



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

Case # 2014.029

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	02/21/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/20/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████		Relationship to Victim:	Mother		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	Not applicable		
If child is in DCS custody, list placement type and name:	Not applicable					

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

██████████ (11) lives with his mother, ██████████. There are three other unknown children in the home, and an unknown father. ██████████ has asthma. On 02/13/14, ██████████ went to his mother stating he was having trouble breathing. The mother gave ██████████ a breathing treatment. This did not work, so the mother tried to drive ██████████ to ██████████ Medical Center in ██████████. While in transit, ██████████ started yelling and screaming and then went into a seizure or some type of medical distress. The mother stopped at ██████████, which is the ██████████. EMS was called to the scene. By the time EMS was en route, law enforcement was advised that ██████████ was not breathing. Upon arrival, the ██████████ Fire Department began CPR. ██████████ EMS arrived on the scene to transport ██████████. The mother did not appear to be worried about this and may have possibly been in shock. The mother drove herself to ██████████ Medical Center prior to the ambulance leaving with ██████████. ██████████ was without oxygen for an unknown amount of time, but he was revived and stabilized at ██████████ Medical Center. ██████████ was life-flighted to ██████████ Hospital. ██████████ remained at ██████████ until he passed away on 2/20/2014 due to Asthma complications. The mother acted appropriately by getting ██████████ medically treated.

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

Name of Physician:	██████████	Telephone #	██████████
Hospital			
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

Mr. and Mrs. ██████████ were interviewed by law enforcement prior to DCS referral on 2/13/14. This CPSI interviewed ██████████ who reported that he was not at home when ██████████ had the asthma attack that led to this incident. Mr. ██████████ reported that he has no concerns for any of his children's safety in the care of their mother, he affirmed that he is father to all of the children in the family home, and that his understanding was that ██████████ was being transported to the hospital. Mr. ██████████ reported that he was contacted by his wife who informed him that ██████████ was being transported to ██████████ Hospital and that he met the family at ██████████. Mr. ██████████ reported that he had already been interviewed by law enforcement and that he saw no need for a separate DCS interview. Mrs. ██████████ declined a second interview with DCS on 2/13/14 as she reported that she had already been interviewed by law enforcement.

This CPSI confirmed with Detective ██████████ of the ██████████ Police Department that interviews with both parents had been conducted prior to DCS response and that based on these interviews he had no concerns for the children's safety.

On 2/14/14 this CPSI contacted Mr. and Mrs. ██████████ who reported that the siblings in the case were at the hospital with him and his wife and that they had not attended school on this day. This CPSI explained that the siblings needed to be interviewed and Mr. ██████████ declined to allow the children to be interviewed on this day, but allowed this CPSI to interact with the entire family together. This CPSI met with Mr. and Mrs. ██████████, ██████████ and ██████████ at ██████████ Hospital. During this visit this CPSI observed ██████████ and ██████████ to be appropriately dressed, bonded and interactive with each other and their parents. During this visit ██████████ and ██████████ were drawing a poster for ██████████. ██████████ was using a courtesy computer, and Mr. and Mrs. ██████████ reported that they felt supported by hospital staff through this difficult time. Mr. and Mrs. ██████████ reported that they have the support of extended family to include a grandmother who is local, and they reported that they believed that the family is self sufficient without

DCS involvement.

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

This CPSI interviewed Dr. [REDACTED] of [REDACTED] Hospital who confirmed that [REDACTED] condition at the time of admittance was considered critical because he had lost oxygen to the brain and that there was not very much more information that could be provided at the time because a comprehensive series of tests had to be conducted and assessed before a definitive statement of his condition could be made. Dr. [REDACTED] confirmed that [REDACTED] was in a medically induced coma.

