



Notice of Child Fatality/Near Fatality

Investigation #:	██████████	Date of Notification:	5/30/14	Date of Death/ Incident:	5/29/14
Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY			
Child Name:	██████████	DOB:	██████████	TFACTS #	██████████
Gender:	Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>	Race/Ethnicity:	White (No	County/Region:	██████ ████████
Parent's Name(s):	Mother: ██████████	Father:	██████████		
Was child in custody at time of incident?	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Adjudication:			
If child is in DCS custody, list placement type and name:					

Describe (in detail) cause or circumstance regarding the death/injury: CPSI ██████████ contacted Sgt. ██████████ of CCSD on 5/30/14 at 11:00am in regards to ██████████. Sgt. ██████████ informed CPSI that, as per the received police report, ██████████ had arrived at a friend's home on 5/28/14. There, he did not feel well and consumed copious amounts of water. In the morning hours of 5/29/14, he began vomiting, and he was given Mountain Dew to drink by one of the individuals in the home. Later he was found unresponsive, 911 was contacted, and ██████████ was transported to ██████████ Hospital where he was pronounced dead. Sgt. ██████████ advised officers searched the ██████████ home and found a THC grid and a set of scales. One Xanax was also found in the area where ██████████ was found. Sgt. ██████████ explained all 3 juveniles, ██████████ (as per police report) in the home admitted to smoking THC, and the adult, ██████████ admitted knowing the juveniles smoked the substance, though he denied knowing the paraphernalia was present. All parties reported ██████████ did not smoke the THC. Sgt. ██████████ informed CPSI that a toxicology screen was completed at ██████████ and came back negative for any drugs. An autopsy has been ordered at ██████████ in ██████████ and is being performed this morning. Sgt. ██████████ advised he is unsure if drug related charges will be filed against the juveniles and Mr. ██████████. Sgt. ██████████ states ██████████ death appears to be related to his diabetes as his sugar level was 1352 when tested at the hospital. He reports the child's diabetic pen was found in his car. He conveyed the parties present in the home appeared to be truthful as to their account of what happened. Sgt. ██████████ advised corroborating evidence, such as a mountain dew glass, was found in the home. CPSI inquired as to the child's father and mother. Sgt. ██████████ reports ██████████ went to the hospital and viewed the body. ██████████ mother, was brought to the hospital from ██████████ County Jail to view the body as well. Sgt. ██████████ advised the ██████████ family is a "very dysfunctional family to say the least". He states ██████████ seemed like the kind of child that "went where he wanted and stayed where he wanted". He conveyed ██████████ reported he had been "trying to get a handle on him" and even had a hair follicle drug screen completed with the assistance of the DCS case worker. CPSI explained Neglect Death to be the current allegations. Sgt. ██████████ advised the child's mother to be into Meth and the father to have problems of his own such as his mother having cancer. CPSI asked if Sgt. ██████████ has spoken with ██████████ about the incident. Sgt. ██████████ explained he spoke with him earlier in the day to inform him he will need to contact the Medical Examiner with a funeral home choice. He gave CPSI the following numbers for ██████████ (his mother) and ██████████ friend). As CPSI planned to make contact with ██████████ to schedule a time to meet for possibly Monday afternoon, CPSI agreed to contact Sgt. ██████████ when this is scheduled. CPSI thanked Sgt. ██████████ for his time and ended the call.

NOTE: Police report and witness interviews completed by LE have been uploaded to the Investigation Documents section for review.

Describe (in detail) interview with family: Interviews pending at this time. Updates to follow.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization: CPS referral received after the child's death; however, child has previously been hospitalized due to his diabetes. Medical records have been requested.

