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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 02/08/2024 05:15 PM [redacted]

Track Assigned: Special Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 02/08/2024

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 02/09/2024 08:49 AM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 02/09/2024 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 02/09/2024 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Abuse Death	Yes	[redacted]	

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: E-mail

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: None
Associated Case IDs: None

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP None
Closed Court Custody -None

Pending: None
Awaiting Screening: None
Submitted: None

Open CPS: None

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

Substantiated: None
Death: None
Screen Outs: None

History (not listed above): None

County of Jurisdiction: [redacted]
School/ Daycare: Unknown
Active Military: Unknown

Reporter's Name/Relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (5 months) resides with her father [redacted] (41) and her mother [redacted] (28) in [redacted] County. Her babysitter [redacted] (age unknown) does not reside in the home.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
[redacted] // Please call [redacted] social workers desk).

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
Today on 02.08.2024 [redacted] took [redacted] to [redacted] home. It is unknown what time [redacted] dropped [redacted] off at [redacted] home, or what time she picked [redacted] up. When [redacted] picked [redacted] up, [redacted] was purple. [redacted] stated that [redacted] had been purple for ten minutes. [redacted] did not call [redacted] or the paramedics when this occurred. It is unknown who contacted Law Enforcement. The time of death was called within the last fifteen minutes. The cause of death is currently unknown. It is unknown if Law Enforcement will open an investigation. The [redacted] Police Department incident number is [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: The family speaks Spanish and may need a translator.

Screener Notation: There is a current open case for a [redacted] but it states that his date of birth is [redacted]

Emailed/Paged CPSI On Call:
[redacted] 02-08-24 06:06:38 PM [redacted] Received
[redacted] 02-08-24 06:25:44 PM [redacted] +PRIVATE Received

Notified Child Death/Preliminary Near Death Notification Group via Email:
[redacted]
SIU TC [redacted]

Per TL [redacted]: I spoke with the hospital social worker, [redacted] and assigned Youth Services Detective [redacted] who provided additional information. The babysitter was found to be caring for 7-10 children under the age of 3yrs.

Per SDM: Approved for assignment by CAH Director [redacted] / SIU P1/ [redacted] Intake TL 02-08-2024@8:41pm.

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

Participant(s)

Name: [redacted] [redacted]

Gender: Female

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 29 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Male | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: | Age: 42 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: | Age: Deceased

Address: [redacted] Tennessee [redacted]

Deceased Date: 02/08/2024

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: Mother's Number.

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:
Partipant ID: [redacted]
SSN:
Race:
Age:
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: Yes
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

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-09-04 09:53:00	Contact Method:	
Contact Time:	09:53 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/04/2024
Completed date:	09/04/2024	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/04/2024 09:55 AM Entered By: [redacted]

The Department of Children's Services (DCS) Special Investigations Unit (SIU) received a report of abuse on February 8, 2024, with an allegation of Abuse Death and Lack of Supervision, regarding a non-custodial alleged child victim (ACV) [redacted] DOB: [redacted]. The Alleged Perpetrator (AP) in this investigation was initially identified as Unknown, but later identified as [redacted] unlicensed childcare provider. [redacted] lived with her mother, [redacted] and father, [redacted]

On February 8, 2024, [redacted] was at the home of [redacted] an unlicensed childcare provider. [redacted] was dropped off at the home around 10:30AM. Ms. [redacted] gave [redacted] milk around 1:16 or 1:26 PM and the child fell asleep in the stroller by the couch. Ms. [redacted] went to wake up the baby around 3:00 or 4:00 PM and she looked bad. Ms. [redacted] tried to push on [redacted] chest and hit her in the back to wake her up. She took her to the bathroom to put water on her face and that is when the mother arrived and called 911. The mother, [redacted] arrived at 4:15 PM to find Mrs. [redacted] splashing water on her babys face. Upon arrival, emergency medical services (EMS) found the child to be pulseless and apneic. She was transported to [redacted] Childrens Hospital and pronounced deceased at 4:47 PM.

Investigators involved in the case were: Detective [redacted] Police Department; SIU Case Manager, [redacted] SIU Team Leader (TL) [redacted] SIU Team Coordinator (TC) [redacted] and SIU Director, [redacted].

Interviews were conducted with the following individuals during the course of the investigation:
[redacted] unlicensed childcare provider
[redacted] mother
[redacted] father
[redacted], Department of Human Services (DHS) Daycare Licensing Program Evaluator
[redacted], DCS Safety Nurse

On February 9, 2024, CM [redacted] interviewed AP [redacted] She reported that there was a total of 10 children in

Tennessee Department of Children's Services

Case Recording Summary

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

her care at the time of the incident. Eight of the children were not related to Ms. [redacted] and two were her biological children. She reported that [redacted] arrived at the daycare at 10:30 AM and was given a bottle. [redacted] was put down to sleep at around 1:17 PM. Ms. [redacted] reported she attempted to wake [redacted] up around 3:00 PM and could not wake her up. [redacted] was cold and limp. She reported she attempted to wake [redacted] up by pushing on her chest and then her back without success. She reported that she then took [redacted] into the bathroom to splash water on her face. Ms. [redacted] tried for 15 minutes to wake [redacted] up. Ms. [redacted] did not call 911. She reported that [redacted] (mother) arrived at around 4:15 PM and found Ms. [redacted] in the bathroom with [redacted] Ms. [redacted] called 911.

The Department of Human Services (DHS) Childcare Licensing unit conducted an investigation into the unlicensed operation of the daycare. DHS filed a restraining order in [redacted] County Court prohibiting Ms. [redacted] from caring for any unrelated children. DHS continues to monitor the home to ensure that Ms. [redacted] is not violating the order of the court.

