



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

Case # 2014.063

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	04/22/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	04/21/2014		
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:	Unknown			Relationship to Victim:	██████████	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	██████████		
If child is in DCS custody, list placement type and name:						

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

Investigator, ██████████ responded to P1 referral with the allegation of neglect death on 4/22/2014. The alleged child victim is listed as ██████████ and the alleged perpetrator is listed as Unknown. The referral states that ██████████ was in the legal custody of great grandparents, ██████████. Referral states that on 4/21/2014 ██████████ passed away and reporter feels that it was due to respiratory distress. ██████████ had a tracheotomy tube and required 24 hour medical care. It was reported that home health nurse ██████████ noticed that ██████████ developed a breathing problem and needed to be suctioned. Referral states that ██████████ went to suction ██████████ and noticed that he was changing colors. It was reported that ██████████ checked ██████████ pulse and he did not have one. It was reported that ██████████ bagged ██████████ and began chest compressions. Referral states that great grandfather, ██████████ called 911 and EMS arrived at the home and took over bagging. Referral states that EMS bagged ██████████ all the way to ██████████ where he was pronounced dead upon arrival. Referral states that ██████████ pulmonologist is Dr. ██████████ and the name of the doctor who pronounced ██████████ death is unknown. Referral also states that home health services were being provided by ██████████ since January 31, 2014. Referral states that ██████████ was admitted to ██████████ with a diagnosis of respiratory abnormalities, low birth weight, attention to tracheotomy, and intracerebral hemorrhage at birth.

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

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

Describe (in detail) interview with family:

Investigator arrived to family's home located at ██████████ at 930pm and was greeted by ██████████. Investigator introduced self and explained reason for visit. ██████████ allowed Investigator into the home. Investigator inquired about the events that occurred yesterday evening regarding ██████████. ██████████ reported that she was not present in the home. ██████████ reported that she arrived home when the ambulance arrived. ██████████ stated that she then rushed to ██████████ and once arriving to the hospital ██████████ was pronounced dead. ██████████ stated that she does not what happen and that her husband and home health nurse, ██████████ were present in the home. ██████████ reported that she and her husband obtained custody of ██████████ in January of 2014. ██████████ reported that ██████████ is her great grandson. ██████████ reported that the Department of Children's Services became involved with her granddaughter, ██████████ and ██████████ father, ██████████ in December of 2013. ██████████ stated that allegations of abuse and neglect were made against her granddaughter and she and her husband agreed to obtain custody of ██████████. ██████████ reported that her granddaughter resides at ██████████ and ██████████ resides with his mother but she does not know the address. ██████████ stated that ██████████ received 24/7 home health care services through ██████████ because of his tracheotomy tube. ██████████ reported that her family is hurt over the situation and is trying to heal. Investigator inquired about other medical diagnosis for ██████████ and ██████████ reported that she is unaware of any other medical diagnosis. She stated that she only knows that ██████████ required a tracheotomy tube. Investigator inquired about the length of time the family has been receiving services from ██████████ and ██████████ reported that she does not remember the exact date but remembers the services started towards the end of January. Investigator asked about household composition and ██████████

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

Distribution: Child's Case File

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█████ reported that only she and her husband, █████ (█████) resided in the home with █████. █████ reported that occasionally her daughter, █████ (█████) is in the home when she visits from college.

Investigator spoke with maternal great grandfather, █████ regarding the events that occurred concerning █████ death on 4/21/14. █████ stated that he does know exactly what happened. █████ stated that he was in the kitchen cooking and home health nurse, █████ was in the room caring for █████. █████ stated that while he was cooking █████ entered into the kitchen and said "call 911, █████ is not breathing". █████ stated that he immediately called 911 and EMS arrived in about three to four minutes. █████ stated that EMS rushed █████ to the hospital. █████ reported that once the family arrived to the hospital they were informed that █████ was deceased. Investigator asked what time of day did the event occur and █████ reported that he is unsure of the exact time but knows that it was between 530 and 6pm. Investigator asked if the home health nurse had talked about any concerns regarding █████ breathing earlier that evening. █████ reported that █████ reported no concerns. █████ stated that he asked █████ about █████ shortly before and she reported that he was doing fine. █████ reported that █████ had suctioned and fed █████ and no concerns were reported at that time. Investigator asked █████ about medical diagnosis that █████ may have had and █████ reported that the only medical condition he was aware of was that █████ required a tracheotomy tube.