Describe disposition of body (<i>Fatality</i>):			██████████		
Name of Medical Examiner or Coroner:		██████████		Was autopsy requested? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Did CPS open an investigation on this Fatality/Near Fatality?			Open <input checked="" type="checkbox"/>		Closed <input type="checkbox"/>
Was there an open investigation at the time of Fatality/Near Fatality?			Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>
If so, describe (<i>in detail</i>) law enforcement or court involvement: Open CPS Investigation (██████████) with CPSI (██████████) with allegations of Drug Exposed Child. The case is submitted for closure with the allegations being Substantiated. There is also an open FSS case from 4/4/14 with CM (██████████)					
Alleged perpetrator and relationship to child:			██████████		
Describe (<i>in detail</i>) action taken to ensure safety of other children (<i>list names and ages of children</i>) and or victim (<i>Near Fatality</i>) (<i>attach safety plan, if applicable</i>):					
No other children reside in the home on a full-time basis.					
No other children reside in the home on a full-time basis.					
Prior DCS involvement, include dates, findings, and/or adjudications:					
Open FSS case with ██████████ from 4/4/14 ██████████ (Open Case)- 3/19/14, DEC, AP-██████████ ██████████ ASPS ██████████ 9/11/13, ABD, AP-██████████ NSN ██████████ 6/21/13, DEC, AP-██████████ ASPS ██████████ 10/10/12, DEC, AP-██████████ NSN			██████████ 6/22/11, DEC, AP-██████████ NSN ██████████ 1/31/08-12/30/08, Closed, Court Custody ██████████ 1/23/08, MDM, AP-██████████ ASPS ██████████ 10/3/07, MDM, AP-██████████ ASPS ██████████ 9/20/07, MDM, AP-██████████ ASPS ██████████ 5/19/07, DEC, AP-██████████ AUPU		
Has there been any media inquiry or is attention expected?			Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Contact Person/Phone Number(s) (<i>include CM, TL, and TC</i>):			CPSI ██████████ ██████████ LI ██████████ ██████████, IC ██████████		
ATTACH a copy of the TFACTS Incident Report or Form CS-0496, Serious Incident Report to this notice if TFACTS is inoperable:					Yes <input type="checkbox"/> No <input type="checkbox"/>

FAX TO OFFICE OF CHILD SAFETY @ ██████████



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/29/2014 02:25 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/29/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/29/2014 04:38 PM
 First Team Leader Assigned: [REDACTED] Date/Time 03/18/2014 12:00 AM
 First Case Manager: [REDACTED] Date/Time 03/18/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	[REDACTED]	[REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: Letter
 Narrative: This is a non-custodial child.

TFACTS:

Family Case IDs - [REDACTED] [REDACTED] and [REDACTED]

Open Court Custody/FCIP No

Open FSS - Yes

[REDACTED] 4-4-14, FSW [REDACTED], Supervisor [REDACTED]

Closed Court Custody - Yes

[REDACTED] [REDACTED] 1-31-08 to 12-30-08

Open CPS - Yes



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

Investigation, 3-19-14, [REDACTED] DEC, [REDACTED], CM [REDACTED], Supervisor [REDACTED], Case is Classified as Substantiated

Substantiated - Yes

Substantiated - [REDACTED] 6-21-13, DEC, [REDACTED] (DEC was Unsubstantiated for [REDACTED])

Substantiated - [REDACTED] 1-23-08, MDM, [REDACTED]

Substantiated - [REDACTED] 10-03-07, MDM, [REDACTED]

Substantiated - [REDACTED] 9-20-07, MDM, [REDACTED]

Death None previously

Screened out No

History (not listed above) - Yes

9-11-13, [REDACTED] ABN, No Services Needed

5-19-07, [REDACTED] DEC, Unsubstantiated

10-10-12, [REDACTED] DEC, No Services Needed

6-22-11, [REDACTED] DEC, No Services Needed

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: Letter

School/ Daycare: [REDACTED]

Native American Descent: None

Directions: None Given

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

Reporter states: [REDACTED] (17) lived with his father [REDACTED] The Father has other children, but they do not live in his home.

It is reported that [REDACTED] was a severe diabetic. It is unknown if the diabetes was type 1 or type 2. Last night, [REDACTED] began to vomit "white foamy stuff" last night and went into cardiac arrest. [REDACTED] was taken to the hospital (unknown which hospital) and his blood sugar level was over 1000. His potassium level was high, as well. [REDACTED] passed away today (5-29-14).

[REDACTED] has only had custody of [REDACTED] since April 3, 2014 [REDACTED] had also been hospitalized on April 8, 2014 due to his diabetes. It is believed that [REDACTED] may not have known how to correctly manage his son's sugar levels. It is unknown if food consumed or lack of insulin was the cause of [REDACTED] blood sugar being so high.

Law enforcement is aware of this situation and has been to the scene. They will request that an autopsy be done. The [REDACTED] home has not been witnessed to know the condition of the environment or if there were any hazards. Last night, [REDACTED] was spending the night at a friend's home (unknown information) when the incident occurred. The information for this friend (name, address, county and phone number) is unknown by the referent.