On February 9, 2024, an autopsy was completed on [redacted] at the Center for Forensic Medicine by [redacted], MD in [redacted] Tennessee. The report states: Toxicological studies performed on postmortem heart blood detected diphenhydramine. At the time of the report it is unknown how diphenhydramine got into the decedents system. Diphenhydramine (Benedryl) should not be given to children under 2 years old except under a physicians direction due to the potential for serious side effects. The cause of death is listed as "Toxic Effects of Diphenhydramine. The manner of death is listed as Undetermined. The toxicology report noted that [redacted] had 220 ng/ml of Diphenhydramine in her system at the time of death.

The case was presented to the [redacted] County Child Protective Investigative Team (CPIT) on May 28, 2024. Those in attendance were SIU CM [redacted] County District Attorney, [redacted], and Detective [redacted], [redacted] Police Department. Members of CPIT agreed with the decision to classify the case as Allegation Substantiated/ Perpetrator Substantiated (ASPS) for the allegation of Abuse Death and Lack of Supervision against AP [redacted]

DCS policy Work Aid 1 (E) defines the following criteria for Abuse Death:
1. Any child death caused by abuse or neglect.
2. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
3. Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

There is a preponderance of evidence to support the allegation of Abuse Death and Lack of Supervision. The case will be closed and classified as Allegation Substantiated; Perpetrator Substantiated regarding ACV [redacted] against AP [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-09-03 11:45:00	Contact Method:	Face To Face
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	09/03/2024
Completed date:	09/03/2024	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2024 11:45 AM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-08-22 12:00:00	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/22/2024
Completed date:	08/22/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/22/2024 12:37 PM Entered By: [redacted]

TL requested DCS Safety Nurse [redacted] review the autopsy and investigation on 8/16. Response received on 8/22 with the following assessment-

[redacted] died from a toxic dosage of diphenhydramine. The Medical Examiner stated in his report that "Diphenhydramine (Benadryl) should not be given to children under 2 years except under a physician's direction due to the potential for serious side effects"

Safety Nurse Mr. [redacted] verified this statement to be accurate per the drug manufacturer's website; https://www.benadryl.com/benadryl-dosing-guide

In reviewing toxicology results, the diphenhydramine in this ACV's blood was 220ng/ml (nanograms/milliliter). The report states, " Following a single 50mg oral dose of diphenhydramine, peak plasma concentrations at 2.3 hr averaged 66ng/ml."

To clarify the above statement, ingesting an adult dose of 50mg of diphenhydramine, the level in the blood would peak at about 2.3 hours and the result would be 66ng/ml.

For this 5-month-old to have a blood level of 220ng/ml of diphenhydramine, she would have had to consume 3-4 times the average adult dose of this medication.

Assuming Mom dosed the child with Benadryl just before dropping the child off at 10:30, both mom and the babysitter stated the child was fine at drop-offno notice by the babysitter of anything being wrong/different about the child. The babysitter stated she gave the child a bottle at 1p. Had mom dosed the children at 10:30, the maximum effects of the toxic dose would have been evident, and the infant would have been comatose at 1p. Safety Nurse gave the opinion that if the bottle was actually given at 1 pm, the dosing occurred sometime during or after the bottle feed.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-08-01 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	07/31/2024
Completed date:	08/16/2024	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: 07/31/2024 09:18 AM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Created In Error
Contact Date:	2024-07-31 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	07/31/2024
Completed date:	07/31/2024	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: 07/31/2024 09:17 AM Entered By: [redacted]

Incorrect day.

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Narrative Type: Created In Error Entry Date/Time: 07/31/2024 09:17 AM Entered By: [redacted]

Incorrect day.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-01 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	07/01/2024
Completed date:	07/01/2024	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2024 12:23 PM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-28 10:30:00	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/17/2024
Completed date:	05/28/2024	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/17/2024 11:54 AM Entered By: [redacted]

SIU received this report of abuse from the Child Abuse Hotline on 02/08/2024. The allegations named in the report include of ACV ([redacted] naming ([redacted] Unlicensed Daycare) as the alleged perpetrator.

Child Death: Child death is defined as:
Any child death caused by abuse or neglect.
Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

Lack of Supervision: 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:
; The child has been placed in a situation that requires actions beyond the childs level of maturity, physical ability, and/or mental ability; or
; 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).
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.

Criteria met.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-28 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	05/17/2024
Completed date:	05/28/2024	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: 05/17/2024 11:52 AM Entered By: [redacted]

The Child Protective Investigative Team (CPIT) was convened on 05/28/24 at the [redacted] in [redacted] TN. Case Manager- CM [redacted] emailed a copy of the referral to cpit [redacted] and [redacted] as per local protocol.

Detective [redacted] has been assigned to this case.

This case was presented at CPIT and it was agreed to classify the case as allegations substantiated/perpetrator substantiated.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-17 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/17/2024
Completed date:	05/28/2024	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: 05/17/2024 11:52 AM Entered By: [redacted]

Death summary completed and uploaded.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-13 11:26:00	Contact Method:	
Contact Time:	11:26 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/13/2024
Completed date:	05/13/2024	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: 05/13/2024 11:27 AM Entered By: [redacted]

Response received:

Good afternoon. We did a controlled phone call and a body wire, hoping the suspect made make some kind of admission to mom. Unfortunately she did not. I was going to try one last follow-up interview with the suspect, but she moved out of her apartment suddenly. She is still local according to NES records, but Im just going to turn in a case file to the DAs Office and push for prosecution.

Case Manager [redacted] reached out to [redacted] ([redacted]PD) <[redacted]> and asked if there were any LE updates.