Clients' Rights Handbook, HIPAA, Notification of Equal Access Services, Native American Veto Verification, and Release of Information was discussed with █████ and signatures were obtained on appropriate forms.

Investigator observed █████ room. Investigator observed a crib and several medical supplies in the room. The home was adequately furnished and no concerns were observed.

Present in the home were birth parents, █████ and █████.

Investigator attempted to speak with father, █████ but █████ reported that he did not want to talk to the Department. █████ stated that he does not understand why the Department is in the home. █████ refused to provide any contact information.

Investigator spoke with mother, █████. █████ stated that she does not know what happen and that she was not present in the home. █████ stated that she does not want to talk with Investigator because she does not respect the Department of Children's Services. █████ stated that she feels if she was able to maintain custody of █████ then he may not have died. █████ stated that she is upset and is trying to grieve and feels that the Department is insensitive. █████ reported that her contact information is █████.

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

The child was not hospitalized.

Describe disposition of body (Death):

Name of Medical Examiner/Coroner:	Was autopsy requested?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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Type:		Case #:
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Describe law enforcement or court involvement, if applicable:

Currently law enforcement and court are not involved with the case.

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):

Intake #:		Investigation #:		Date of Report:	12/21/14
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No other children resided in the home.

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
12/31/2013		Medical Maltreatment			Allegation Substantiated/Perpetrator Substantiated
12/31/2013		Physical Abuse		Unknown	Allegation Substantiated/Perpetrator Unknown
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:
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Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person:	Telephone Number: () -
Case Manager: style="background-color: black;">	Telephone Number: style="background-color: black;">
Team Leader: style="background-color: black;">	Telephone Number: style="background-color: black;">
Team Coordinator: style="background-color: black;">	Telephone Number: style="background-color: black;">

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 type="checkbox"/> No	<input type="checkbox"/> Yes
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Email to: style="background-color: black;">
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: 04/22/2014 05:04 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 04/22/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 04/23/2014 05:34 PM
 First Team Leader Assigned: [REDACTED] Date/Time 04/24/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 04/24/2014 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: [REDACTED], [REDACTED], [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: THE CHILD IS NOT IN CUSTODY

TFACTS:

Family Case IDs: [REDACTED] [REDACTED] [REDACTED] Birth Mothers History as Minor)

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated: [REDACTED] / MDM / 12.30.2013 / AP: [REDACTED] and Unknown



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

Death No

Screened out 0

History (not listed above):

02/17/2000 - # [REDACTED] SEE - AUPU
 04/13/2009 - # [REDACTED] SEE - AUPU
 07/13/2009 - # [REDACTED] SEE - AUPU
 02/24/2011 - # [REDACTED] SEE - AUPU
 12/02/2013 - # [REDACTED] PYA, PHA No Services Needed

DUPLICATE REFERRAL: No

County: [REDACTED]
 Notification: Letter
 School/ Daycare: Unknown
 Native American Descent: No
 Directions: None Given

Reporters name/relationship: [REDACTED] [REDACTED] [REDACTED]

Reporter states:

THE CHILD IS NOT IN CUSTODY

[REDACTED] (10 month old) is in the legal custody of his great grandparents, [REDACTED]. The reporter was unable to provide information pertaining to [REDACTED] parents.

On April 21, 2014, [REDACTED] passed away and the reporter feels that it is due to respiratory distress; [REDACTED] had a tracheostomy. [REDACTED] has a Pulmonologist (a lung specialist), Dr. [REDACTED]. The reporter states that [REDACTED] required 24 hour medical care and it was being provided by [REDACTED]. [REDACTED] has been providing services to the family since January 31, 2014. [REDACTED] was admitted to [REDACTED] with a diagnosis of respiratory abnormalities, low birth weight, attention to tracheostomy, and intercerebral hemorrhage at birth (brain bleed). On April 21, 2014, [REDACTED] was at home with [REDACTED] Licensed Practitioner Nurse (LPN). The reporter states that [REDACTED] noticed [REDACTED] had developed a problem breathing and needed to be suctioned. [REDACTED] went to suction [REDACTED] and noticed that he was changing colors. [REDACTED] went to check [REDACTED] pulse and he did not have a one. [REDACTED] bagged [REDACTED] and began chest compressions. [REDACTED] called 9-1-1 and when EMS arrived at the home they took over bagging. EMS bagged [REDACTED] all the way to [REDACTED] where he was pronounced dead upon arrival there. From the reporters understanding, EMS, Law Enforcement, and the Fire Department all responded to the home. The reporter does not know the name of the doctor that pronounced [REDACTED] death. It is unknown to the reporter if an autopsy is pending.

