDACTED] [REDACTED]. The alleged perpetrator listed as mother, Ms. [REDACTED] [REDACTED]. Ms. [REDACTED] reports laying [REDACTED] down on the bed and approximately 15 minutes later finding [REDACTED] unresponsive, [REDACTED] was transported to the hospital via EMS. CM [REDACTED] has previous investigation open with the family through CPS INV: [REDACTED] which listed [REDACTED] [REDACTED] (sibling to [REDACTED] as the alleged child victim for physical abuse which is classified AUPU.

CM [REDACTED] to attend CPIT staffing.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2021-06-03 08:30:00.0

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/12/2021

Completed date: 06/12/2021

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2021 06:06 PM Entered By: [REDACTED] [REDACTED]

CPIT was convened. Assigned to Detective [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 2021-06-02 11:00:00.0 Contact Method:  
 Contact Time: 11:00 AM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/14/2021  
 Completed date: 06/14/2021 Completed By: [REDACTED] [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: 06/14/2021 01:32 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] interviewed [REDACTED] to get an update on ACV [REDACTED] who is on DNR. She stated that they are providing her comfort measures, and a decision will be made today regarding discontinuing her care.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 2021-06-01 23:30:00.0 Contact Method: Face To Face  
 Contact Time: 11:30 PM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Hospital Created Date: 06/04/2021  
 Completed date: 06/04/2021 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Initial ACV Face To Face, Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/04/2021 05:55 PM Entered By: [REDACTED] Harold

CPSI [REDACTED] entered the ACV's room at [REDACTED] (PICU). When arriving in the room, CPSI observed the child with breathing tubes and she appeared to be sleeping. The child appeared to be clean with clean clothing and no unexplained marks or bruises. After observing the ACV in the room, CPSI proceeded to speak with the [REDACTED] [REDACTED] Valcarel (Father) about the referral. The father reported that he was at work when the incident occurred. According to the father, the AP reported that the ACV was propped up on a pillow in the bedroom. The father informed CPSI, that the mother stated she left the ACV unattended for about five to ten minutes. The father stated that when the AP returned to the room, the baby was laying facedown. The father indicated that the mother reported the baby went limp and she proceeded to take the baby to her mothers room. The father stated that while the child was in the grandmothers room, she proceeded to administrator CPR to ACV. During the conversation, the father stated that it was unknown how long the grandmother administrator CPR. CPSI thanked the father for his time. The father denied having any additional information he would like to share and denied having any questions.

CPSI met with Diana [REDACTED] (AP) while Social Worker [REDACTED] was present in the conference room. CPSI proceeded to ask the AP about the referral. The AP reported that she was sitting on the bed while the ACV was in the swing set near her bed. The AP indicated that after a few minutes, she took the ACV out of her swing set and proceeded to feed her. The AP stated that after feeding the ACV, they proceeded to lay on the bed and watched television. The mother stated while laying on the bed, the ACV feel asleep and she proceeded to go downstairs. According to the mother, the child was sleeping on her back before leaving the room. During the conversation, the mother stated that she left the child unattended for about 10 to 15 minutes. The mother stated that when she returned to the room, the ACV was still asleep on her back. After leaving the room for a second time, she went to her mothers room to talk with her stepsister and other children. The AP stated that she left her mothers room to get a pull up pampers for her youngest daughter and returned to her bedroom. When arriving in her bedroom, she observed the ACV face down and she proceeded to take the ACV to her



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

mothers room. The AP stated that her mother was administering CPR to the ACV for about 10 minutes until EMS arrived. The mother stated that it was unknown if EMS continued administering CPR. The mother reported that while EMS was with ACV, she started to put her shoes on and went to [REDACTED] Childrens Hospital. The mother reported when arriving at the hospital, she was told to wait for the social worker to discuss her daughters medical condition. The AP stated that after speaking with the social worker, the ACV was transferred to the PICU for further monitoring. After discussing the incident, CPSI asked the AP where the other children are currently. The AP stated that her two daughters are with the grandparents ([REDACTED] and [REDACTED]) while her son is with her brother ([REDACTED]). CPSI thanked the AP for her time. During the conversation, CPSI informed the AP that her primary caseworker will follow up with her. The AP denied having any additional information she would like to share and denied having any questions. The primary CPSI will follow up with family as needed.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2021-06-01 23:15:00.0	Contact Method:	
Contact Time:	11:15 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	06/04/2021
Completed date:	06/04/2021	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/04/2021 04:53 PM Entered By: [REDACTED] Harold

06/1/21 at 11:14PM CPSI [REDACTED] arrived on the PICU and met with Dr. [REDACTED]. Dr. [REDACTED] reported the ACV was found face down in pool vomit. The doctor reported that the child was left unattended for a long period of time. The doctor reported that the AP brought the child to her mother; in which she started CPR until EMS arrived. According to the doctor, EMS continued CPR for another 30 minutes until arriving at the hospital. The doctor stated once EMS arrived at the hospital, the hospital staff continued CPR for another 45 minutes. After discussing the ACVs arrival at the hospital, the doctor stated the ACVs condition is the following: Multiple Organ Failure, Brain death, and progressive renal failure (Kidney). Lastly, the doctor felt there was no foul play or suspected abuse. CPSI thanked the doctor for her time.