Narrative Type: Addendum 1 Entry Date/Time: 05/13/2024 05:44 PM Entered By: [redacted]

Response received:

Good afternoon. We did a controlled phone call and a body wire, hoping the suspect made make some kind of admission to mom. Unfortunately she did not. I was going to try one last follow-up interview with the suspect, but she moved out of her apartment suddenly. She is still local according to NES records, but I'm just going to turn in a case file to the DA's Office and push for prosecution.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-13 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	04/29/2024
Completed date:	05/13/2024	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2024 11:06 AM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-13 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/14/2024
Completed date:	06/14/2024	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: 06/14/2024 10:00 AM Entered By: [redacted]

Based on the medical findings, the cause of death: toxic effects of diphendramine. The manner of death: undetermined. Autopsy uploaded.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-07 14:25:00	Contact Method:	Face To Face
Contact Time:	02:25 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	05/07/2024
Completed date:	05/07/2024	Completed By:	[redacted]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2024 02:26 PM Entered By: [redacted]

Case Manager-CM [redacted] attempted to interview [redacted] the Alleged Child Victim-ACV's older sister, on 05/07/2024 at her family home. Her grandparents were also present, [redacted] and [redacted] CM spoke with them utilizing a Spanish translator. [redacted] is 3 years old and her birthday is [redacted] according to her grandmother. CM [redacted] identified herself and stated the purpose of the interview.

CM attempted to interview her but she just said yes to all of the questions, including questions that did not require and affirmative or a negative. CM asked about the babysitter and she said yes. CM also tried to ask if there were any children that took medicine there and she said yes but could not explain.

She did not disclose any additional information regarding the allegation. CM [redacted] thanked them and the interview was concluded.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-01 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	05/31/2024
Completed date:	06/14/2024	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/31/2024 01:55 PM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

Case Recording Details

Recording ID: [redacted] Status: Completed

Contact Date: 2024-04-29 11:40:00 Contact Method:

Contact Time: 11:40 AM Contact Duration:

Entered By: [redacted] Recorded For:

Location: Created Date: 04/29/2024

Completed date: 04/29/2024 Completed By: [redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2024 11:42 AM Entered By: [redacted]

Based on the medical findings, the cause of death: toxic effects of diphendramine. The manner of death: undetermined. Autopsy uploaded.

E-mail response:

For this case, it been completed by the doctors. You can go to our website and request a copy of the report. Indicate that you are an investigator with CPS, so you will be exempt from payment. If you have any questions, please let me know!

Case Manager sent an e-mail to [redacted] requesting a copy of the preliminary or final autopsy, if available.

Narrative Type: Addendum 2 Entry Date/Time: 05/13/2024 11:30 AM Entered By: [redacted]

Based on the medical findings, the cause of death: toxic effects of diphendramine. The manner of death: undetermined. Autopsy uploaded.

Narrative Type: Addendum 1 Entry Date/Time: 05/02/2024 10:34 AM Entered By: [redacted]

E-mail response:

For this case, it been completed by the doctors. You can go to our website and request a copy of the report. Indicate that you are an investigator with CPS, so you will be exempt from payment. If you have any questions, please let me know!

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-29 11:33:00	Contact Method:	
Contact Time:	11:33 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/29/2024
Completed date:	04/29/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2024 11:34 AM Entered By: [redacted]

TRO received from [redacted] and uploaded.

CM reached out to [redacted], DHS, and requested a copy of the DHS safety plan.

Narrative Type: Addendum 1 Entry Date/Time: 04/30/2024 01:05 PM Entered By: [redacted]

TRO received from [redacted] and uploaded.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-29 11:27:00	Contact Method:	Correspondence
Contact Time:	11:27 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/29/2024
Completed date:	04/29/2024	Completed By:	[redacted]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2024 11:30 AM Entered By: [redacted]

Text message sent to the birth mother, [redacted] requesting an interview with ACV's sister. She is in the United States now and she stated CM could interview her on 05/07 at noon.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-29 11:24:00	Contact Method:	
Contact Time:	11:24 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/29/2024
Completed date:	04/29/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2024 11:24 AM Entered By: [redacted]

Received medical records and uploaded them.

Medical Records not received from [redacted]. CM e-mailed a STAT request to [redacted].

Narrative Type: Addendum 1 Entry Date/Time: 05/07/2024 02:16 PM Entered By: [redacted]

Received medical records and uploaded them.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-09 10:00:00	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	04/09/2024
Completed date:	04/09/2024	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2024 10:37 AM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-03-01 17:12:00	Contact Method:	Face To Face
Contact Time:	05:12 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	03/01/2024
Completed date:	03/01/2024	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: 03/01/2024 05:12 PM Entered By: [redacted]

Unable to complete a monthly visit as the Alleged Child Victim-ACV is deceased.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-26 16:00:00	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/26/2024
Completed date:	02/26/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/26/2024 05:33 PM Entered By: [redacted]

Incident report received from Det. [redacted] uploaded.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-20 13:21:00	Contact Method:	
Contact Time:	01:21 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/20/2024
Completed date:	02/20/2024	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: 02/20/2024 01:53 PM Entered By: [redacted]

[redacted] records received and uploaded.

Case Manager [redacted] faxed medical records requests with Release of Information as completed by the mother of the Alleged Child Victim to [redacted] Medical Group [redacted] (primary care), [redacted] Hospital [redacted] (birth records), and [redacted] for Emergency Room Records.

Narrative Type: Addendum 1 Entry Date/Time: 02/26/2024 05:30 PM Entered By: [redacted]

[redacted] records received and uploaded.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-12 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/13/2024
Completed date:	02/13/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/13/2024 10:56 AM Entered By: [redacted]

The death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with the following staff: Case Manager (CM) [redacted] Team Leader (TL) [redacted] Team Coordinator (TC) [redacted], CPS Director (CPSD) [redacted], and Director of Critical Incident Support (DCIS) [redacted]

The CPS investigation was assigned on 2/9/24 concerning the death of ACV [redacted] (5mo). It was reported [redacted] resided with her birth mother [redacted] birth father [redacted] and sibling [redacted] 3yo] in [redacted] County. The incident occurred at the home of the childcare provider [redacted] in [redacted] Counter.