There are no other children in the home and no other household members in the home to the reporters knowledge.

The reporter is not aware of any domestic violence, mental health issues and/or substance abuse issues in the home.

Special Needs or Disabilities: Unknown
 Childs current location/is the child safe at this time: Deceased
 Perpetrators location at this time: Unknown
 Any other safety concerns for the child(ren) or worker who may respond: None Noted

Per SDM: Investigative Track, P2. Override to P1, Investigation. [REDACTED], TL on 04/22/14 @ 7:39 PM.



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

Received by [REDACTED] on 04/22/14 @ 7:58 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:** Black/African **Age:** Deceased
Address: [REDACTED] [REDACTED] [REDACTED]
Deceased Date: 04/21/2014
School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** Unable to **Age:** Deceased
Address: [REDACTED] [REDACTED] [REDACTED]
Deceased Date: 04/21/2014
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: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** [REDACTED]

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** [REDACTED]

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant 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: 04/22/2014

Assignment Date: 04/24/2014

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown [REDACTED] Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 09/20/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: A P1 referral was received on 04/22/2014 with allegations of neglect death on [REDACTED] with an unknown listed as the alleged perpetrator. [REDACTED] was in the care and custody of his maternal great grandparent, [REDACTED] at the time of his death. [REDACTED] was released from the hospital to their care with 24 hour in home nursing. The nurse noticed that he was not breathing and began doing CPR and called 911. [REDACTED] was pronounced dead at the hospital. The autopsy report was received which stated that manner of death was natural and the cause of death was complications with prematurity. The autopsy report is in the file. This case is being classified AUPU based on no evidence to support the allegation of neglect death.

D. Case Workers

Case Worker: [REDACTED]

Date: 09/20/2014

Team Leader: [REDACTED]

Date: 09/20/2014

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 only 10 months old at the time of death. He was transported to the hospital after found not breathing at home. He was pronounced dead at the hospital. He was not viewed between the time the referral came in and the time of death.

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

The autopsy report was received which noted that the manner of death was natural and the cause of death was complications with prematurity.



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

Case Name : ██████████

Investigation ID: ██████████

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

There was no alleged perpetrator identified during the investigation for an interview.

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

Investigator spoke with maternal great grandfather, ██████████ regarding the events that occurred concerning ██████████ death on 4/21/14. ██████████ stated that he does not know exactly what happened. ██████████ stated that he was in the kitchen cooking and home health nurse, ██████████ was in the room caring for ██████████ stated that while he was cooking ██████████ entered into the kitchen and said call 911, ██████████ is not breathing. ██████████ stated that he immediately called 911 and EMS arrived in about three to four minutes. ██████████ stated that EMS rushed ██████████ to the hospital. ██████████ reported that once the family arrived to the hospital they were informed that ██████████ was deceased. Investigator asked what time of day did the event occur and ██████████ reported that he is unsure of the exact time but knows that it was between 530 and 6pm. Investigator asked if the home health nurse had talked about any concerns regarding ██████████ breathing earlier that evening. ██████████ reported that ██████████ reported no concerns ██████████ stated that he asked ██████████ about ██████████ shortly before and she reported that he was doing fine. ██████████ reported that ██████████ had suctioned and fed ██████████ and no concerns were reported at that time. Investigator asked ██████████ about medical diagnosis that ██████████ may have had and ██████████ reported that the only medical condition he was aware of was that ██████████ required a tracheotomy tube.

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

A P1 referral was received on 04/22/2014 with allegations of neglect death or ██████████ with an unknown listed as the alleged perpetrator. ██████████ was in the care and custody of his maternal great grandparent, ██████████ at the time of his death. ██████████ was released from the hospital to their care with 24 hour in home nursing. The nurse noticed that he was not breathing and began doing CPR and called 911. ██████████ was pronounced dead at the hospital. The autopsy report was received which stated that manner of death was natural and the cause of death was complications with prematurity. The autopsy report is in the file. This case is being classified AUPU based on no evidence to support the allegation of neglect death.