This CPSI spoke with [REDACTED], assigned staff social worker who confirmed that [REDACTED] had completed a CT scan that showed swelling on his brain, and that he is being monitored for seizure activity. Ms. [REDACTED] confirmed that [REDACTED] body was being medically cooled as well to reduce or alleviate any seizure activity, and that [REDACTED] was sedated. This CPSI spoke with Ms. [REDACTED] on 2/18/14 and she confirmed on this date that there had been no change in [REDACTED] condition over the weekend. Ms. [REDACTED] reported that there was very little documented as to this family's treatment of [REDACTED] asthmatic condition and that the Primary Care doctor noted in [REDACTED] medical record had not been visited by the family since 2012. Ms. [REDACTED] reported that [REDACTED] was treated by [REDACTED] Hospital's Pediatric Orthopedic Clinic for hip arthritis. Ms. [REDACTED] reported that [REDACTED] was treated by the hospital for other orthopedic issues to include prior surgeries. On 2/20/14 Ms. [REDACTED] provided this CPSI with a list of [REDACTED] appointments at the Hospital and a copy of this report is attached.

On 2/20/14 this CPSI was contacted by Ms. [REDACTED] to report that [REDACTED] had passed away. Pursuant to this information intake ID [REDACTED] was received by this CPSI on 2/21/14. A Fatality Report as to this referral follows.

This CPSI received records as well from [REDACTED] Hospital and those records are attached to these reports.

This CPSI called grandmother [REDACTED] to initiate this case. This CPSI called the family at [REDACTED] to initiate this case. This CPSI called [REDACTED] School and confirmed that siblings to [REDACTED] are absent and were unable to be seen at school. This CPSI went to the family home and no one answered the door. This CPSI left a business card and advised TL [REDACTED] of this.

On 2/24/14 this CPSI was informed by [REDACTED] school nurse that there were documented records to indicate that [REDACTED] and sibling [REDACTED] were diagnosed with asthma according to their parents. School nurse reported that neither child had a rescue inhaler at school and school nurse reported that there was historical information in [REDACTED] medical file to indicate that he had previously both brought his own rescue inhaler to school and that he had previously had a nebulizer in school to treat his asthma. School nurse reported that there were documented incidents where [REDACTED] parents were asked to provide new tubing for [REDACTED] nebulizer treatments, that this was not done and that the school had to provide tubing because it had not been provided to them. School nurse reported that she would be meeting with her supervisor on this date as to [REDACTED] and his medical history as reported to the school.

This CPSI conveyed this information to Detective [REDACTED]

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

Describe law enforcement or court involvement, if applicable:

Detective [REDACTED] of the [REDACTED] Police Department is assigned to the case at this time. Detective [REDACTED] has been involved with this case since its inception and this CPSI and Detective [REDACTED] have had daily contact.

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

This CPSI has perceived or observed no concern at this time to the safety of the other children in the family home. The family was contacted by this CPSI multiple times on 2/20/14 and 2/21/14 to interact with them, and they have not returned this CPSI's phone calls and attempts to interact with them.

Intake #: [REDACTED] Investigation #: [REDACTED] Date of Referral: **Case # 2014-029** 2/22/2014

Name: [REDACTED]	Age: 13
Name: [REDACTED]	Age: 11
Name: [REDACTED]	Age: 6
Name:	Age:
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
02/15/2013	[REDACTED]	Nutritional Neglect	[REDACTED]	[REDACTED]	No Services Needed
12/01/2009	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	No Services Needed
12/02/2009	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Services Accepted
/ /					
/ /					
/ /					
/ /					

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

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

Contact Person:	Telephone Number: () -
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

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

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



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 02/21/2014 11:43 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 02/21/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 02/21/2014 12:53 PM
First Team Leader Assigned: [REDACTED] Date/Time 02/21/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 02/21/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	12 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification:

Narrative: TFACTS: Yes

Family Case ID: # [REDACTED]

Open Court Custody/FSS/FCIP No
Closed Court Custody No

Open CPS - Yes - INV # [REDACTED] (LOS-severe) 2/14/14 (CM: [REDACTED])

Substantiated No
Child Death No
Screened out No

History (not listed above): Yes



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

2/22/13/ [REDACTED] /NUN/No Services Needed

2/22/10/ [REDACTED] /MDM/ENN/Services Recommended & Accepted/No Services Needed

County: [REDACTED]

Notification: Letter

School/ Daycare: [REDACTED]

Native American Descent: No

Directions: None Given

Reporters name/relationship: [REDACTED]

NOTE: Address and any applicable phone numbers are listed under the oldest child victim.

