



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

Case # 2014.060

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	04/17/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	04/16/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	Full Guardianship		Father:	Full Guardianship	
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	Unknown	
Child in custody at time of incident?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Adjudication:	Full Guardianship		
If child is in DCS custody, list placement type and name:	██████████ home of ██████████ and ██████████					

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

██████████ had heart surgery on 3/18/2014 at ██████████. The surgery was intended to make ██████████ heart vessels going into his heart larger. The referent reported that ██████████ had multiple surgeries due to complications from the surgery on 3/18/2014. ██████████ had some type of surgery every day in an effort to save his life.

██████████ lungs collapsed at one point while at ██████████ and the doctors had to put shunts and stints in his lungs. ██████████ was also placed on dialysis and an ECMO (extracorporeal membrane oxygenation) machine. ██████████ had been at ██████████ since his surgery on 3/18/2014.

The surgery on 3/18/2014 was scheduled and it was supposed to be a routine surgery. ██████████ was only supposed to be in the hospital for five days and then he was going to be sent back to the foster home with ██████████ and ██████████.

The referent does not think that an autopsy will be completed, because the doctors say that ██████████ death is related to his medical condition (Alagille Syndrome).

The doctors were trying to wean ██████████ off the ECMO machine last night to see if he could survive without it, because there was nothing else they could do. The doctors allowed ██████████ and ██████████ to hold ██████████ last night until he passed away.

██████████ has been in the ██████████ home since 2/10/2014. The referent reported that ██████████ and ██████████ had been approved to adopt ██████████. The referent does not report any child deaths or near deaths in the ██████████ home. ██████████ and ██████████ were taking care of ██████████ before the surgery and they were at ██████████ the whole time ██████████ was there. ██████████ and ██████████ spent the night at the hospital last night, but the referent thinks that they returned home today.

██████████ biological family was not notified, because parental rights were terminated. Due to the nature of ██████████ death, Law Enforcement has not been notified and they will not be notified.

The referent reported that no one in the ██████████ home had any alcohol/drug issues, domestic violence or mental health problems. The referent does not think that ██████████ is running an investigation into the cause of ██████████ death or the surgery.

The referent reported that ██████████ passed away on 4/16/2014 at 6:00 p.m. due to complications from the surgery.

Special Needs or Disabilities: Alagille Syndrome

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

Perpetrator's location at this time: unknown

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

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

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

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

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

FSW [REDACTED] reported that [REDACTED] was admitted to [REDACTED] at [REDACTED] on 3/17/14 for open-heart surgery scheduled on 3/18/14. There were unexpected complications from the surgery with his heart, lungs and his liver [REDACTED] resource parents [REDACTED] and [REDACTED] were with [REDACTED] during his stay at [REDACTED] [REDACTED] had a heart condition called Alagille Syndrome. [REDACTED] did not recover from the complications from the surgery. He passed away on 4/17/14. DCS [REDACTED] Region Nurse [REDACTED] confirmed she signed medical releases regarding [REDACTED] surgeries.

**Describe disposition of body (Death):**

Name of Medical Examiner/Coroner: [REDACTED] Was autopsy requested?  No  Yes

Did CPS open an investigation on this Death/Near Death?  No  Yes

Was there DCS involvement at the time of Death/Near Death?  No  Yes

Type: [REDACTED] was in Full Guardianship. Case #: [REDACTED]

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

None

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

[REDACTED] was a medica fragile child. He was born with Alagille Syndrome. [REDACTED] resource parents become resource parents for the sole purpose of adopting [REDACTED]

No safety plan necessary at this time. SI [REDACTED] interviewed the [REDACTED] biological children, [REDACTED] 16 years old and [REDACTED], 9 years old. Children appear to be grieving for the loss of their foster brother. Grief counseling was offered to the family.

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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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: [REDACTED] Telephone Number: [REDACTED]  
 [REDACTED] Telephone Number [REDACTED]

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	██████████	Case #	2014-060
Team Leader:	██████████	Telephone Number:	██████████				
Team Coordinator:	██████████	Telephone Number:	██████████				
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.						<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>Email to: ██████████</b></p> <p><b>within forty-eight (48) hours of notification</b></p> <p><b>Include subject line (in RED): CHILD DEATH [secure email] or</b>  <b>CHILD NEAR DEATH [secure email]</b></p>							



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 04/17/2014 12:22 PM [REDACTED]  
Track Assigned: Special Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 04/17/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED] CPS Special Investigation  
Date/Time Assigned: 04/17/2014 04:46 PM  
First Team Leader Assigned: [REDACTED] Date/Time: 04/17/2014 12:00 AM  
First Case Manager: [REDACTED] Date/Time: 04/17/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

**Referent(s)**

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: This child was in DCS Custody (Full Guardianship).