On 2/8/24 [redacted] was reportedly discovered unresponsive at the caregivers home. The caregiver was the only adult present. Upon the mother returning to the caregivers home to pick up [redacted] she walked inside to find the caregiver in the bathroom with [redacted] splashing water on the infants face. The mother called 911 as the caregiver had not yet done so. [redacted] was transported to [redacted] Childrens Hospital by EMS where pronounced deceased. No visible injuries were reported and cause of death is unknown. An autopsy was ordered.

The mother reported she had used the caregiver before for [redacted] and in the past for the 3yo sibling with no concerns. The mother stated she dropper of [redacted] at the caregivers on 2/8/24 at 10:30am. She then returned to the home at 11:30am to drop off the child of her friend. The mother reported she uses the caregivers services on days she is working cleaning houses, paying $25/day/child. The mother saw [redacted] at 11:30am and everything appeared fine. The caregiver reported [redacted] had slept most of the day and at 1pm she decided to wake her and feed; however, [redacted] went back to sleep afterwards. [redacted] was sleeping in a musical chair type of bouncy seat in a reclined position. The caregiver stated at approximately 4pm she went to check [redacted] and get her ready to go as the mother would be there soon, and found the baby unresponsive. The caregiver stated she tapped on [redacted] head and back with no response. The caregiver stated she was a nurse in Honduras and attempted CPR, but is not certified. The caregiver then took [redacted] into the bathroom to attempt to rouse her by splashing water on her face. The caregiver stated approximately 15 minutes passed from the time she found [redacted] unresponsive to when the mother arrived at the home at 4:15pm, and she could not give an explanation as to why she did not call 911.

Tennessee Department of Children's Services

Case Recording Summary

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

LE first on the scene reported a total of 11 children in the home upon arrival, with two of the children [3yo twins] belonging to the caregiver, and all 3 years of age or younger. CM utilized phone interpreter to speak with the family and caregiver. When asked for names of the children and contact information for the parents, the caregiver offered 6 childrens name and denied keeping more than that. The mother reported she would use the caregiver only when needed while at work and did not have a regular schedule or use her daily. The mother stated [redacted] had no health issues and was developmentally on track at her 3mo PCP visit weighting 14 pounds, with her 6mo visit scheduled and coming up soon. DHS has filed a court order against the caregiver. Services were discussed with the mother and father of [redacted] They reported the 3yo sibling is visiting family in Honduras, where she has been for the past month. CM observed the caregivers children and found no immediate safety concerns for them.

Next Steps:
-- CM will request ACVs birth and PCP records. Records will be uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will complete F2F contact with sibling upon return to the US.
-- CM will request copy of safety plan/court injunction filed by DHS against the AP/caregiver.
-- CM will follow-up with LE regarding any preliminary autopsy results and address in safety concerns if applicable.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-09 13:55:00	Contact Method:	Face To Face
Contact Time:	01:55 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/17/2024
Completed date:	02/17/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted];

Narrative Details

Narrative Type: Original Entry Date/Time: 02/17/2024 08:11 AM Entered By: [redacted]

On 02/09/2024, Case Manager (CM) [redacted] spoke with concerning the reported allegations and an informal assessment was completed at her home/unlicensed daycare in [redacted] TN. [redacted], Licensing Consultant- LC, From the department of Human Services was also present. CM called in interpreter service and a Spanish speaking interpreter was on the line as they approached the home. With the assistance of the interpreter, CM [redacted] explained the role of the Special Investigations Unit, as well as, the protocols of a Child Protective Investigative Team assigned to the case. CM also had the LC introduce herself. CM [redacted] then gathered the following investigation information.

CM asked for the correct spelling and date of birth for the Alleged Perpetrator- AP. She wrote her name down as [redacted] and her date of birth as [redacted]. CM asked her if she knew why we were there and she said it was the incident with the baby she was taking care of. Sam asked her how many children were in her care today and she said two. she said the other two children in the home were hers. CM and LC observed five children in the home. So CM asked her again and she said the other child was sick and getting picked up. She said this is her only source of income as she cannot work due to a prior injury and she relies on this income.

Regarding the alleged incident, she said she believes the Alleged Child Victim-ACV arrived at around 8:00 or 9:00 AM . She added that she has been caring for this child since she was two months old. She also added that sometimes the parents bring clothes so that she can change them or bathe them if they don't have time. She said she changed a CV's clothes and put her to sleep. She said she was fine when she arrived , she got milk, changed her clothes, and she was in a deep sleep . She said the last time she drank milk it was 1:16 PM or 1:27 PM. she said she was sleeping in a stroller and CMSD her to show her the stroller. She showed CM and LC would appeared to be a baby sleep chair which was located adjacent to the couch , about two feet away. She stated again that sometimes the parents like to have the baby's clothing changed and sometimes she just likes to change their clothes and use what was from their backpack. She didn't look at the time when she changed the clothes she just knows that it was midday.
when she went to go wake the baby up , she said she noticed the baby was a little bad and that was at about 3:00 or 4:00 PM. She tried to give first aid to the baby by pushing on her chest and tried to hit her back to make her vomit milk. She said she was washing the baby's face when the mother came in and didn't know for how long because she didn't check the time

Tennessee Department of Children's Services

Case Recording Summary

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

or count the time. She just said she was feeling weird. She said she didn't call 911 because she was a nurse in Honduras but is not licensed as a nurse in the United states or certified in CPR. She said that she was giving aid to the baby for about 14 or 15 minutes when the mom suddenly came into the bathroom as she was putting water on baby's face. She did add that the baby vomited a little when she first gave the baby aid but her hands were cold and her skin was discolored. She said when the mother came to pick up ACV and saw her in the bathroom , ACV's mother immediately called 911. She said she said law enforcement and the ambulance arrived. the ambulance took the baby.