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: 10/10/2014

Contact Method:

Contact Time: 08:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/10/2014

Completed date: 10/10/2014

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: 10/10/2014 08:18 AM Entered By: [REDACTED]

This case has received a final review by Regional Investigations Director, [REDACTED] and Deputy Director of Investigations, [REDACTED] and closure has been approved.



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: 10/09/2014

Contact Method:

Contact Time: 10:40 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/09/2014

Completed date: 10/09/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/09/2014 11:06 AM Entered By: [REDACTED]

This case read and approved for closure by [REDACTED] Deputy Director of Investigations. A classified CS-740 will be sent to Juvenile Court for notification to the Judge and to the DA. This case is approved to be closed.



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: 09/29/2014

Contact Method:

Contact Time: 03:55 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/29/2014

Completed date: 09/29/2014

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: 09/29/2014 03:54 PM Entered By: [REDACTED]

This case is being resubmitted to LI [REDACTED] for review.

NEGLECT DEATH:

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

A P1 referral was received on 04/22/2014 with allegations of neglect death on [REDACTED] with an unknown listed as the alleged perpetrator. [REDACTED] was in the care and custody of his maternal great grandparent, [REDACTED] at the time of his death. [REDACTED] was released from the hospital to their care with 24 hour in home nursing. The nurse noticed that he was not breathing and began doing CPR and called 911. [REDACTED] was pronounced dead at the hospital. The autopsy report was received which stated that manner of death was natural and the cause of death was complications with prematurity. The autopsy report is in the file. This case is being classified AUPU based on no evidence to support the allegation of neglect death.



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: 09/29/2014

Contact Method:

Contact Time: 03:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/29/2014

Completed date: 09/29/2014

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: 09/29/2014 03:53 PM Entered By: [REDACTED]

Case History Review:

A P1 referral was received on 12/30/2014 with allegations of physical abuse on [REDACTED] with [REDACTED] and [REDACTED] listed as the alleged perpetrator. The child was taken to [REDACTED] and was admitted for difficulty breathing on 12/28/2014. The mother took him to his PCP on 12/23/2014 for breathing problems and was given a prescription for an antibiotic (Augmentin) but the parents never had it filled. During the stay at [REDACTED] x-rays showed two healing rib fractures. The parents could not say where the fractures came from. Due to the fractures and lack of medical care needed, the Department filed a petition asking that custody be given to the maternal great grandparents, [REDACTED]. Both Parents, [REDACTED], were charged with aggravated child abuse in this case. When the baby was released from the hospital to the grandparents, 24 hour in home nursing was ordered which was in place until the passing of [REDACTED].

CPSI [REDACTED] attempted to speak with the mother and father through the grandmother but the grandmother reported that the mother and father did not want to speak with DCS anymore due to the situation with [REDACTED] being removed from their custody. When the on call worker responded, the father and mother also reported to her that they did not want to speak with DCS. The mother reported to that worker, that if she was able to maintain custody of [REDACTED] then he may not have died.



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: 09/29/2014

Contact Method:

Contact Time: 03:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/29/2014

Completed date: 09/29/2014

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: 09/29/2014 03:44 PM Entered By: [REDACTED]

The medical records can not be obtained from the home health agency ([REDACTED]). According to ADA ([REDACTED]) this agency has been closed down in the State of Tennessee.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/20/2014

Contact Method:

Contact Time: 01:26 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/20/2014

Completed date: 09/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2014 01:33 PM Entered By: [REDACTED]

This Children Protective Services/Children Protective Investigative Team investigation has been finished by Investigator [REDACTED]. I have completed my review of this case and all investigative tasks have been completed.

On 9-19-14, the case was presented to the Children Protective Investigative Team (CPIT) and they made a collective decision and the allegation of neglect death was signed off on and classified as unsubstantiated. Assistant District Attorney (ADA) [REDACTED] was present

Due to the allegation of neglect death this case will be submitted to Regional Investigation Director (RID), [REDACTED] for review. Upon RID [REDACTED] approval for closure a classified CS-740 will be sent to Juvenile Court for notification to the Judge and the District Attorney (DA).



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: 09/20/2014

Contact Method:

Contact Time: 12:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/20/2014

Completed date: 09/20/2014

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: 09/20/2014 12:27 PM Entered By: [REDACTED]

This case is being submitted to LI [REDACTED] for review..