Reporter states:

[REDACTED] (11) lives with his mother, [REDACTED]. There are three other unknown children in the home, and an unknown father. [REDACTED] has asthma.

On 02/13/14, [REDACTED] went to his mother stating he was having trouble breathing. The mother gave [REDACTED] a breathing treatment. This did not work, so the mother tried to drive [REDACTED] to [REDACTED] Medical Center in [REDACTED]. While in transit, [REDACTED] started yelling and screaming and then went into a seizure or some type of medical distress.

The mother stopped at [REDACTED], which is the [REDACTED]. EMS was called to the scene. By the time EMS was en route, law enforcement was advised that [REDACTED] was not breathing.

Upon arrival, the [REDACTED] Fire Department began CPR. [REDACTED] EMS arrived on the scene to transport [REDACTED]. The mother did not appear to be worried about this and may have possibly been in shock. The mother drove herself to [REDACTED] Medical Center prior to the ambulance leaving with [REDACTED].

[REDACTED] was without oxygen for an unknown amount of time, but he was revived and stabilized at [REDACTED] Medical Center. [REDACTED] was life-flighted to [REDACTED] Hospital. [REDACTED] remained at [REDACTED] until he passed away on 2/20/2014 due to Asthma complications. The mother acted appropriately by getting [REDACTED] medically treated.

Note: Current open case is a Child Near Death.

Per SDM: Investigative Track / P1 - Child Death

[REDACTED], on 2/21/14 @ 12:39pm

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

[REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 12 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/21/2014

Assignment Date: 02/21/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/06/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: n/a

D. Case Workers

Case Worker: [REDACTED]

Date: 03/06/2014

Team Leader: [REDACTED]

Date: 03/06/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

CPSI observed [REDACTED] to be unconscious during this visit.

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

CPSI interviewed Dr. [REDACTED] of [REDACTED] Hospital who confirmed that [REDACTED] condition at the time of admittance was considered critical because he had lost oxygen to the brain and that there was not very much more information that could be provided at the time because a comprehensive series of tests had to be conducted and assessed before a definitive statement of his condition could be made. Dr. [REDACTED] confirmed that [REDACTED] was in a medically induced coma. This CPSI spoke with [REDACTED], assigned staff social worker who confirmed that [REDACTED] had completed a CT scan that showed swelling on his brain, and that he is being monitored for seizure activity. Ms. [REDACTED] confirmed that [REDACTED] body was being medically cooled as well to reduce or alleviate any seizure activity, and that [REDACTED] was sedated.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

CPSI [REDACTED] received this case on 2/13/14 as a P1 with an allegation of Lack of Supervision. The victim listed in the referral is [REDACTED]. The alleged perpetrator is Unknown. Mr. and Mrs. [REDACTED] were interviewed by law enforcement prior to DCS referral on 2/13/14. This CPSI interviewed [REDACTED] who reported that he was not at home when [REDACTED] had the asthma attack that led to this incident. Mr. [REDACTED] reported that he has no concerns for any of his children's safety in the care of their mother, he affirmed that he is father to all of the children in the family home, and that his understanding was that [REDACTED] was being transported to the hospital. Mr. [REDACTED] reported that he was contacted by his wife who informed him that [REDACTED] was being transported to [REDACTED] Hospital and that he met the family at [REDACTED]. Mr. [REDACTED] reported that he had already been interviewed by law enforcement and that he saw no need for a separate DCS interview. Mrs. [REDACTED] declined a second interview with DCS on 2/13/14 as she reported that she had already been interviewed by law enforcement. This CPSI confirmed with Detective [REDACTED] of the [REDACTED] Police Department that interviews with both parents had been conducted prior to DCS response and that based on these interviews he had no concerns for the children's safety.