[REDACTED] The child has been in custody before and had some unruly issues, but no delinquent charges. It is unknown if there is past or current law enforcement involvement with the family. There are no additional details, information or concerns available at this time. Reporter stated that there was a lack of information at the time of the report.

County group emailed in MIR3.

Per SDM: Investigative Track, P1 (Neglect Death), [REDACTED] TL on 5-29-14 @ 3:54 pm ([REDACTED])



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

FSW [REDACTED] Supervisor [REDACTED] CM [REDACTED] and Supervisor [REDACTED] all emailed this information due to their open case.

Notified Child Death Group via email [REDACTED]
RA [REDACTED] was also copied on the notification email.

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	05-29-14 04:00:58 PM	[REDACTED]	05-29-14 04:01:41 PM	[REDACTED]
Received				
	05-29-14 04:00:58 PM	---		Answering Machine
	05-29-14 04:00:59 PM	---		Email Sent



**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: 05/29/2014
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:** **Age:** 40 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:**DCS History Search Results:****DCS Intake Search Results:**



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: 05/29/2014

Assignment Date: 03/18/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED] [REDACTED] [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	*Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 12/01/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Case will be closed and classified as Allegations Unsubstantiated and Perpetrator Unsubstantiated for the allegation of Neglect Death.

D. Case Workers

Case Worker: [REDACTED]

Date: 11/14/2014

Team Leader: [REDACTED]

Date: 11/14/2014

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:

ACV was unable to be interviewed as child had passed away the day the referral was received.

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

Autopsy results reflected the cause of death was listed as natural caused by Diabetic Ketoacidosis due to uncontrolled type 1 Diabetes mellitus. ACV has a history of uncontrolled insulin-dependent type 1 diabetes mellitus.

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

The father [REDACTED] knew the child was staying with a friend. The father and the ACV were aware of the ACV's medical needs. ACV had access to his medications per the interview with the father and the father's live-in girlfriend [REDACTED]



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

[REDACTED] states: [REDACTED] (17) lived with his father [REDACTED]. The Father has other children, but they do not live in his home. It is reported that [REDACTED] was a severe diabetic. It is unknown if the diabetes was type 1 or type 2. Last night, [REDACTED] began to vomit "white foamy stuff" last night and went into cardiac arrest. [REDACTED] was taken to the hospital (unknown which hospital) and his blood sugar level was over 1000. His potassium level was high, as well. [REDACTED] passed away today (5-29-14). [REDACTED] has only had custody of [REDACTED] since April 3, 2014. [REDACTED] had also been hospitalized on April 8, 2014 due to his diabetes. It is believed that [REDACTED] may not have known how to correctly manage his son's sugar levels. It is unknown if food consumed or lack of insulin was the cause of [REDACTED] blood sugar being so high. Law enforcement is aware of this situation and has been to the scene. They will request that an autopsy be done. The [REDACTED] home has not been witnessed to know the condition of the environment or if there were any hazards. Last night, [REDACTED] was spending the night at a friend's home (unknown information) when the incident occurred. The information for this friend (name, address, county and phone number) is unknown by the referent. The [REDACTED] is unaware of any abuse or neglect patterns other than what is in TFACTS. The child has been in custody before and had some unruly issues, but no delinquent charges. It is unknown if there is past or current law enforcement involvement with the family. There are no additional details, information or concerns available at this time. [REDACTED] stated that there was a lack of information at the time of the report.

County group emailed in MIR3.

Per SDM: Investigative Track, P1 (Neglect Death), [REDACTED] TL on 5-29-14 @ 3:54 pm ([REDACTED])

FSW [REDACTED] Supervisor [REDACTED] CM [REDACTED] and Supervisor [REDACTED] all emailed this information due to their open case.

Notified Child Death Group via email: [REDACTED]

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

Recipients Time Issued Response Received Devices Responses

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

Autopsy results reflected the cause of death was listed as natural caused by Diabetic Ketoacidosis due to uncontrolled type 1 Diabetes mellitus. ACV has a history of uncontrolled insulin-dependent type 1 diabetes mellitus.

Also there is an extensive medical history that address the ACV's Diabetes , extensive DCS history and police report to include witness statements.

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: 01/06/2015

Contact Method:

Contact Time: 07:34 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/06/2015

Completed date: 01/06/2015

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: 01/06/2015 06:34 PM Entered By: [REDACTED]

Case was reviewed by OCS Deputy Director [REDACTED] and approved for Closure.