NEGLECT DEATH:

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

A P1 referral was received on 04/22/2014 with allegations of neglect death on [REDACTED] with an unknown listed as the alleged perpetrator. [REDACTED] was in the care and custody of his maternal great grandparent, [REDACTED] at the time of his death. [REDACTED] was released from the hospital to their care with 24 hour in home nursing. The nurse noticed that he was not breathing and began doing CPR and called 911. [REDACTED] was pronounced dead at the hospital. The autopsy report was received which stated that manner of death was natural and the cause of death was complications with prematurity. The autopsy report is in the file. This case is being classified AUPU based on no evidence to support the allegation of neglect death.



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: 09/20/2014

Contact Method:

Contact Time: 12:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/20/2014

Completed date: 09/20/2014

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: 09/20/2014 12:27 PM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) received a referral on 04/22/2014 with an allegation of Child Neglect Death regarding custodial child [REDACTED]. [REDACTED] was placed in the custody of his maternal great grandparents, [REDACTED] on 01/16/2014 through a petition and protective custody order filed by the Department.

[REDACTED] DOB: [REDACTED] a 10 month old medically fragile child was found unresponsive and not breathing at his home by the 24 hour in home nurse. She began CPR and called 911. [REDACTED] was then transported to [REDACTED] and pronounced dead upon arrival. [REDACTED] was pronounced deceased at 18:23 on 04/21/2014x/x/xx.

The investigation into this incident was conducted by CPS Investigator [REDACTED]. This case was not coordinated with law enforcement so no law enforcement investigated.

The report to DCS listed an unknown the alleged perpetrator of Child Neglect Death.

As part of the investigation, [REDACTED] great grandparents, [REDACTED] were interviewed as well as the home health nurse. Services were suggested for the parents for grief counseling but were refused. The parents would not speak with this CPSI during the investigation.

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] Child Protective Investigation Team on 07/23/2014. ADA [REDACTED] took the papers and returned them on 09/19/2014. Team members were in agreement that there was not sufficient evidence to substantiate 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: [REDACTED]

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: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/19/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/20/2014

Completed date: 09/20/2014

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: 09/20/2014 11:59 AM Entered By: [REDACTED]

The CPIT form was received from ADA [REDACTED] on 09/19/2014. It was signed by her on this day. ADA [REDACTED] kept the handle and return form when it was submitted on 07/23/2014 and it was just received back on 09/19/2014. The CPIT form is in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/31/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	07/31/2014
Completed date:	07/31/2014	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: 07/31/2014 01:15 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the home of [REDACTED] on 07/31/2014 at 11am for a follow up visit. [REDACTED] was the only person present at this time. [REDACTED] stated that they have been doing alright. [REDACTED] stated that [REDACTED] has her own place now and is working at different warehouses for [REDACTED]. [REDACTED] stated that she told [REDACTED] that this CPSi would be here today but she still does not want to talk to anyone from DCS. CPSI [REDACTED] informed [REDACTED] that services were still available for them if they wanted it and to ask [REDACTED] as well. [REDACTED] stated that they would not need anything. [REDACTED] stated that [REDACTED] is doing ok. [REDACTED] stated that she has her good days and bad days but is keeping herself busy now with work. [REDACTED] stated that [REDACTED] is also working now doing construction. [REDACTED] stated that [REDACTED] had told her that she would probably have to go to court at the end of the year but she was not sure exactly when. [REDACTED] stated that she is still working at night for [REDACTED] working with a handicapped individual in their home. [REDACTED] stated that she would contact this CSPI if she felt any of them needed any counseling or services.



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:	07/30/2014	Contact Method:	Attempted Phone Call
Contact Time:	02:20 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/30/2014
Completed date:	07/30/2014	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: 07/30/2014 02:29 PM Entered By: [REDACTED]
 CPSI [REDACTED] called [REDACTED] on 07/30/2014 at 2:20pm and left a message asking him to call back.

Narrative Type: Created In Error Entry Date/Time: 07/30/2014 02:29 PM Entered By: [REDACTED]
 This was entered in 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: 07/30/2014

Contact Method: Phone Call

Contact Time: 02:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2014

Completed date: 07/30/2014

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: 07/30/2014 02:19 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] [REDACTED] on 07/30/2014 at 2:15pm to schedule a follow up visit. [REDACTED] stated that she would be home tomorrow. A visit was scheduled for 07/31 at 11am.