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

n/a

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

Case classified as AUPU due to the cause of death being a severe asthma attack.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/17/2014

Contact Method:

Contact Time: 01:21 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/17/2014

Completed date: 06/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/17/2014 01:22 PM Entered By: [REDACTED]

Case Summary

CPSI [REDACTED] received this case on 2/13/14 as a P1 with an allegation of Lack of Supervision. The victim listed in the referral is [REDACTED]. The alleged perpetrator is Unknown. Mr. and Mrs. [REDACTED] were interviewed by law enforcement prior to DCS referral on 2/13/14. This CPSI interviewed [REDACTED] who reported that he was not at home when [REDACTED] had the asthma attack that led to this incident. Mr. [REDACTED] reported that he has no concerns for any of his children's safety in the care of their mother, he affirmed that he is father to all of the children in the family home, and that his understanding was that [REDACTED] was being transported to the hospital. Mr. [REDACTED] reported that he was contacted by his wife who informed him that [REDACTED] was being transported to [REDACTED] Hospital and that he met the family at [REDACTED]. Mr. [REDACTED] reported that he had already been interviewed by law enforcement and that he saw no need for a separate DCS interview. Mrs. [REDACTED] declined a second interview with DCS on 2/13/14 as she reported that she had already been interviewed by law enforcement. This CPSI confirmed with Detective [REDACTED] of the [REDACTED] Police Department that interviews with both parents had been conducted prior to DCS response and that based on these interviews he had no concerns for the children's safety. This CPSI interviewed Dr. [REDACTED] of [REDACTED] Hospital who confirmed that [REDACTED] condition at the time of admittance was considered critical because he had lost oxygen to the brain and that there was not very much more information that could be provided at the time because a comprehensive series of tests had to be conducted and assessed before a definitive statement of his condition could be made. Dr. [REDACTED] confirmed that [REDACTED] was in a medically induced coma. This CPSI spoke with [REDACTED], assigned staff social worker who confirmed that [REDACTED] had completed a CT scan that showed swelling on his brain, and that he is being monitored for seizure activity. Ms. [REDACTED] confirmed that [REDACTED] body was being medically cooled as well to reduce or alleviate any seizure activity, and that [REDACTED] was sedated. This CPSI observed [REDACTED] to be unconscious during this visit. A home visit was conducted at the resident and there were no concerns. The siblings were interviewed and voiced no concerns. Case classified as AUPU due to the cause of death being a severe asthma attack.

Notification sent to Judge

Family Composition:

[REDACTED], Mother
[REDACTED], father



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED], age 13, brother
[REDACTED], age 10, Sister
[REDACTED], age 7, Sister



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 05/29/2014 Contact Method: Phone Call
 Contact Time: 04:29 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/29/2014
 Completed date: 05/29/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/29/2014 04:37 PM Entered By: [REDACTED]

5/29/14 Thursday

Collateral Contact

Ms [REDACTED], Great Grandmother

SI spoke privately with Ms. [REDACTED] by phone. Ms. [REDACTED] reported being the Grandmother of AP [REDACTED].
 Ms. [REDACTED] reported [REDACTED] is a good Mother; loves her kids; and is doing the best she can.
 Ms. [REDACTED] confirmed that the [REDACTED] siblings will spend the Summer with her.
 Ms. [REDACTED] stated she will continue to remain in place as a support for Ms. [REDACTED]

Narrative Type: Created In Error Entry Date/Time: 05/29/2014 04:38 PM Entered By: [REDACTED]

Entered into the wrong case



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/23/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/17/2014

Completed date: 06/17/2014

Completed By: [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: 06/17/2014 01:23 PM Entered By: [REDACTED]

Case was presented to CPIT for Staffing on 4/23/14. Team agreed unanimously to close case as AUPU for Neglect Death; and AUPU for Lack of Supervision regarding Alleged Perpetrator [REDACTED]. All signatures were obtained. CPIT Form is attached to case file. Present for CPIT Staffing were: DCS Team Leader; Law Enforcement; District Attorneys Office; Mental Health Professional; CAC Rep. [REDACTED] and [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/28/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/17/2014

Completed date: 06/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/17/2014 01:24 PM Entered By: [REDACTED]

Parent Caretaker Interview-Telephone

Mr. [REDACTED] Birth Father

Birth Father Mr. [REDACTED] was interviewed by [REDACTED] DCS Lead Investigator.