CM asked how many children were in her care yesterday and she said 2, when asked again she said 3 and then she said 4. CM told her that there were nine children and wanted to know how many children were in her care yesterday. She said 6 and CM asked her to write their names down with their parent name and contact information. She did so and she also wrote her children's name with their date of birth as well as the children who were in her home today for care. This note has been photographed and uploaded. CM asked her how many children she takes care of on a daily basis she said three or four but maybe a maximum of 6. She also added that many of the children that were in her home that day were children from the neighborhood and they just started coming in so it was not children that she was necessarily caring for.

CM asked her if she could do something differently what would she do and she said she would have saved the baby. She said she tried to and she didn't realize how bad she was. She said the baby is like a daughter to her and she cared for her and she was sorry. CM asked her if she were in the situation again would she call 911 and she said yes . CM asked her if she would do so immediately and she said yes. CM asked her if she had any questions and she only had a question for the LC. She became emotional when she asked if she will be able to care for children in the future because she is not capable of harming any children and she does not get much help from the dad. This is her income. at that time the LLC took over and discussed with her the policies and laws regarding licensing and child care. CM waited for the licensing consultant to complete her documentation and provide AP with the specifics needed for her agency. during the time that CM and LC were there , numerous individuals attempted to come in and out of the home some with children and some without. They spoke in Spanish so CM&LC could not determine what was happening in the moment. She did not disclose any additional information regarding the allegation in the referral or express a need to talk about anything else. CM [redacted] thanked her for speaking with them and the interview was concluded.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-09 13:01:00	Contact Method:	
Contact Time:	01:01 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/09/2024
Completed date:	02/09/2024	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/09/2024 01:05 PM Entered By: [redacted]

Child Abuse Hotline received the following referral on 02/09/2024. Initial notification sent to appropriate parties by SIU Pool Reader. The investigation was assigned to Case Manager (CM)- SIU Investigator, [redacted] as a Priority 1 investigation.

ACV: [redacted]
DOB: [redacted]
Adjudication (D/N, JJ, or N/A): N/A
Number of Prior SIU Referrals: 0
County of Residence: [redacted]

AP: [redacted]
Relationship to ACV (parent, resource parent, teacher, etc): Daycare Provider (Unlicensed)
Number of Prior SIU Referrals: N/A
County of Incident: [redacted]

Placement/Incident (DCS RH of name or [redacted] RH of name or school, etc): Unlicensed Daycare Provider/Home

Allegations (physical abuse, lack of supervision, etc): Non-custodial Child Death

Details of Allegation:
Today on 02.08.2024 [redacted] took [redacted] to [redacted] home. It is unknown what time [redacted] dropped [redacted] off at [redacted] home, or what time she picked [redacted] up. When [redacted] picked [redacted] up, [redacted] was purple. [redacted] stated that [redacted] had been purple for ten minutes. [redacted] did not call [redacted] or the paramedics when this occurred. It is unknown who contacted Law Enforcement. The time of death was called within the last fifteen minutes. The cause of death is currently unknown. It is unknown if Law Enforcement will open an investigation. The [redacted] Police Department incident number is [redacted].

Tennessee Department of Children's Services

Case Recording Summary

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

TFACTS history was checked on all involved parties. TFACTS history is as follows:

CM [redacted] completed a TFACTS history search on (ACV):
No history.

CM [redacted] completed a TFACTS history search on (AP):
N/A

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-09 10:54:00	Contact Method:	Face To Face
Contact Time:	10:54 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/09/2024
Completed date:	02/17/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/17/2024 07:44 AM Entered By: [redacted]

On 02/09/2024, Case Manager (CM) [redacted] spoke with [redacted] and [redacted] concerning the reported allegations and an informal assessment was completed at their current residence in [redacted] TN. CM spoke with them with the assistance of the interpreter service. CM [redacted] explained the role of the Special Investigations Unit, as well as, the protocols of a Child Protective Investigative Team assigned to the case. CM [redacted] then gathered the following investigation information.

The Alleged Child Victim-ACV was born on 08/15/23 at [redacted] Hospital in [redacted] TN with no complications during the pregnancy or at birth. Ms. [redacted] stated she had a C-section as ACV was face down in the womb. Other than that, there were no issues. ACV's provider was [redacted], ARNP. She is located here in [redacted] TN [redacted]/Phone: [redacted]. Her last check up was about two months ago and she believes she weighed 14 lbs at that time.

ACV ate formula about every three hours , sometimes every two hours. She was not eating rice or oatmeal in her bottles nor was she being spoon fed. Her typical routine was a bottle at 7:00 AM and then she would sleep for about an hour. And again she would eat about every three hours and then go down for a nap around 11:00 AM or 12:00 PM. She would sleep after her bath in the evening and her bedtime was usually 8:00 PM or 9:00 PM.

[redacted] began going to the daycare at the alleged perpetrators-AP's home when she was about 3 months old. She would go there about two or three times a week. She usually goes to daycare between 12:00 PM and 5:00 PM or 8:00 AM to 2:00/3:00 PM. She said she works as a house cleaner and it really depends on what her schedule is but she has never had any issues with AP. She originally met AP when she first came to the United states from Honduras through a friend and when she had her first child a friend suggested she start bringing her to AP's house for daycare. Her three-year old's name is [redacted] She is currently in Honduras with her grandparents and will be home in about a month. This is where she has been for the last month . She stated that she never had issues with AP or her other child in her care whom she began caring for at seven or eight months old. She said [redacted] loved AP and asks about her when they talk on the phone. She stated that she doesn't know what acvs experience was with AP because she was just too little to tell her.