House hold composition :

[REDACTED] ACV
 [REDACTED] -Father
 [REDACTED] Live in Girl friend

No sibling in the home

SDM was entered



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/26/2014

Contact Method:

Contact Time: 04:43 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/26/2014

Completed date: 12/26/2014

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: 12/26/2014 03:44 PM Entered By: [REDACTED]

Admin Review

Case is ready for closure and has been submitted for RID approval. ACV's death was not a result of the allegations of the open case at the time of the death.

Plan is to close the case after RID approval.



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: 12/01/2014

Contact Method:

Contact Time: 06:48 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/01/2014

Completed date: 12/01/2014

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: 12/01/2014 05:50 PM Entered By: [REDACTED]

Admin Review

Case is ready for closure and has been submitted for RID approval. ACV's death was not a result of the allegations of the open case at the time of the death.

Plan is to close the case after RID approval.



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: 11/14/2014

Contact Method:

Contact Time: 03:58 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/14/2014

Completed date: 11/14/2014

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: 11/14/2014 02:59 PM Entered By: [REDACTED]

Date: 11-14-14

Purpose: Case Review for Closure

LI [REDACTED] reviewed this case and approving for closure. The Classification summary will be forwarded to the Juvenile Court. The case will be filed under the caregiver [REDACTED]

Date of Referral: 5-29-14

Initial Notification to Juvenile Court: 5-29-14

Notification to DA: 5-29-14

Law Enforcement Notification: 5-29-14

[REDACTED] Notification: 5-29-14

SDM Safety Assessment: NA

FAST completed - NA

CS-0740 Sent to [REDACTED] County Juvenile Court: 11-14-14

Hard copy of 740 is enclosed in the hard file.

Case Closure Date: 11-14-14

LI [REDACTED] has uploaded the Autopsy, Medical records from the DOD, and the police report.

Case will be submitted for IC, and RID approval for case closure.



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:	11/14/2014	Contact Method:	
Contact Time:	03:28 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/14/2014
Completed date:	11/14/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/14/2014 02:29 PM Entered By: [REDACTED]

Referral was assigned on 5-29-14 for Neglect Death; the alleged Child Victim (ACV) was [REDACTED] ACV was not in state custody; however the family had a substantial history with the Department of Children's Services. On 5-28-14 about 6:30 am ACV and [REDACTED] had went to sleep. ACV was complaining of feeling sick throughout the day and was consuming large amounts of water. Witness [REDACTED] said that approximately 6:00pm he checked [REDACTED] blood sugar and it registered 345. [REDACTED] also reported on 5-29-14 approximately 3:00 am he was awakened by the ACV. The ACV began to vomit and requested something sweet to drink. [REDACTED] Gave the ACV a glass of Mountain Dew. [REDACTED] took three to four small sips and went back to bed. [REDACTED] reported he asked ACV several times if he wanted to go to the hospital but ACV declined. [REDACTED] stated at 10:45 he went to check on the ACV he was unresponsive, cold and had a blue coloration to his face. [REDACTED] said [REDACTED] began to perform CPR until EMS arrived.

ACV [REDACTED] Date of Death 5-29-14 at 12:11 p.m.

The Alleged Perpetrator was listed as [REDACTED] (the father of the ACV)
 [REDACTED] was interviewed on 6-9-14

It was reported by the father the last time the ACV was seen was on 5-27-14 and he had gone to a friends home, and he had been unable to get a hold of the ACV. ACV had been living at his fathers home since November 2013. The father was reported to be responding appropriately due to the current circumstances.

Child Death/Near Death Rapid Response is in Policy 20.27

Child Death Definition

Child death is defined as:

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

Any child death caused by abuse or neglect resulting from direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretakers to stop another persons direct action that resulted in the death of the child.

This case was convened with CPIT on 5-29-14. Notifications were sent to the [REDACTED] Law



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Enforcement and the District Attorneys Office on 5-29-14.

Case was presented to CPIT on 10-22-14; Classification decision was Allegations Unsubstantiated and Perpetrator Unsubstantiated for the allegations of Neglect Death (Definition listed above).

On 6-19-14 [REDACTED] live in girlfriend [REDACTED] was interviewed. [REDACTED] stated that [REDACTED] was last spoken to her on 5-27-14 [REDACTED] stated that [REDACTED] was taking injections of Lantos twice a day. [REDACTED] states that ACV also had a Novalog pen for use after his meals to check his sugar. [REDACTED] reports that ACV knew how and when to check his levels and take his medications.