TFACTS:

Family Case IDs: [REDACTED] [REDACTED]

Open Court Custody/FSS/FCIP Yes, DCS Full Guardianship, # [REDACTED] FSW [REDACTED] Supervisor

Closed Court Custody [REDACTED] [REDACTED]

Open CPS - No

Substantiated 4/22/2013-# [REDACTED] DEC- [REDACTED]



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

Death No

Screened out 2

History (not listed above):

11/11/2011-# [REDACTED] LOS, MDM & ENN-AUPU  
 10/5/2011-# [REDACTED] DEC, ENN & PYA-Services Recommended & Accepted  
 9/8/2010-# [REDACTED] ENN-No Services Needed  
 5/6/2010-# [REDACTED] PHA & PYA-No Services Needed  
 9/24/2009-# [REDACTED] -SEE-AUPU  
 12/18/2008-# [REDACTED] PYA, ENN & PHA-No Services Needed  
 6/4/2007-# [REDACTED] SRPI & PHA-AUPU

County: [REDACTED] (SIU)  
 Notification: None  
 School/Daycare: N/A  
 Native American Descent: Unknown  
 Directions: None

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (3 years old) lived with [REDACTED] (Foster Father, 49 years old), [REDACTED] (Foster Mother, 46 years old), [REDACTED] (Foster Sister/Biological Daughter to [REDACTED] and [REDACTED] 16 years old), [REDACTED] (Foster Brother/Biological Son to [REDACTED] and [REDACTED] 19 years old) and [REDACTED] (Foster Brother/Biological Son to [REDACTED] and [REDACTED] 9 years old).

[REDACTED] had heart surgery on 3/18/2014 at [REDACTED]. The surgery was intended to make [REDACTED] heart vessels going into his heart larger. The referent reported that [REDACTED] had multiple surgeries due to complications from the surgery on 3/18/2014. [REDACTED] had some type of surgery every day in an effort to save his life.

[REDACTED] lungs collapsed at one point while at [REDACTED] and the doctors had to put shunts and stints in his lungs. [REDACTED] was also placed on dialysis and an ECMO (extracorporeal membrane oxygenation) machine. [REDACTED] had been at [REDACTED] since his surgery on 3/18/2014.

The surgery on 3/18/2014 was scheduled and it was supposed to be a routine surgery. [REDACTED] was only supposed to be in the hospital for five days and then he was going to be sent back to the foster home with [REDACTED] and [REDACTED].

The referent does not think that an autopsy will be completed, because the doctors say that [REDACTED] death is related to his medical condition (Alagille Syndrome).

The doctors were trying to wean [REDACTED] off the ECMO machine last night to see if he could survive without it, because there was nothing else they could do. The doctors allowed [REDACTED] and [REDACTED] to hold [REDACTED] last night until he passed away.

[REDACTED] has been in the [REDACTED] home since 2/10/2014. The referent reported that [REDACTED] and [REDACTED] had been approved to adopt [REDACTED]. The referent does not report any child deaths or near deaths in the [REDACTED] home. [REDACTED] and [REDACTED] were taking care of [REDACTED] before the surgery and they were at [REDACTED] the whole time [REDACTED] was there. [REDACTED] and [REDACTED] spent the night at the hospital last night, but the referent thinks that they returned home today.

[REDACTED] biological family was not notified, because parental rights were terminated. Due to the nature of [REDACTED] death, Law Enforcement has not been notified and they will not be notified.



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

The referent reported that no one in the [REDACTED] home had any alcohol/drug issues, domestic violence or mental health problems. The referent does not think that [REDACTED] is running an investigation into the cause of [REDACTED] death or the surgery.

The referent reported that [REDACTED] passed away on 4/16/2014 at 6:00 p.m. due to complications from the surgery.