Mr. [REDACTED] reported Police and DCS harassed them at the Hospital. Mr. [REDACTED] reported speaking with DCS when [REDACTED] was admitted to the hospital. Mr. [REDACTED] stated he was cooperative, and did not have an attitude. Mr. [REDACTED] stated he was seen and interviewed by DCS 3 times in one week. Mr. [REDACTED] stated he felt that he had told DCS and Law Enforcement everything about his son. Mr. [REDACTED] stated he told them he did not have anything else to say about his son.

Lead Investigator thanked Mr. [REDACTED] for his time.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/27/2014 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/17/2014
 Completed date: 06/17/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] Participant [REDACTED] Child

Narrative Details

Narrative Type: Original Entry Date/Time: 06/17/2014 01:25 PM Entered By: [REDACTED]

Parent Interview

Ms. [REDACTED] was interviewed by [REDACTED] DCS Lead Investigator and Det [REDACTED] (PD). Ms. [REDACTED] reported no contact business cards from DCS had been left in her door. Ms. [REDACTED] offered that she had been cooperative with DCS at the Hospital, during [REDACTED] stay. Ms. [REDACTED] stated [REDACTED] death has been really hard on her. Ms. [REDACTED] reported her youngest child [REDACTED] cries a lot. Ms. [REDACTED] reported the family is receiving therapy through her Husbands job. Ms. [REDACTED] reported [REDACTED] always had a history of asthma. Ms. [REDACTED] stated that in 2013, [REDACTED] had an asthma attack, with seizures. [REDACTED] was reported by his Mother as having been seen regularly at [REDACTED] Clinic in [REDACTED]. Ms. [REDACTED] reported [REDACTED] was seen at [REDACTED] Clinic [REDACTED] for a year. Ms. [REDACTED] reported [REDACTED] was recently transferred from [REDACTED] to [REDACTED]. Ms. [REDACTED] reported [REDACTED] received therapy for his leg-because one leg was shorter than the other. Ms. [REDACTED] reported [REDACTED] never missed any doctor/therapy appointments. Prescribed medications were listed as Flovent, Albuterol Inhaler; albuterol Nebulizer (breathing machine). Ms. [REDACTED] reported [REDACTED] was doing well prior to Referral Incidents. [REDACTED] was planning to go paint-balling. ACV was noted as a good student, making good grades. [REDACTED] reportedly enjoyed sleeping, listening to music, and playing outside. Ms. [REDACTED] reported [REDACTED] was quiet, and didnt talk a lot. Mother reported things were going well at home for [REDACTED]. Ms. [REDACTED] stated [REDACTED] was fine when he arrived home from School. Ms. [REDACTED] stated [REDACTED] reported the PE Teacher at School made [REDACTED] run at School on the LOS Incident date. Ms. [REDACTED] stated [REDACTED] told his PE teacher he was having a hard time breathing. Ms. [REDACTED] reported [REDACTED] had an inhaler at School. Mother reported [REDACTED] always kept the inhaler in his backpack. Ms. [REDACTED] stated daughter [REDACTED] has asthma as well. Ms. [REDACTED] noted [REDACTED] asthma is only active when [REDACTED] is sick. Ms. [REDACTED] noted all her children are seen at [REDACTED] Hospital. Ms. [REDACTED] reported giving [REDACTED] a nebulizer machine breathing treatment. Ms. [REDACTED] stated [REDACTED] started freaking out in the car (on the way to the hospital). Ms. [REDACTED] noted CPR was attempted, with a lot of people helping him. Ms. [REDACTED] noted She followed an ambulance to [REDACTED] Medical Center, in her own car. Ms. [REDACTED] stated she rode with [REDACTED] when [REDACTED] was transported to [REDACTED]. Ms. [REDACTED] stated she spoke with Law Enforcement at [REDACTED] Hospital. Ms. [REDACTED] stated [REDACTED] was able to get [REDACTED] heart beating again. Mother noted [REDACTED] was hospitalized for 7 days, but was never able to be stabilized. Ms. [REDACTED] stated she was informed by [REDACTED] to get the family together, and was told that [REDACTED] was gone- brain dead.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Lead Investigator interviewed the following siblings: [REDACTED], age 13, brother; [REDACTED] age 10, Sister; [REDACTED], age 7, Sister