Tennessee Department of Children's Services

Case Recording Summary

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

Regarding the day of the alleged incident, she dropped ACV off at 10:30 AM and then came back at 11:30 AM to drop off her coworkers baby. She did not arrive back until 4:15 PM. She said that when she arrived at AP's home all of the kids were in the living room except for her baby. She said the bathroom door was open and she could hear the water running. When she ran in there she said AP saw her and said "I didn't do nothing to your baby. She is not waking up." in the bathroom, AP was putting water on ACV's head and face. she said the water was all over ACV's face and her clothing was soaked. She also noticed that her clothing was different from that morning which was just something she noted and thought was odd. She said AP told her the baby was not responsive for about 15 minutes and not waking up. She immediately called 911 when she saw the state of her child. Later she asked AP why she didn't call 911 and she said she was scared to call and scared to call the mother because of her possible reaction. However while she was in the apartment app said nothing to her, only that she didn't know what happened. She tried to call AP later to find out what happened to the baby but she wouldn't say anything . She said she did nothing to the baby and would only say the baby had her last bottle around 1:30 and when she tried to wake up the baby for the next one she was not reacting.

ACV's mother and father we're extremely distraught and did not have anything to add. No what happened to their baby. CM let them know that if they needed grief counseling or support to please reach out to her and she would be happy to help them find support. CM thank them and exited.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-09 10:13:00	Contact Method:	Phone Call
Contact Time:	10:13 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/09/2024
Completed date:	02/09/2024	Completed By:	[redacted]

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

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/09/2024 12:58 PM Entered By: [redacted]

Case Manager-CM [redacted] spoke with referent on 02/09/2024 at 10:13AM. They provided the same information listed in the report and added that the EMS attempted to resuscitate the child but the child was declared deceased at 4:47PM. CM thanked them for the information and concluded the phone call.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Created In Error
Contact Date:	2024-02-09 10:13:00	Contact Method:	Phone Call
Contact Time:	10:13 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	02/17/2024
Completed date:	02/17/2024	Completed By:	[redacted]

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

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/17/2024 07:46 AM Entered By: [redacted]

Duplicate note.

Case Manager-CM [redacted] spoke with referent on 02/09/2024 at 10:13AM. They provided the same information listed in the report and added that the EMS attempted to resuscitate the child but the child was declared deceased at 4:47PM. CM thanked them for the information and concluded the phone call.

Narrative Type: Created In Error Entry Date/Time: 02/17/2024 07:47 AM Entered By: [redacted]

Duplicate note.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-09 10:00:00	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	02/09/2024
Completed date:	02/09/2024	Completed By:	[redacted]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/09/2024 01:00 PM Entered By: [redacted]

The Alleged Child Victim was declared deceased at 4:47PM according to [redacted] Social Services staff.

TN Department of Children's Services

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

A. Investigation

Case Name: [redacted]

Investigation ID: [redacted]

Referral Date: 02/08/2024

Assignment Date: 02/09/2024

Street Adress:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified
1	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 05/17/2024
2	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	No	[redacted] / 02/20/2024

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [redacted] Date: 02/20/2024

Team Leader: [redacted] Date: 08/22/2024

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 child was not available for observation when CM arrived at the hospital. She was prepped to be transported to the Medical Examiner's office.

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

Based on the medical findings, the cause of death: toxic effects of diphendramine. The manner of death: undetermined.

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

AP stated she left ACV to be watched by her 12-year old adoptive daughter, [redacted] She said she did not want to wake up ACV and left her on the middle of the bed to go shopping for a gift. She said she asked [redacted] how the baby was doing when she got home and was told she was sleeping. When she came into the bedroom, she saw that ACV's face was

Department of Children's Services

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

Case Name : [redacted] **Investigation ID:** [redacted]

turned toward a pillow that was set to prevent her from rolling off the bed. She said her lips were blue and her hands were cold. She immediately started CPR and called 911. She continued CPR until EMS arrived.

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

The only witness on the case is the 12-year old adoptive daughter of the foster parent, [redacted] She stated she was left at home for a couple of hours to watch ACV. She said stated ACV was sleeping the entire time. She also said she had watched ACV numerous times. She knows how to feed her and hold her but does not know how to change her diaper.

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

There was no additional evidence to support the findings of abuse, but this case met the criteria for lack of supervision.

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

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 02/09/2024**
Assessment Type: FASTSIU	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Not Determined	**Assessed at Location:** Child Deceased
Event Start Date: 09/04/2024	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 02/09/2024	**Approver:** [redacted]