Special Needs or Disabilities: Alagille Syndrome

Child's current location/is the child safe at this time: [REDACTED]

Perpetrator's location at this time: unknown

Any other safety concerns for the child(ren) or worker who may respond: none at this time

SIU group emailed.

Per SDM: SIU, Investigative Track, P1, (SIU) Death - This child was in DCS Custody (Full Guardianship).

[REDACTED] TL on 4-17-14 @ 2:10 pm

Notified Child Death Group: [REDACTED]

RA [REDACTED] was also copied on the notification email.



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:** Deceased

**Address:** [REDACTED]

**Deceased Date:** 04/16/2014

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** HOME

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:**

**Participant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:** 17 Yrs (Est)

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 20 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 50 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]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 47 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:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 10 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:** Unable to

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:** UNKNOWN

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/17/2014

Assignment Date: 04/17/2014

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	unknown [REDACTED] unknown [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/05/2014

**C. Disposition Decision**

Disposition Decision:

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 09/18/2014

Team Leader: [REDACTED]

Date: 09/18/2014

**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:**

[REDACTED] was admitted on 3/17/14 to [REDACTED]. He had surgery on 3/18/14. [REDACTED] did not recover from the surgery and died on 4/16/14.

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

[REDACTED] was admitted to [REDACTED] for a scheduled surgery to address genetic heart issues which included pulmonary stenosis with hypoplastic pulmonary artery. [REDACTED] underwent balloon angioplasty, augmentation of left and right pulmonary artery, and reduction of pulmonary artery aneurysm. They tried to fix the structural abnormalities of the vessels from his heart to his lungs. Following surgery he was admitted to the Pediatric Cardiac ICU. [REDACTED] was placed on ECMO (oxygenation machine used to oxygenate blood) in an effort to let the surgery site heal. [REDACTED] experienced complications including, DIC (clotting and bleeding problems), hypoxia (low oxygen levels) when attempting to be weaning off of ECMO. Each day following the surgery [REDACTED] underwent a procedure to try to wean him off the ECMO machine. The physician determined that there were no other medical interventions that could sustain [REDACTED] life and medical care was futile. [REDACTED] was unable to overcome complications of the surgery and expired on



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

Case Name : ██████████

Investigation ID: ██████████

4/16/2014 at ██████████ ICU.

Through review of medical records and debriefings we were able to determine that ECMO was a medical treatment and not a life support. When the ECMO medical treatment was withdrawn, ██████████ expired a short time later.

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

Unknown perp.

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

Reporter states: ██████████ (3 years old) lived with ██████████ (Foster Father, 49 years old), ██████████ (Foster Mother, 46 years old), ██████████ (Foster Sister/Biological Daughter to ██████████ and ██████████ 16 years old), ██████████ (Foster Brother/Biological Son to ██████████ and ██████████ 19 years old) and ██████████ (Foster Brother/Biological Son to ██████████ and ██████████ 9 years old).

██████████ had heart surgery on 3/18/2014 at ██████████. The surgery was intended to make ██████████ heart vessels going into his heart larger. The referent reported that ██████████ had multiple surgeries due to complications from the surgery on 3/18/2014. ██████████ had some type of surgery every day in an effort to save his life.

██████████ lungs collapsed at one point while at ██████████ and the doctors had to put shunts and stints in his lungs. ██████████ was also placed on dialysis and an ECMO (extracorporeal membrane oxygenation) machine.

██████████ had been at ██████████ since his surgery on 3/18/2014.

The surgery on 3/18/2014 was scheduled and it was supposed to be a routine surgery. ██████████ was only supposed to be in the hospital for five days and then he was going to be sent back to the foster home with ██████████ and ██████████. The referent does not think that an autopsy will be completed, because the doctors say that ██████████ death is related to his medical condition (Alagille Syndrome).

The doctors were trying to wean ██████████ off the ECMO machine last night to see if he could survive without it, because there was nothing else they could do. The doctors allowed ██████████ and ██████████ to hold ██████████ last night until he passed away.

██████████ has been in the ██████████ home since 2/10/2014. The referent reported that ██████████ and ██████████ had been approved to adopt ██████████. The referent does not report any child deaths or near deaths in the ██████████ home. ██████████ and ██████████ were taking care of ██████████ before the surgery and they were at ██████████ the whole time ██████████ was there. ██████████ and ██████████ spent the night at the hospital last night, but the referent thinks that they returned home today.