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 2021-06-01 23:00:00.0 Contact Method: Correspondence  
 Contact Time: 11:00 PM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Hospital Created Date: 01/26/2022  
 Completed date: 01/26/2022 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Referent Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/26/2022 11:56 AM Entered By: [REDACTED] [REDACTED]  
 CM [REDACTED] contacted the referent per protocol.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2021-06-01 21:00:00.0	Contact Method:
Contact Time: 09:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/13/2022
Completed date: 01/13/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Opening	

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/13/2022 03:48 PM      Entered By: [REDACTED] [REDACTED]

**Initial Case Summary:**

The Department of Children's Services received the following referral on June 1, 2021 and CPSI [REDACTED] [REDACTED] received this case regarding allegation of Lack of Supervision.

The alleged child victim is [REDACTED] (2 months)  
 The alleged perpetrator is Ms. [REDACTED] birth mother

The referral states: [REDACTED] [REDACTED] (estimated 2 months) and her siblings, 2 females, 1 male (estimated ages 1-4) reside in the home with their mother, [REDACTED] (24), and maternal grandmother, [REDACTED] (age unknown) in [REDACTED] County. [REDACTED] (24) is the father of the children, he also resides in [REDACTED] County. It is unknown if he resides in the home.

Today, 06/01/2021, [REDACTED] was transported to [REDACTED] Children's Hospital via [REDACTED] Fire and EMS arriving at the hospital at approximately 12:49 PM. [REDACTED] found [REDACTED] unresponsive (exact time unknown). According to [REDACTED] [REDACTED] was laying on her back in an adult bed with pillows behind her back. [REDACTED] left the room to go and get a diaper, and upon her return, [REDACTED] was face down and unresponsive. [REDACTED] estimates she was out the room for approximately 15 minutes. [REDACTED] stated when she found [REDACTED] she was not breathing and did not have a pulse. It is suspected that [REDACTED] rolled over on her stomach while still being propped up on the pillows.

[REDACTED] administered CPR and continued CPR for at least 5 mins until EMS arrived. When EMS arrived at the home, [REDACTED] was in cardiac arrest. EMS continued CPR and performed CPR until they arrived at the hospital and until medical personnel took over. [REDACTED] received extensive CPR until her heartbeat was restored. [REDACTED] is critically ill and is in the ICU. [REDACTED] is not breathing on her own and is currently on a ventilator. Her survival expectancy is currently unknown. Per the referent physical abuse or neglect is not suspected. [REDACTED] does have a viral illness.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] Youth Services Detective, [REDACTED] [REDACTED], has already spoken with the family. It is unknown when or if [REDACTED] will be discharged from the hospital. [REDACTED] is in room [REDACTED]

A TFACTS history check was completed and a previous TFACTS history was found:

Investigation: [REDACTED]

ACV: [REDACTED] [REDACTED]

AP: Unknown

Allegation: Physical Abuse

Classification: AUPU

Date: 06/10/2021

## Family Composition:

[REDACTED] Grandmother  
 [REDACTED] Father  
 [REDACTED] Mother  
 [REDACTED] (2 months old)  
 [REDACTED] (age 2)  
 [REDACTED] (age 3)  
 [REDACTED] (age 4)

The family currently resides at [REDACTED], [REDACTED] Tennessee [REDACTED]

A/P Criminal History: Ms. [REDACTED] [REDACTED] has Vandalism \$1,000 or less which was retired 7/26/2018

CPIT convened per local protocol.

Daily notice of referral pursuant to TCA Code 37-105 sent to the District Attorney, Juvenile Court, and Law Enforcement as applicable per local protocol



## Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/01/2021

Assignment Date: 08/06/2021

Street Address:

City/State/Zip:

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
							CSEM	
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED] 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/26/2022
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED] 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/26/2022

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: AUPU per policy 14.7.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 01/26/2022

Team Leader: Beckham, Pierce

Date: 01/29/2022

**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:**

[REDACTED] was observed at [REDACTED] Children's Hospital by CM [REDACTED]

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

The autopsy report of [REDACTED] was received and noted the cause of death was complications from asphyxia with no contributing factors.

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

Mother, Ms. [REDACTED] reported when arriving in her bedroom, she observed the ACV face down and she proceeded to take the ACV to her mother's room and her mother begin CPR.



## Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

Reporter states, "Today, 06/01/2021, [REDACTED] was transported to [REDACTED] Children's Hospital via [REDACTED] Fire and EMS arriving at the hospital at approximately 12:49 PM. [REDACTED] found [REDACTED] unresponsive (exact time unknown). According to [REDACTED] [REDACTED] was laying on her back in an adult bed with pillows behind her back. [REDACTED] left the room to go and get a diaper, and upon her return, [REDACTED] was face down and unresponsive. [REDACTED] estimates she was out the room for approximately 15 minutes. [REDACTED] stated when she found [REDACTED] she was not breathing and did not have a pulse. It is suspected that [REDACTED] rolled over on her stomach while still being propped up on the pillows. [REDACTED] administered CPR and continued CPR for at least 5 mins until EMS arrived. When EMS arrived at the home, [REDACTED] was in cardiac arrest. EMS continued CPR and performed CPR until they arrived at the hospital and until medical personnel took over. [REDACTED] received extensive CPR until her heartbeat was restored. [REDACTED] is critically ill and is in the ICU. [REDACTED] is not breathing on her own and is currently on a ventilator. Her survival expectancy is currently unknown. Per the referent physical abuse or neglect is not suspected. [REDACTED] does have a viral illness. [REDACTED] Youth Services Detective, [REDACTED] [REDACTED], has already spoken with the family. It is unknown when or if [REDACTED] will be discharged from the hospital. [REDACTED] is in room [REDACTED]."

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

The manner of [REDACTED] death was ruled accidental.

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District Attorney in Severe Child Abuse Cases  
Regional Supervising Attorney