PARTICIPANTS

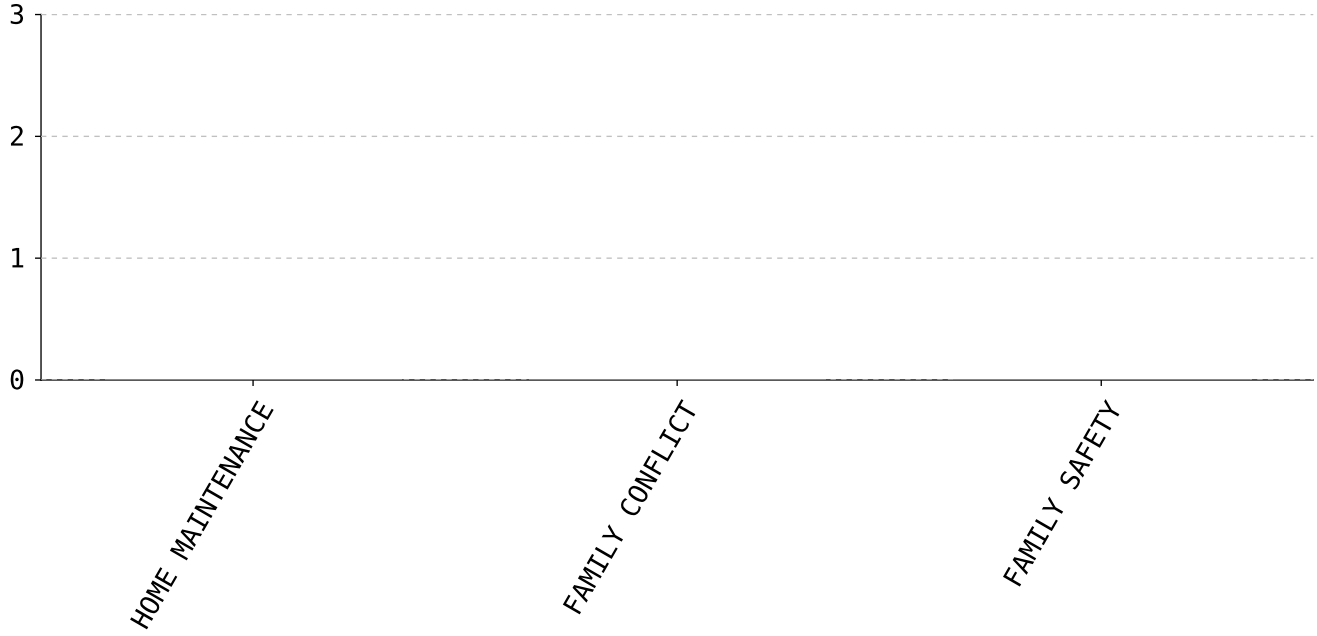
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	Deceased	Youth	F	[redacted]	Not	
[redacted]	28 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted] (AP)	33 Yrs	Caregiver	F	[redacted]	N/A	N/A

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 02/09/2024
Assessment Type: FASTSIU	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).

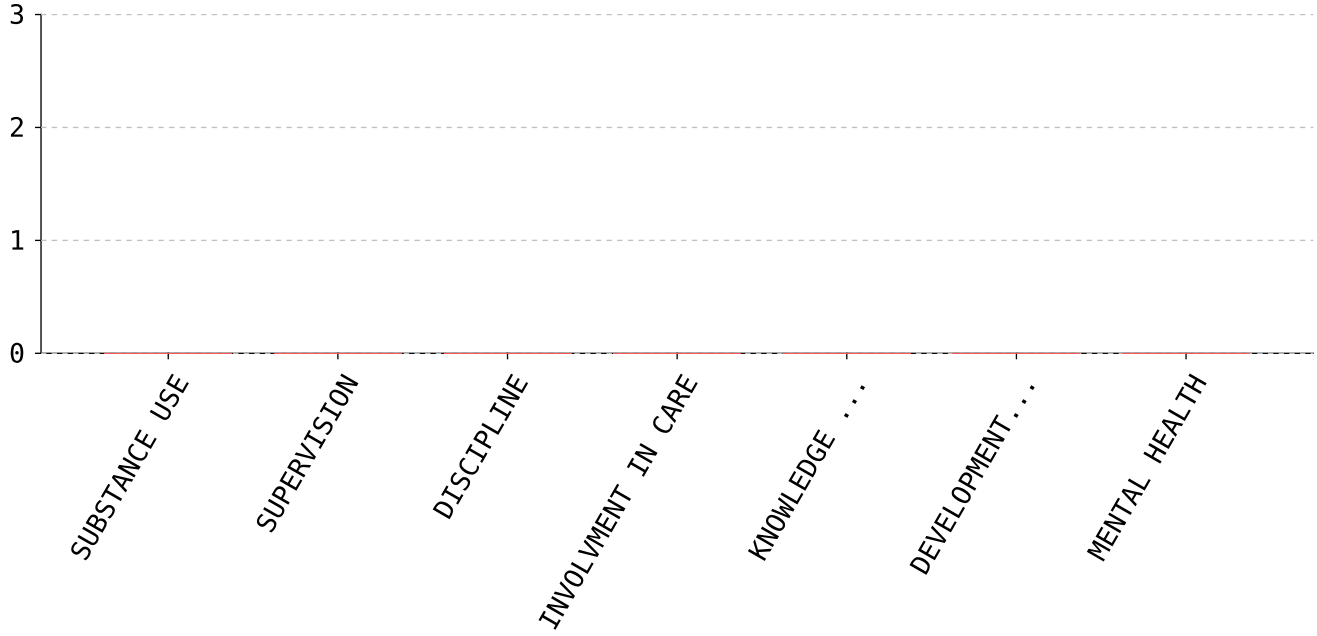


Item	Score	Justification/Narrative
HOME MAINTENANCE	0	
FAMILY CONFLICT	0	
FAMILY SAFETY	0	

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 02/09/2024
Assessment Type: FASTSIU	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted]	Person ID: [redacted]	Role Primary Caregiver