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: 07/23/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/23/2014

Completed date: 07/23/2014

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: 07/23/2014 03:56 PM Entered By: [REDACTED]

This case was presented to morning CPIT on 07/23/2014. It was noted to bring back next week for [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: 06/24/2014

Contact Method:

Contact Time: 01:18 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

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: 06/24/2014 03:09 PM Entered By: [REDACTED]

CPSI [REDACTED] received an email from Nursing Director, [REDACTED], on 06/24/2014 which stated that the autopsy is not completed.



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:	06/20/2014	Contact Method:	Face To Face
Contact Time:	11:35 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/20/2014
Completed date:	06/20/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/20/2014 03:38 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the family home on 06/20/2014 at 11:35am to follow up with the family [REDACTED] was there [REDACTED] stated that they are doing alright [REDACTED] stated that [REDACTED] is staying with them for the time being but she was not home now. [REDACTED] stated that [REDACTED] is doing ok and hanging in. CPSI [REDACTED] asked them about counseling. [REDACTED] stated that the only counseling they need is [REDACTED] stated that [REDACTED] was told about counseling but she does not think she needs it. CPSI [REDACTED] gave [REDACTED] another card for her to give to [REDACTED] in case any services are needed.

[REDACTED] stated that [REDACTED] is in jail right now. [REDACTED] stated that he went t jail on May 7 for violation of probation. [REDACTED] stated that when he got out about the charges about the baby, he did not go to his probation officer because he thought they would lock him up. [REDACTED] stated that he is now there for violation. [REDACTED] stated that his court date if July 3 and they are hoping he will get out then.

Narrative Type: Created In Error Entry Date/Time: 06/24/2014 03:07 PM Entered By: [REDACTED]

The note says court hearing. It should be home visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/20/2014

Contact Method: Face To Face

Contact Time: 11:35 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/24/2014

Completed date: 06/24/2014

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: 06/24/2014 03:07 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the family home on 06/20/2014 at 11:35am to follow up with the family. [REDACTED] was there. [REDACTED] stated that they are doing alright. [REDACTED] stated that [REDACTED] is staying with them for the time being but she was not home now. [REDACTED] stated that [REDACTED] is doing ok and hanging in. CPSI [REDACTED] asked them about counseling. [REDACTED] stated that the only counseling they need is [REDACTED] stated that [REDACTED] was told about counseling but she does not think she needs it. CPSI [REDACTED] gave [REDACTED] another card for her to give to [REDACTED] in case any services are needed.

[REDACTED] stated that [REDACTED] is in jail right now. [REDACTED] stated that he went t jail on May 7 for violation of probation. [REDACTED] stated that when he got out about the charges about the baby, he did not go to his probation officer because he thought they would lock him up. [REDACTED] stated that he is now there for violation. [REDACTED] stated that his court date if July 3 and they are hoping he will get out then.



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: 06/19/2014

Contact Method:

Contact Time: 03:36 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

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: 06/24/2014 03:08 PM Entered By: [REDACTED]

An email was sent to Nursing Director, [REDACTED], on 06/19/2014 checking on the autopsy report for [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: 05/06/2014

Contact Method:

Contact Time: 03:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2014

Completed date: 05/06/2014

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: 05/06/2014 03:20 PM Entered By: [REDACTED]

Family Composition at the time of the referral:

[REDACTED]
DOB: [REDACTED]

[REDACTED] - great grandmother

DOB: [REDACTED]

[REDACTED] - great grandfather

DOB: [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: 05/06/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Group Home

Created Date: 05/06/2014

Completed date: 05/06/2014

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: 05/06/2014 03:17 PM Entered By: [REDACTED]

CPSI [REDACTED] went to juvenile court on 05/06/2014 at 9am for the adjudication hearing on the petition filed giving [REDACTED] custody of [REDACTED]. CPSI [REDACTED] spoke with [REDACTED] stated that they are trying to do the best they can but it is hard. [REDACTED] was sitting next to [REDACTED] CPSI [REDACTED] attempted to speak with [REDACTED] to see how she was doing and offer any services such as grief counseling. [REDACTED] stated that they did not need anything and turned her head the other way. CPSI [REDACTED] told [REDACTED] if any services were needed, to call this CPSI. [REDACTED] stated that she would.

The petition was dismissed at this hearing.



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: 04/25/2014

Contact Method:

Contact Time: 12:49 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/25/2014

Completed date: 04/25/2014

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: 04/25/2014 12:57 PM Entered By: [REDACTED]

A request for medical records for [REDACTED] was faxed to [REDACTED] on 04/25/2014 .