10-14-14 [REDACTED] the mother of the ACV was interviewed. Child Protective Services Investigator (CPSI) [REDACTED] completed a jail visit at [REDACTED] County Jail with [REDACTED], mother, on 10/14/14 at approximately 10:00am. CPSI asked [REDACTED] about the child. [REDACTED] explained she saw [REDACTED] about 2 weeks before his death. She reports she was worried about him as he talked about how his heart hurt and how he did not want to go on. She admits she has wondered if [REDACTED] intentionally did not take his insulin. [REDACTED] explained DCS had not seen [REDACTED] for a week before his death and advised she had told [REDACTED] she was worried about his well-being. [REDACTED] explained [REDACTED] had not been staying at his fathers home, even though [REDACTED] had custody, as [REDACTED] is a drunk. [REDACTED] advised, despite her mistakes, she always ensured [REDACTED] took his insulin. She admits it was a struggle, and [REDACTED] was often non-compliant with his treatment due to be being embarrassed. She reports to have to hunt him down often to give him his insulin dose, and he would turn his pump off when he had the item. [REDACTED] explained the pumps use was discontinued due to [REDACTED] getting abscesses from its use. CPSI asked about the days before the child's death. [REDACTED] explained [REDACTED] went to her step-fathers home the day before his death to get a dose of insulin before going with his friends. She advised she was told [REDACTED] was sick at that time and could not get out of the car. [REDACTED] was unsure of why [REDACTED] did not take his insulin again later when he was not feeling well.

Sargent [REDACTED] was present on the scene and completed the incident report. Reports states Sargent [REDACTED] responded to a call where they believed a 17 year old male was in cardiac arrest. The [REDACTED] County rescue squad was present Report states that the ACV had come to the residence located at [REDACTED] TN on 5-28-14 about 6:30 am and had went to sleep. ACV was complaining of feeling sick throughout the day and was consuming large amounts of water. Witness [REDACTED] said that approximately 6:00pm he checked [REDACTED] blood sugar and it registered 345. [REDACTED] also reported on 5-29-14 approximately 3:00 am he was awakened by the ACV. The ACV began to vomit and requested something sweet to drink. [REDACTED] Gave the ACV a glass of Mountain Dew. [REDACTED] took three to four small sips and went back to bed. [REDACTED] reported he asked ACV several times if he wanted to go to the hospital but ACV declined. [REDACTED] stated at 10:45 he went to check on the ACV he was unresponsive, cold and had a blue coloration to his face. [REDACTED] said [REDACTED] began to perform CPR until EMS arrived.

Lieutenant [REDACTED] of the [REDACTED] County Sherriffs Department was the Detective that CPSI [REDACTED] Convened CPIT (Child Protective Investigative Team) with. Lt. [REDACTED] was not actively working the case but stated an autopsy was requested. Lt. [REDACTED] also was the Detective who Provided CPSI [REDACTED] with the police report.

Sargent [REDACTED] of the [REDACTED] County Sheriffs Department ([REDACTED] CSD) was assigned the case. Sargent [REDACTED] states ACVs death was listed as natural caused by Diabetic Ketoacidosis, and we found in our investigation that he had access to medications in his car for this issue but refused to take them, or denied that the diabetes was his problem. Sargent [REDACTED] provided the autopsy report on the ACV on 9-22-14.

Autopsy results reflected the cause of death was listed as natural caused by Diabetic Ketoacidosis due to uncontrolled type 1 Diabetes mellitus. ACV has a history of uncontrolled insulin-dependent type 1 diabetes mellitus.

ACV had a long history with struggling with his diagnosis of being a diabetic and had multiple instances where he had to be brought to the hospital for stabilization.

Medical Records were received from [REDACTED] Medical Care, [REDACTED] Medical Center, [REDACTED] medical Center, and [REDACTED] Hospital.

With the Medical records, DCS history, Autopsy and police reports there is not a preponderance of evidence for substantiation.

Case will be closed and classified as Allegations Unsubstantiated and Perpetrator Unsubstantiated for the allegations



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [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: 10/30/2014

Contact Method:

Contact Time: 09:04 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/30/2014

Completed date: 10/30/2014

Completed By: [REDACTED]

Purpose(s): Permanency, 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: 10/30/2014 08:05 AM Entered By: [REDACTED]

CPSI [REDACTED] is presenting this case for closure on 10/30/14. Case is being presented as AUPU.