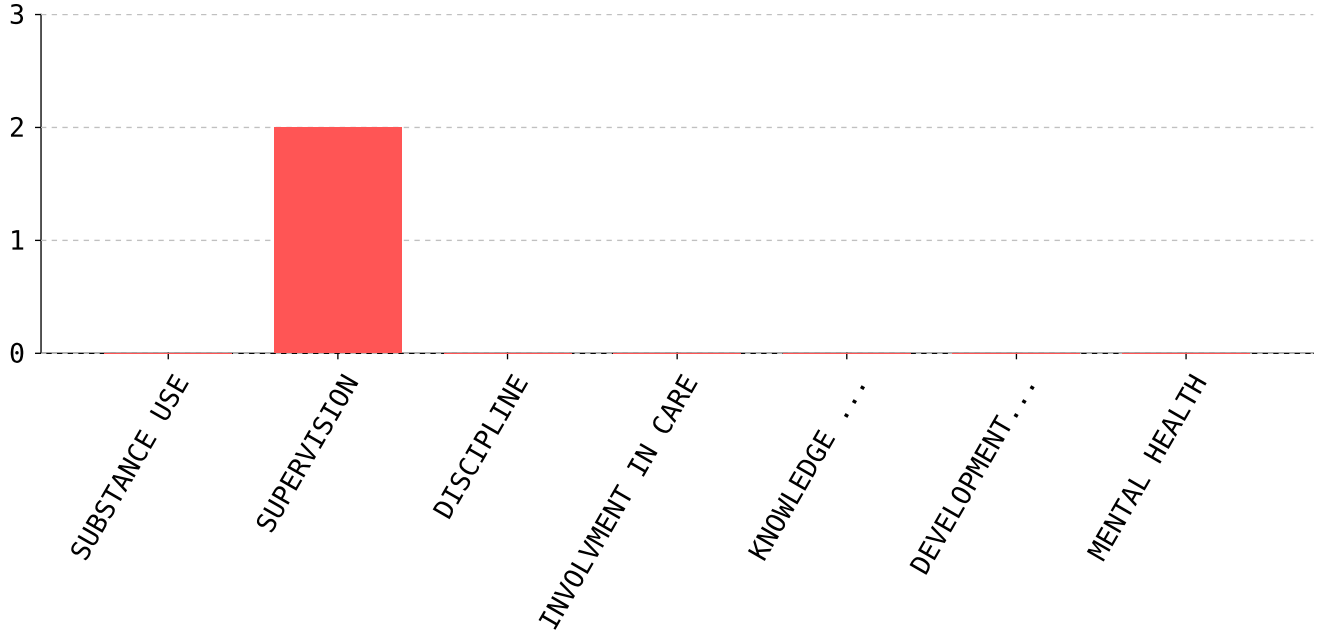


Item	Score	Justification/Narrative
SUBSTANCE USE	0	
SUPERVISION	0	
DISCIPLINE	0	
INVOLVMENT IN CARE	0	
KNOWLEDGE OF FAMILY AND CHILD NEEDS	0	
DEVELOPMENTAL (CHILD ON CHILD)	0	
MENTAL HEALTH	0	

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 02/09/2024
Assessment Type: FASTSIU	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted] [redacted]	Person ID: [redacted]	Role: Caregiver

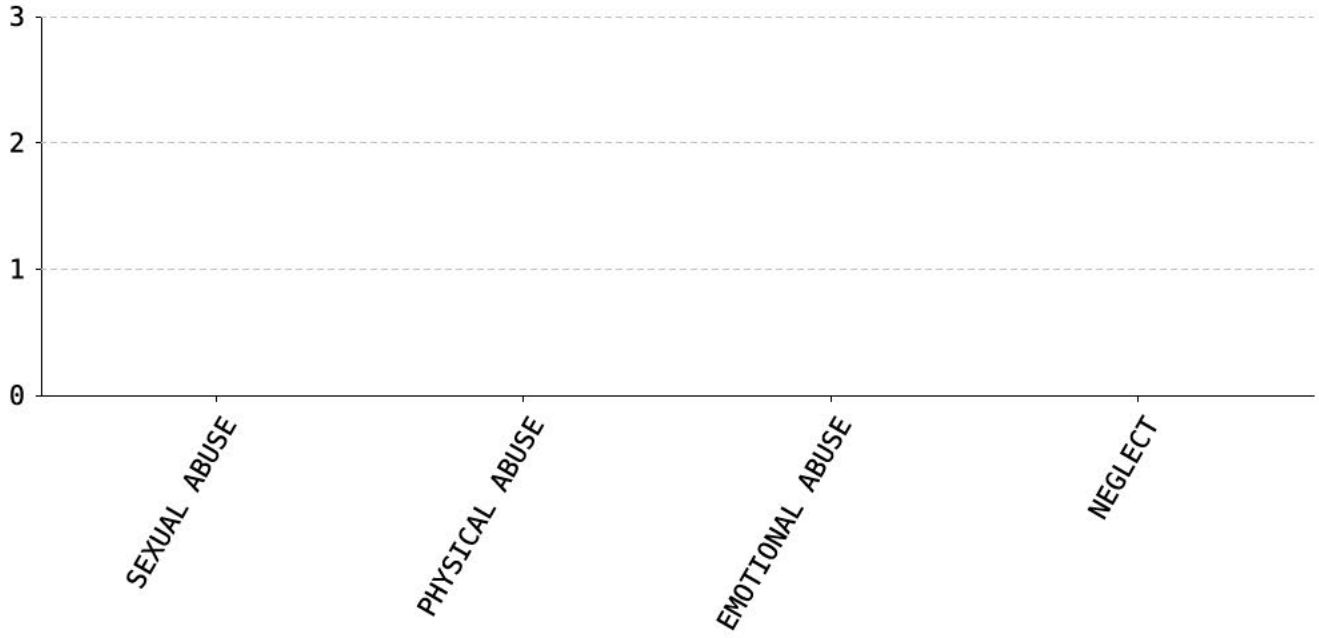


Item	Score	Justification/Narrative
SUBSTANCE USE	0	
SUPERVISION	2	Child is deceased, case under investigation.
DISCIPLINE	0	
INVOLVMENT IN CARE	0	
KNOWLEDGE OF FAMILY AND CHILD NEEDS	0	
DEVELOPMENTAL (CHILD ON CHILD)	0	
MENTAL HEALTH	0	

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 02/09/2024
Assessment Type: FASTSIU	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted]	Person ID: [redacted]	Age:Deceased



Item	Score	Justification/Narrative
SEXUAL ABUSE	0	
PHYSICAL ABUSE	0	
EMOTIONAL ABUSE	0	
NEGLECT	0	