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: 04/25/2014

Contact Method: Attempted Phone Call

Contact Time: 12:43 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/25/2014

Completed date: 04/25/2014

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: 04/25/2014 12:47 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] on 04/25/2014 at 12:43pm. The person who answered the phone stated that [REDACTED] was in a meeting and that [REDACTED] worked in the field. CPSI [REDACTED] was transferred to [REDACTED] number and a message was left asking her to call back.



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: 04/25/2014

Contact Method:

Contact Time: 12:23 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/25/2014

Completed date: 04/25/2014

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: 04/25/2014 12:44 PM Entered By: [REDACTED]

An email was sent to [REDACTED], Nursing Director with The Department of Children's Services on 04/25/2014 informing her of the death of [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2014

Contact Method:

Contact Time: 01:35 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/25/2014

Completed date: 04/25/2014

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: 04/25/2014 02:08 PM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED] in [REDACTED] with [REDACTED] on 04/25/2014 at 1:35pm. She stated that the medical records were ready to be picked up. CPSI [REDACTED] went and picked up the records. The records note the diagnosis was cardiac arrest and acute respiratory failure. It stated that the time of death was 18:23. The medical records are in the file.



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: 04/24/2014

Contact Method:

Contact Time: 06:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/25/2014

Completed date: 04/25/2014

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: 04/25/2014 12:42 PM Entered By: [REDACTED]

An email was received from LI [REDACTED] on 04/24/2014. It stated that she was forwarding the Notice of Death Form to RID [REDACTED]. The notes and pictures of the child's room were attached.



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: 04/24/2014

Contact Method: Phone Call

Contact Time: 01:38 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/25/2014

Completed date: 04/25/2014

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: 04/25/2014 01:00 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] on 04/24/2014 at 1:38pm. [REDACTED] stated that it is hard but they are trying to hang in. [REDACTED] stated that somebody from DCS came out the day after he passed. [REDACTED] stated that they have not been told yet for sure what happened. [REDACTED] stated that the medical examiner is supposed to finish up today because they did the autopsy yesterday. [REDACTED] stated that they are having the wake Saturday and the graveside services will be Monday. [REDACTED] stated that they are going to have a hard weekend. A home visit was scheduled for 04/25 at 9am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/22/2014 Contact Method: Face To Face
 Contact Time: 09:30 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/25/2014
 Completed date: 04/25/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/25/2014 12:40 PM Entered By: [REDACTED]

The on call notes from CPSI [REDACTED]:

Investigator arrived to family's home located at [REDACTED] at 930pm and was greeted by [REDACTED]. Investigator introduced self and explained reason for visit. [REDACTED] allowed investigator into the home. Investigator inquired about the events that occurred yesterday evening regarding [REDACTED]. [REDACTED] reported that she was not present in the home. [REDACTED] reported that she arrived home when the ambulance arrived. [REDACTED] stated that she then rushed to [REDACTED] and once arriving to the hospital [REDACTED] was pronounced dead. [REDACTED] stated that she does not know what happened and that her husband and home health nurse [REDACTED] were present in the home. [REDACTED] reported that she and her husband obtained custody of [REDACTED] in January of 2014. [REDACTED] reported that [REDACTED] is her great grandson. [REDACTED] reported that the Department of Children's Services became involved with her granddaughter, [REDACTED]'s father [REDACTED] in December of 2013. [REDACTED] stated that allegations of abuse and neglect were made against her granddaughter and she and her husband agreed to obtain custody of [REDACTED]. [REDACTED] reported that her granddaughter resides at [REDACTED] and [REDACTED] resides with his mother but she does not know the address. [REDACTED] stated that [REDACTED] received 24/7 home health care services through [REDACTED] because of his tracheotomy tube. [REDACTED] reported that her family is hurt over the situation and is trying to heal. Investigator inquired about other medical diagnosis for [REDACTED]. [REDACTED] reported that she is unaware of any other medical diagnosis. She stated that she only knows that [REDACTED] required a tracheotomy tube. Investigator inquired about the length of time the family has been receiving services from [REDACTED] and [REDACTED] reported that she does not remember the exact date but remembers the services started towards the end of January. Investigator asked about household composition and [REDACTED] reported that only she and her husband, [REDACTED] resided in the home with [REDACTED]. [REDACTED] reported that occasionally her daughter, [REDACTED] is in the home when she visits from college.