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: 10/27/2014

Contact Method:

Contact Time: 05:11 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/27/2014

Completed date: 10/27/2014

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: 10/27/2014 04:19 PM Entered By: [REDACTED]

CPSI [REDACTED] will be documenting the closure narrative , the case will also be reviewed by RID [REDACTED]

Autopsy results reflected the cause of death was listed as natural caused by Diabetic Ketoacidosis due to uncontrolled type 1 Diabetes mellitus. ACV has a history of uncontrolled insulin-dependent type 1 diabetes mellitus. Case was recently presented to CPIT. All other investigative tasks have been completed. Case will be submitted for RID approval after closure narrative has been entered.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/22/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/24/2014
Completed date:	10/24/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, 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: 10/24/2014 01:00 PM Entered By: [REDACTED]

On 10/22/14 at approximately 1pm, CPSI [REDACTED] presented the following case to the [REDACTED] County CPITeam with the following members present: [REDACTED] (CPS LI), [REDACTED] (Police Department), [REDACTED] (County Sheriffs Dept.), [REDACTED] (County Juvenile Court), , and [REDACTED]. Final recommendation was for Allegation (Neglect Death) to be Unsubstantiated and Perpetrators [REDACTED] to be Unsubstantiated with victims [REDACTED]. All members agreed with the presented classifications and signed the appropriate forms. No prosecution will be pursued. Forms have been placed in the hard 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: 10/22/2014

Contact Method:

Contact Time: 10:22 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/22/2014

Completed date: 10/22/2014

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: 10/22/2014 09:27 AM Entered By: [REDACTED]

IC [REDACTED] reviewed this case prior to sending for RID [REDACTED] Deputy Director [REDACTED] to review/approve for closure. The following next steps/tasks to be completed are to include, but are not limited to the following:

- Present to CPIT
- Closing case summary
- Include more detailed information surrounding the results of the autopsy



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: 10/14/2014 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Detention/Jail Created Date: 10/15/2014
 Completed date: 10/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2014 08:18 AM Entered By: [REDACTED]

CPSI [REDACTED] completed a jail visit at [REDACTED] County Jail with [REDACTED] mother, on 10/14/14 at approximately 10:00am. CPSI explained to [REDACTED] that CPSI has had an open investigation since [REDACTED] death. CPSI asked [REDACTED] about the child. [REDACTED] explained she saw [REDACTED] about 2 weeks before his death. She reports she was worried about him as he talked about how his heart hurt and how he did not want to go on. She admits she has wondered if [REDACTED] intentionally did not take his insulin. [REDACTED] explained DCS had not seen [REDACTED] for a week before his death and advised she had told [REDACTED] she was worried about his well-being. [REDACTED] explained [REDACTED] had not been staying at his fathers home, even though [REDACTED] had custody, as [REDACTED] is a drunk. [REDACTED]s advised, despite her mistakes, she always ensured [REDACTED] took his insulin. She admits it was a struggle, and [REDACTED] was often non-compliant with his treatment due to being embarrassed. She reports to have to hunt him down often to give him his insulin dose, and he would turn his pump off when he had the item. [REDACTED] explained the pumps use was discontinued due to [REDACTED] getting abscesses from its use. CPSI asked about the days before the childs death. [REDACTED] explained [REDACTED] went to her step-fathers home the day before his death to get a dose of insulin before going with his friends. She advised she was told [REDACTED] was sick at that time and could not get out of the car. [REDACTED] was unsure of why [REDACTED] did not take his insulin again later when he was not feeling well. CPSI advised [REDACTED] that the childs autopsy had been received with a COD of natural causes. CPSI informed [REDACTED] that CPSI believes there was neglect over the span of the childs life; however, it appears this did not cause his death. CPSI explained the case will now close as AUPU due to this. [REDACTED] conveyed understanding. CM then completed required paperwork with [REDACTED]. CM explained due process and provided copies of MRS pamphlet, DCS Privacy Practices/HIPPA information, Clients Rights Handbook and Notification of Equal Access to Programs, Services, and Grievance Procedures. Each document was explained and client acknowledgement forms were signed. Parent denied that anyone in the home is members of a Native American tribe and signed the Veto Verification. Family signed all needed forms and they are located in the case file. CPSI gathered information from the family to update the Genogram and FAST and FFA (if Applicable). Family signed the Authorization of Release of Information, if applicable. All forms are placed in the case file. [REDACTED] then informed CPSI that she loved [REDACTED] and he was only in the Meth lab (prior case) because he refused to leave her. She expressed she is over it, and it took losing the most important thing in her life to get her motivated to make changes. [REDACTED] states she has been attending AA meetings while in jail. CM commended her for her efforts and encouraged her to continue down this road. The visit was then concluded.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CM notes [REDACTED] states she was released from jail for 2 weeks and was able to attend [REDACTED] funeral.