██████████ biological family was not notified, because parental rights were terminated. Due to the nature of ██████████ death, Law Enforcement has not been notified and they will not be notified.

The referent reported that no one in the ██████████ home had any alcohol/drug issues, domestic violence or mental health problems. The referent does not think that ██████████ is running an investigation into the cause of ██████████ death or the surgery.

The referent reported that ██████████ passed away on 4/16/2014 at 6:00 p.m. due to complications from the surgery.

Special Needs or Disabilities: Alagille Syndrome

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

Perpetrator's location at this time: unknown

Any other safety concerns for th



**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]

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

none

**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: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method:

Contact Time: 04:55 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/18/2014

Completed date: 09/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2014 04:56 PM Entered By: [REDACTED]

Administrative Review completed by [REDACTED] on SIU Inv. [REDACTED] ACV: [REDACTED] allegations of "Child Neglect Death" involving "Unknown" allege Perpetrator. [REDACTED] medical records were reviewed by DCS Medical personnel and case was presented to CPIT Team in [REDACTED] County both determined that evidence did not support allegations of "Child Neglect Death". The SIU Investigator; [REDACTED] and LI, [REDACTED] concluded the SIU investigation and classified the allegations as "Unsubstantiated" no "Perpetrator" was identified in the SIU investigation and therefore the (AP) remained "Unknown".

This contact was placed in TFACTS per request by SI [REDACTED] to close this case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/18/2014

Completed date: 09/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2014 04:03 PM Entered By: [REDACTED]

Administrative Review completed on SIU Inv. [REDACTED] ACV: [REDACTED] allegations of "Child Neglect Death" involving "Unknown" alleged Perpetrator. [REDACTED] medical records were reviewed by DCS Medical personnel and case was presented to CPIT Team in [REDACTED] County both determined that evidence did not support allegations of "Child Neglect Death". The SIU Investigator, [REDACTED] and LI, [REDACTED] concluded the SIU investigation and classified the allegations as "Unsubstantiated" no "Perpetrator" was identified in the SIU investigation and therefore the (AP) remained "Unknown".



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

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/17/2014	Contact Method:
Contact Time: 09:38 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: [REDACTED]	Created Date: 09/17/2014
Completed date: 09/17/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 09/17/2014 08:38 PM      Entered By: [REDACTED]

The Department of Children's Services (DCS) Special Investigations Unit received a referral 04/17/2014 with an allegation of Child Neglect Death regarding custodial child [REDACTED]. [REDACTED] came into custody on 12/27/2011 adjudicated as a dependent neglect child, and was placed with [REDACTED] and [REDACTED] in a Medically Fragile (Pre-adoptive) Foster Home [REDACTED] TN on 02/10/2014.

[REDACTED] was admitted to [REDACTED] for a scheduled surgery to address genetic heart issues which included pulmonary stenosis with hypoplastic pulmonary artery. [REDACTED] underwent surgery on 3/18/2014 at [REDACTED]. [REDACTED] procedures were for a balloon angioplasty, augmentation of left and right pulmonary artery, and reduction of pulmonary artery aneurysm. Medical professionals made efforts to repair the structural abnormalities of the vessels from [REDACTED] heart to his lungs. Following surgery the child was admitted to the Pediatric Cardiac ICU at the hospital. [REDACTED] was placed on ECMO (oxygenation machine used to oxygenate blood) in an effort to allow time for the surgery sites heal. [REDACTED] experienced complications including, DIC (clotting and bleeding problems, and hypoxia (low oxygen levels) during the attempt to wean him off ECMO. Each day following the surgery, [REDACTED] underwent a procedure to continue attempts to wean him off the ECMO machine.

On 04/16/2014 the physician determined that there were no other medical interventions that could aid [REDACTED] condition, and that medical care was futile. [REDACTED] would continue to be a patient at [REDACTED] from the date of his surgery on 3/18/2014. [REDACTED] was unable to overcome complications of the surgery, and expired on 4/16/2014 at [REDACTED] Medical Center Pediatric Cardiac ICU. Through review of medical records and consultation with the DCS regional Nurse, SIU was able to determine that ECMO was a medical treatment and not life support. When the ECMO medical treatment was withdrawn, [REDACTED] expired a short time later. The causes of Death listed in the medical records are the following; Pulmonary Hypertension, Secondary Diagnosis: Branch Pulmonary artery stenosis; Alagille Syndrome. Alagille syndrome (AS) is an autosomal dominant disorder (OMIM 118450) associated with abnormalities of the liver, heart, skeleton, eye, kidneys and a characteristic facial appearance.