Investigator spoke with maternal great grandfather, [REDACTED] regarding the events that occurred concerning [REDACTED] death on 4/21/14. [REDACTED] stated that he does not know exactly what happened. [REDACTED] stated that he was in the kitchen cooking and home health nurse, [REDACTED] was in the room caring for [REDACTED]. [REDACTED] stated that while he was cooking [REDACTED] entered into the kitchen and said call 911, [REDACTED] is not breathing. [REDACTED] stated that he immediately called 911 and EMS arrived in about three to four minutes. [REDACTED] stated that EMS rushed [REDACTED] to the hospital. [REDACTED] reported that once the family arrived to the hospital they were informed that [REDACTED] was deceased.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Investigator asked what time of day did the event occur and [REDACTED] reported that he is unsure of the exact time but knows that it was between 530 and 6pm. Investigator asked if the home health nurse had talked about any concerns regarding [REDACTED] breathing earlier that evening [REDACTED] reported that [REDACTED] reported no concerns. [REDACTED] stated that he asked [REDACTED] about [REDACTED] shortly before and she reported that he was doing fine [REDACTED] reported that [REDACTED] had suctioned and fed [REDACTED] and no concerns were reported at that time. Investigator asked [REDACTED] about medical diagnosis that [REDACTED] may have had and [REDACTED] reported that the only medical condition he was aware of was that [REDACTED] required a tracheotomy tube.

Clients Rights Handbook, HIPAA, Notification of Equal Access Services, Native American Veto Verification, and Release of Information was discussed with [REDACTED] and signatures were obtained on appropriate forms.

Investigator observed [REDACTED] room. Investigator observed a crib and several medical supplies in the room. The home was adequately furnished and no concerns were observed.

Present in the home were birth parents [REDACTED]

Investigator attempted to speak with father, [REDACTED]. but [REDACTED] reported that he did not want to talk to the Department. [REDACTED] stated that he does not understand why the Department is in the home. [REDACTED] refused to provide any contact information.

Investigator spoke with mother, [REDACTED] [REDACTED] [REDACTED] stated that she does not know what happen and that she was not present in the home. [REDACTED] stated that she does not want to talk with Investigator because she does not respect the Department of Childrens Services. [REDACTED] stated that she feels if she was able to maintain custody of [REDACTED] then he may not have died. [REDACTED] stated that she is upset and is trying to grieve and feels that the Department is insensitive. [REDACTED] reported that her contact information is [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/22/2014

Contact Method:

Contact Time: 05:04 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/25/2014

Completed date: 04/25/2014

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: 04/25/2014 12:37 PM Entered By: [REDACTED]

A P1 referral was received on 04/22/2014 with allegations of neglect death on [REDACTED] with an unknown listed as the alleged perpetrator.

The referral states:

[REDACTED] (10 month old) is in the legal custody of his great grandparents, [REDACTED]. The reporter was unable to provide information pertaining to [REDACTED] parents.

On April 21, 2014, [REDACTED] passed away and the reporter feels that it is due to respiratory distress; [REDACTED] had a tracheostomy. [REDACTED] has a Pulmonologist (a lung specialist), Dr. [REDACTED]. The reporter states that [REDACTED] required 24 hour medical care and it was being provided by [REDACTED]. [REDACTED] has been providing services to the family since January 31, 2014. [REDACTED] was admitted to [REDACTED] with a diagnosis of respiratory abnormalities, low birth weight, attention to tracheostomy, and intercerebral hemorrhage at birth (brain bleed). On April 21, 2014, [REDACTED] was at home with [REDACTED], Licensed Practitioner Nurse (LPN). The reporter states that [REDACTED] noticed [REDACTED] had developed a problem breathing and needed to be suctioned. [REDACTED] went to suction [REDACTED] and noticed that he was changing colors. [REDACTED] went to check [REDACTED] pulse and he did not have a one. [REDACTED] bagged [REDACTED] and began chest compressions. [REDACTED] called 9-1-1 and when EMS arrived at the home they took over bagging. EMS bagged [REDACTED] all the way to [REDACTED] where he was pronounced dead upon arrival there. From the reporters understanding, EMS, Law Enforcement, and the Fire Department all responded to the home. The reporter does not know the name of the doctor that pronounced [REDACTED] death. It is unknown to the reporter if an autopsy is pending.

There are no other children in the home and no other household members in the home to the reporters knowledge.

The reporter is not aware of any domestic violence, mental health issues and/or substance abuse issues in the home.