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: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/04/2014

Completed date: 10/04/2014

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: 10/04/2014 10:34 AM Entered By: [REDACTED]

Admin review

Autopsy has been received and placed in the hard file. Certificate of Death Received and placed in hard file. CPSI [REDACTED] has not been able to arrange to meet with the mother as she is incarcerated. CPSI [REDACTED] will meet with the mother. CPSI [REDACTED] will present this case to CPIT before case closure. Case will have to be reviewed by RID before case closure.



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: 09/05/2014

Contact Method:

Contact Time: 05:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2014

Completed date: 09/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/05/2014 04:11 PM Entered By: [REDACTED]

Local background check requested from CCSD via fax this date and time. Results will be placed into the case file upon receipt.



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: 09/05/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2014

Completed date: 09/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2014 04:05 PM Entered By: [REDACTED]

CPSI [REDACTED] placed an Absent Parent Letter, along with the Parents Bill of Rights, Client Rights Handbook, Native American Heritage Veto Verification, HIPAA Notice of Rights Privacy Practice, MRS pamphlet with how DCS cases are investigated, and the Equal access to programs and services forms, in the designated place to be mailed by certified letter to [REDACTED] on 9/5/14 at 5:00pm. These documents will be added to the case file upon receipt from [REDACTED]

This letter also requested [REDACTED] contact CPSI [REDACTED] or LI [REDACTED] as soon as possible.

Certified Letter # [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: 09/05/2014

Contact Method:

Contact Time: 04:17 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2014

Completed date: 09/05/2014

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: 09/05/2014 03:27 PM Entered By: [REDACTED]

Admin review-

CPSI [REDACTED] is still waiting on the Autopsy. CPSI needs to locate the mother. CPSI has not been able to find the mother. CPSI has tried to get her location information from the father of the ACV. CPSI will be sending the mother a certified letter.

Next steps- send certified letter, try to interview the mother, present case to CPIT after the autopsy has been received. CPSI will complete all other investigative tasks before case closure.



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: 09/04/2014 Contact Method: Attempted Face To Face
 Contact Time: 12:35 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/04/2014
 Completed date: 09/04/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): ACV Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/04/2014 11:36 AM Entered By: [REDACTED]

Note entered to satisfy TFACTS requirements. The child, [REDACTED] (ACV), is deceased.



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: 08/12/2014 Contact Method: Attempted Face To Face
 Contact Time: 10:52 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/12/2014
 Completed date: 08/12/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): ACV Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2014 09:52 AM Entered By: [REDACTED]

Note entered to satisfy TFACTS requirements. The child, [REDACTED] (ACV), is deceased.



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: 08/12/2014 Contact Method: Correspondence
 Contact Time: 09:55 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/03/2014
 Completed date: 09/03/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2014 03:57 PM Entered By: [REDACTED]

CPSI [REDACTED] emailed [REDACTED] this date and time to inquire as to the autopsy of [REDACTED] [REDACTED] emailed back and informed CPSI she has checked with [REDACTED] and the autopsy report is not yet complete. Email correspondance may be viewed in the case 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:	08/11/2014	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/15/2014
Completed date:	08/15/2014	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: 08/15/2014 02:57 PM Entered By: [REDACTED]

Admin Review-CPSI is waiting on the Autopsy to returned. Medical records have been provided to medical for review. CPSI will hold case open until autopsy is received. CPSI also needs to interview the mother. CPSI will complete all investigative tasks.