The investigation into this incident was conducted by DCS Special Investigations Unit Lead Investigator [REDACTED] and Special Investigator [REDACTED].

The report to DCS listed an "Unknown" person, as the alleged perpetrator of Child Neglect Death. Numerous



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

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interviews were conducted with those individuals and professionals who were in contact with [REDACTED] prior to his passing. [REDACTED] agency staff and medical professionals were interviewed as well.

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] CPIT) Child Protective Investigation Team on 8/28/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

SIU was unable to identify an Alleged Perpetrator in this investigation; and there is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2014

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/28/2014

Completed date: 08/28/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/28/2014 03:38 PM      Entered By: [REDACTED]

8/28/14 Thursday  
CPIT Staffing

Case was presented to CPIT for Staffing on 8/28/14.  
 Team agreed unanimously to close this case as AUPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/31/2014

Contact Method:

Contact Time: 03:42 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: [REDACTED]

Created Date: 07/31/2014

Completed date: 07/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/31/2014 03:44 PM      Entered By: [REDACTED]

7/31/14 Thursday

SI convened CPIT on 7/31/14.

Referral was faxed to [REDACTED] CAC, as a courtesy for [REDACTED] County.

County of Incident is [REDACTED] County.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/31/2014 Contact Method: Attempted Face To Face  
 Contact Time: 11:00 AM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 07/31/2014  
 Completed date: 07/31/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/31/2014 03:41 PM Entered By: [REDACTED]

Case was taken by SI [REDACTED] for presentation at CPIT today.

Case was not staffed for CPIT on 7/31/14.

SI [REDACTED] will re-submit request to convene CPIT regarding this case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

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: 06/30/2014 09:27 AM      Entered By: [REDACTED]

TFACTS history on [REDACTED]  
 [REDACTED] /DEC/J&K [REDACTED] /ASPS/4/22/13  
 [REDACTED] /LOS,ENN,MM/K [REDACTED] ASPS/11/11/11  
 [REDACTED] /DEC,ENN,PSY/SRA/10/5/11  
 [REDACTED] /ENN/NSN/9/8/10

TFACTS history on [REDACTED] and [REDACTED]:  
 [REDACTED] /ENN/NSN/9/8/10



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/27/2014	Contact Method:	Correspondence
Contact Time:	09:44 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/30/2014
Completed date:	06/30/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/30/2014 08:23 AM Entered By: [REDACTED]

SI [REDACTED] received an email from Child Safety Nurse, [REDACTED] Nurse [REDACTED] read [REDACTED] medical records from [REDACTED] Ms. [REDACTED] interrupted the records in a brief summary as follows:

[REDACTED] was admitted to [REDACTED] for a scheduled surgery to address genetic heart issues which included pulmonary stenosis with hypoplastic pulmonary artery. [REDACTED] underwent balloon angioplasty, augmentation of left and right pulmonary artery, and reduction of pulmonary artery aneurysm. They tried to fix the structural abnormalities of the vessels from his heart to his lungs. Following surgery he was admitted to the Pediatric Cardiac ICU. [REDACTED] was placed on ECMO (oxygenation machine used to oxygenate blood) in an effort to let the surgery site heal. [REDACTED] experienced complications including, DIC (clotting and bleeding problems), hypoxia (low oxygen levels) when attempting to be weaning off of ECMO. Each day following the surgery [REDACTED] underwent a procedure to try to wean him off the ECMO machine. The physician determined that there were no other medical interventions that could sustain [REDACTED] life and medical care was futile. [REDACTED] was unable to overcome complications of the surgery and expired on 4/15/2014 at [REDACTED] ICU.

Through review of medical records and debriefings we were able to determine that ECMO was a medical treatment and not a life support. When the ECMO medical treatment was withdrawn, [REDACTED] expired a short time later.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/10/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/11/2014

Completed date: 06/11/2014

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: 06/11/2014 08:10 AM Entered By: [REDACTED]

SI [REDACTED] received and uploaded medical records for [REDACTED] last stay at [REDACTED].