The children reported that everything was going good. The children reported that they enjoy going to school and they get along well with each other. The children reported that they felt safe in the home with there parents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/18/2014	Contact Method:	Phone Call
Contact Time:	11:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/18/2014
Completed date:	03/18/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED] Participant [REDACTED] Child

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2014 05:42 PM Entered By: [REDACTED].

This CPSI called Detective [REDACTED] to report that this family has not responded to attempts to interact with them at the family home and to schedule forensic interviews as he requested. This CPSI proposed that the children be seen at school and requested that Detective [REDACTED] call this CPSI with a potential date and time this week to see the children in school. Detective [REDACTED] agreed to do this.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/17/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/18/2014

Completed date: 03/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; Participant [REDACTED] Child

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2014 05:43 PM Entered By: [REDACTED]

This CPSI received letter can not find client as to siblings in this case via return mail unclaimed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2014

Completed date: 03/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 03/11/2014 11:55 AM

Entered By: [REDACTED]

Date of Death Entered



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2014

Completed date: 03/06/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/06/2014 12:23 AM Entered By: [REDACTED]

This CPSI received notification from the Medical Examiner's office that there was no autopsy performed regarding this child and that for this reason there are no records available.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/24/2014

Contact Method: Attempted Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 02/24/2014

Completed date: 02/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; Participant [REDACTED] Child

Narrative Details

Narrative Type: Original Entry Date/Time: 02/24/2014 12:20 PM Entered By: [REDACTED]

This CPSI confirmed with school personnel that the [REDACTED] children are absent from school today.

This CPSI attempted to call the family at [REDACTED] and left a voice mail message.

This CPSI revised Child Near Death and Death reports to reflect updated information.

This CPSI provided Detective [REDACTED] with updated information regarding this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/24/2014	Contact Method:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/06/2014
Completed date:	03/06/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation, Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/06/2014 12:20 AM Entered By: [REDACTED]

This CPSI requested autopsy report from the Medical Examiner's Office regarding [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/21/2014 Contact Method: Attempted Face To Face
 Contact Time: 01:00 PM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/24/2014
 Completed date: 02/24/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED] Participant [REDACTED] Child

Narrative Details

Narrative Type: Original Entry Date/Time: 02/24/2014 12:18 PM Entered By: [REDACTED]

This CPSI was unable to see [REDACTED] to initiate this case because he is deceased.

[REDACTED] Board of Education confirmed that the [REDACTED] children are absent from school today.

School nurse at [REDACTED] confirmed that school personnel announced [REDACTED] passing to his classmates and that she provided counseling to his classmates.

This CPSI called [REDACTED] grandmother to the children to request that she have Mr. and Mrs. [REDACTED] call this CPSI. Ms. [REDACTED] reported that she would do so.

This CPSI called Mr. and Mrs. [REDACTED] at [REDACTED] to initiate this case. This CPSI left a voice mail message.

This CPSI attempted to initiate this case at the family home and no one was at home. This CPSI left a business card.

This CPSI informed Detective [REDACTED] of the family's lack of cooperation with DCS at this time.