Admission Diagnosis: Valvar FS with Hypoplastic LPA with Alagille Syndrome:

Final Principal Diagnosis: Pulmonary Hypertension

Cause of death: 1. Pulmonary Hypertension

Secondary Diagnosis: 1. Branch Pulmonary artery stenosis, 2. Aligille Syndrome



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/05/2014	Contact Method:	
Contact Time:	11:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 06/05/2014 11:01 AM      Entered By: [REDACTED]

SI [REDACTED] obtained the definition of Alagille Syndrome from the Genetics Home Reference website:

Alagille syndrome is a genetic disorder that can affect the liver, heart, and other parts of the body.

One of the major features of Alagille syndrome is liver damage caused by abnormalities in the bile ducts. These ducts carry bile (which helps to digest fats) from the liver to the gallbladder and small intestine. In Alagille syndrome, the bile ducts may be narrow, malformed, and reduced in number (bile duct paucity). As a result, bile builds up in the liver and causes scarring that prevents the liver from working properly to eliminate wastes from the bloodstream. Signs and symptoms arising from liver damage in Alagille syndrome may include a yellowish tinge in the skin and the whites of the eyes (jaundice), itchy skin, and deposits of cholesterol in the skin (xanthomas).

Alagille syndrome is also associated with several heart problems, including impaired blood flow from the heart into the lungs (pulmonic stenosis). Pulmonic stenosis may occur along with a hole between the two lower chambers of the heart (ventricular septal defect) and other heart abnormalities. This combination of heart defects is called tetralogy of Fallot.

People with Alagille syndrome may have distinctive facial features including a broad, prominent forehead; deep-set eyes; and a small, pointed chin. The disorder may also affect the blood vessels within the brain and spinal cord (central nervous system) and the kidneys. Affected individuals may have an unusual butterfly shape of the bones of the spinal column (vertebrae) that can be seen in an x-ray.

Problems associated with Alagille syndrome generally become evident in infancy or early childhood. The severity of the disorder varies among affected individuals, even within the same family. Symptoms range from so mild as to go unnoticed to severe heart and/or liver disease requiring transplantation.

Some people with Alagille syndrome may have isolated signs of the disorder, such as a heart defect like tetralogy of Fallot, or a characteristic facial appearance. These individuals do not have liver disease or other features typical of the disorder.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/07/2014

Contact Method: Phone Call

Contact Time: 03:53 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/05/2014

Completed date: 06/05/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/05/2014 10:37 AM Entered By: [REDACTED]

Interviewee: [REDACTED] TC

SI [REDACTED] interviewed [REDACTED] on 5/7/14 @ 3:53 by telephone. [REDACTED] reported she is Director of [REDACTED] in the [REDACTED] Region. Ms. [REDACTED] reported she was very involved in [REDACTED] case. She reported the [REDACTED] were wonderful resource parents. Ms. [REDACTED] reported they only had him in thier home 5 weeks prior to his surgery. She reported they become resource parents just to adopt [REDACTED]. Ms. [REDACTED] reported the [REDACTED] come to know [REDACTED] through his last foster placement. She reported they spent the month with [REDACTED] at Children's Hospital [REDACTED]. Ms. [REDACTED] reported everyone was caught off guard by his death. She reported life expectancy for [REDACTED] was 7 years old. Ms. [REDACTED] reported the [REDACTED] handled [REDACTED] death with dignity and grace. She reported the [REDACTED] are receiving grief support through their church.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/21/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/05/2014

Completed date: 06/05/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/05/2014 10:48 AM      Entered By: [REDACTED]

SI [REDACTED] completed CS-0635 Notice of Child Death Form and emailed to LI [REDACTED] to review and email to all concerned.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/21/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 06/05/2014 10:44 AM      Entered By: [REDACTED]

SI [REDACTED] obtained copy of Critical Incident Report from [REDACTED] Director [REDACTED]

CIR was completed and submitted on 4/16/14 @ 8:09 pm.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/21/2014

Contact Method: Phone Call

Contact Time: 09:05 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 09:37 AM Entered By: [REDACTED]

Interviewee: [REDACTED]/TC

SI [REDACTED] talked to Team Leader [REDACTED] about [REDACTED] death. TL [REDACTED] reported that [REDACTED] was medically fragile. She stated that he went into the hospital for a procedure to repair to blood vessel leading away from his heart. TL [REDACTED] stated the [REDACTED] were great with [REDACTED]. She stated he underwent the procedure on 3/18/14 and never recovered from the surgery. TL [REDACTED] stated that doctors performed procedure daily to try to help him recover but ultimately he died a month later. TL [REDACTED] stated that [REDACTED] and [REDACTED] stayed with [REDACTED] the entire time of his hospitalization. She reported no concerns on their part. TL stated you couldn't ask for better resource parents.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: System Completed

Contact Date: 04/21/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/05/2014

Completed date: 06/06/2014

Completed By: System Completed

Purpose(s):

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time:

Entered By:

Narrative Type: Addendum 1

Entry Date/Time: 06/30/2014 09:30 AM

Entered By: [REDACTED]

Referent had no additional information.



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

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 04/17/2014	Contact Method: Face To Face
Contact Time: 06:15 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 05/07/2014
Completed date: 05/18/2014	Completed By: System Completed
Purpose(s): Safety - Child/Community	
Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 05/07/2014 02:19 PM      Entered By: [REDACTED]  
 Interviewees: [REDACTED] and [REDACTED] face to face

SI [REDACTED] interviewed [REDACTED] on 4/17/14 @ 6:15 pm. We talked outside the home in private for a short time. Afterwards, SI [REDACTED] briefly spoke with the biological children in the home.

[REDACTED] reported that they knew [REDACTED] was a medically fragile child but they were not prepared for him passing so soon. She stated he came to live with them in February 2014 and she thought they would have more time with him. Ms. [REDACTED] reported that [REDACTED] was a very active child. She stated he appeared to be a normal little boy. Ms. [REDACTED] talked about taking [REDACTED] to the zoo and how they could hardly keep up with him running back and forth through the exhibits. She stated that they thought he was having a minor surgery and was not prepared for the worse. Ms. [REDACTED] reported that she and her husband took turns staying at [REDACTED] with [REDACTED] over the past month.

SI [REDACTED] spoke briefly with the children. [REDACTED], 18 years old was home from college to support his family. [REDACTED] 16 years old and [REDACTED] 9 years old were crying during the interview. SI [REDACTED] asked them if they were doing alright. Both children shook their heads yes with tears streaming down their faces.

SI [REDACTED] offered [REDACTED] and [REDACTED] grief services. They reported they would think about it. SI [REDACTED] walked through the home. The home was filled with family and friends that had come to offer support for the family. No safety concerns were noted. SI [REDACTED] thanked the [REDACTED] for caring for [REDACTED] and told them DCS was there to support them.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	04/17/2014	Contact Method:	Face To Face
Contact Time:	05:50 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/07/2014
Completed date:	05/18/2014	Completed By:	System Completed
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: 05/07/2014 02:16 PM      Entered By: [REDACTED]  
 Interviewee: [REDACTED]/face to face

SI [REDACTED] interviewed [REDACTED] on 4/17/14 @ 5:50 pm. The home was filled with family and friends. SI [REDACTED] talked privately with Mr. [REDACTED] on the outside parking area of the home. SI [REDACTED] explained that when a child in custody passes away there is an SIU investigation. Mr. [REDACTED] stated that he was called and told about the process by the DCS worker. SI [REDACTED] asked Mr. [REDACTED] if he felt like talking about [REDACTED] or if he would rather schedule a formal interview at a later time. Mr. [REDACTED] stated he would like to talk about [REDACTED]. He reported that the death was a surprise to the family. Mr. [REDACTED] stated that he and his wife become foster parents for the sole purpose of adopting [REDACTED]. He stated that they were friends with [REDACTED] former foster parents and that was how they came to know the child. Mr. [REDACTED] reported that [REDACTED] had been at [REDACTED] for the past month. He stated [REDACTED] had what they thought was going to be a simple surgery on his heart but the results did not turn out the way they had planned. Mr. [REDACTED] reported that [REDACTED] never recovered from the surgery despite several efforts by several doctors to save his life. Mr. [REDACTED] stated that he has three biological children and they were grieving for the loss. SI [REDACTED] asked if DCS and [REDACTED] had been helpful during the past month and with [REDACTED] passing. Mr. [REDACTED] reported they received a lot of support from DCS and [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/17/2014

Contact Method: Phone Call

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/07/2014

Completed date: 05/07/2014

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: 05/07/2014 02:04 PM Entered By: [REDACTED]

Interviewee: [REDACTED]/phone call

SI [REDACTED] called Mr. [REDACTED] on 4/17/14 @ 5:00 pm to ask if SI [REDACTED] could come to the home for a visit. SI [REDACTED] offered the number for FCA [REDACTED]. Mr. [REDACTED] reported they were receiving friends at the home and that SI [REDACTED] was welcome to come by. SI [REDACTED] thanked Mr. [REDACTED] and offered condolences for the family's loss.



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

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/17/2014	Contact Method:
Contact Time: 04:30 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/07/2014
Completed date: 05/07/2014	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: 05/07/2014 01:59 PM      Entered By: [REDACTED]

LI [REDACTED] assigned P1 case to SI [REDACTED] on 4/17/14 @ 4:31 pm

Reporter states: [REDACTED] (3 years old) lived with [REDACTED] (Foster Father, 49 years old), [REDACTED] (Foster Mother, 46 years old), [REDACTED] (Foster Sister/Biological Daughter to [REDACTED] and [REDACTED] 16 years old), [REDACTED] (Foster Brother/Biological Son to [REDACTED] and [REDACTED] 19 years old) and [REDACTED] (Foster Brother/Biological Son to [REDACTED] and [REDACTED] 9 years old).

[REDACTED] had heart surgery on 3/18/2014 at [REDACTED]. The surgery was intended to make [REDACTED] heart vessels going into his heart larger. The referent reported that [REDACTED] had multiple surgeries due to complications from the surgery on 3/18/2014. [REDACTED] had some type of surgery every day in an effort to save his life.

[REDACTED] lungs collapsed at one point while at [REDACTED] and the doctors had to put shunts and stints in his lungs. [REDACTED] was also placed on dialysis and an ECMO (extracorporeal membrane oxygenation) machine. [REDACTED] had been at [REDACTED] since his surgery on 3/18/2014.

The surgery on 3/18/2014 was scheduled and it was supposed to be a routine surgery. [REDACTED] was only supposed to be in the hospital for five days and then he was going to be sent back to the foster home with [REDACTED] and [REDACTED].

The referent does not think that an autopsy will be completed, because the doctors say that [REDACTED] death is related to his medical condition (Alagille Syndrome).

The doctors were trying to wean [REDACTED] off the ECMO machine last night to see if he could survive without it, because there was nothing else they could do. The doctors allowed [REDACTED] and [REDACTED] to hold [REDACTED] last night until he passed away.

[REDACTED] has been in the [REDACTED] home since 2/10/2014. The referent reported that [REDACTED] and [REDACTED] had been approved to adopt [REDACTED]. The referent does not report any child deaths or near deaths in the [REDACTED] home. [REDACTED] and [REDACTED] were taking care of [REDACTED] before the surgery and they were at [REDACTED] the whole time [REDACTED] was there. [REDACTED] and [REDACTED] spent the night at the hospital last night, but the referent thinks that they returned home today.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

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[REDACTED] biological family was not notified, because parental rights were terminated. Due to the nature of [REDACTED] death, Law Enforcement has not been notified and they will not be notified.

The referent reported that no one in the [REDACTED] home had any alcohol/drug issues, domestic violence or mental health problems. The referent does not think that [REDACTED] is running an investigation into the cause of [REDACTED] death or the surgery.

The referent reported that [REDACTED] passed away on 4/16/2014 at 6:00 p.m. due to complications from the surgery.

Special Needs or Disabilities: Alagille Syndrome

Child's current location/is the child safe at this time: [REDACTED]

Perpetrator's location at this time: unknown

Any other safety concerns for the child(ren) or worker who may respond: none at this time



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/17/2014

Contact Method: Attempted Face To Face

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/13/2014

Completed date: 10/13/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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: 10/13/2014 08:52 AM Entered By: [REDACTED]

SI [REDACTED] was unable to complete IACV [REDACTED]. Per the referent, [REDACTED] passed away on 4/16/2014 at 6:00 p.m. due to complications from the surgery. [REDACTED] was being treated at [REDACTED] at the time of his departure.