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: 08/08/2014

Contact Method:

Contact Time: 10:47 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/08/2014

Completed date: 08/08/2014

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: 08/08/2014 09:48 AM Entered By: [REDACTED]

Extension has been reviewed an approved. Autopsy is still pending



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: 07/08/2014

Contact Method: Correspondence

Contact Time: 08:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2014

Completed date: 07/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2014 07:35 AM Entered By: [REDACTED]

CPSI [REDACTED] faxed a request for [REDACTED] medical records to [REDACTED] Hospital (Dr. [REDACTED]) on 7/8/14 at approximately 8:15am. These records will be placed into the case file upon receipt.



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: 07/01/2014 Contact Method: Attempted Face To Face
 Contact Time: 08:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/12/2014
 Completed date: 08/12/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): ACV Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2014 09:52 AM Entered By: [REDACTED]

Note entered to satisfy TFACTS requirements. The child, [REDACTED] (ACV), is deceased.



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: 07/01/2014 Contact Method: Correspondence
 Contact Time: 07:52 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/03/2014
 Completed date: 09/03/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2014 03:49 PM Entered By: [REDACTED]

CPSI emailed [REDACTED] this date and time and inquired as to the autopsy of [REDACTED]. [REDACTED] emailed back and informed CPSI that she will let CPSI know when the report is completed. Email correspondence may be viewed in the case 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: 06/27/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/29/2014

Completed date: 07/29/2014

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: 07/29/2014 12:51 PM Entered By: [REDACTED]

Classification exception-case has not been classified by the 30th day due to Child death investigations awaiting an autopsy report



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: 06/12/2014 Contact Method: Correspondence
 Contact Time: 10:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/12/2014
 Completed date: 07/01/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2014 09:36 AM Entered By: [REDACTED]
 CPSI [REDACTED] faxed requests for [REDACTED] medical and Rx records to [REDACTED] Medical Associates, Medical Care [REDACTED] and Rite Aid Pharmacy, respectively on 6/12/14 at 10:30am. These records will be placed into the case file upon receipt.



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: 06/09/2014 Contact Method: Attempted Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/21/2014
 Completed date: 07/21/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): ACV Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/21/2014 09:53 AM Entered By: [REDACTED]

Note entered to satisfy TFACTS requirements. The child, [REDACTED] (ACV), is deceased.



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: 06/09/2014 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/08/2014
 Completed date: 07/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Alleged Perpetrator Interview, Other Persons Living in Home
 Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/08/2014 07:27 AM Entered By: [REDACTED]

CPSI [REDACTED] accompanied by CM [REDACTED] completed a home visit with [REDACTED] and [REDACTED] and [REDACTED] girlfriend, on 6/9/14 at 1:00pm at the family home at [REDACTED] TN. CPSI and CM were welcomed into the home by [REDACTED]. CPSI and CM met with [REDACTED] and [REDACTED] in the living room. CPSI inquired as to [REDACTED] (ACV). [REDACTED] explained [REDACTED] went to school of the morning and worked at [REDACTED] in the evening. He states that, though [REDACTED] grandfather had custody of the child since about October 2013, [REDACTED] had been living in his fathers home since approximately November 2013. Both [REDACTED] and [REDACTED] state [REDACTED] usually slept at home at night though he was the typical teenager. CPSI inquired as to his diabetes and where the child was treated or received Rx. CPSI was informed that the following providers were utilized: Dr. [REDACTED] Dr. [REDACTED] Dr. [REDACTED] Medical Care, [REDACTED] Medical, and Rite Aid [REDACTED]. [REDACTED] advised CPSI that [REDACTED] was taking injections of Lantos twice a day. She believes it was 25-30ml or ccs. She states he also had a Novalog pen for use after meals to check his sugar. [REDACTED] explained she would pre-fill his injections for him so that he could simply take his injection and then leave for school. She reports he knew how and when he needed to test his levels or take his medication. CPSI inquired as to the days leading up to [REDACTED] death. [REDACTED] explained she last spoke with [REDACTED] on or about 5/27/14, and he seemed perfectly fine. [REDACTED] advised, the day before [REDACTED] death, he had gone to a friends home, and he was unable to get in touch with him. [REDACTED] confirmed she also could not reach [REDACTED]. CPSI asked for a tour of the home. [REDACTED] complied. CPSI found the home to be clean and without visible safety hazards. The room where [REDACTED] slept appeared appropriate. CPSI explained the investigation will continue and advised CPSI will contact the family again should further questions need to be asked. They conveyed understanding. The visit was then concluded.



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: 06/06/2014

Contact Method: Phone Call

Contact Time: 01:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/06/2014

Completed date: 06/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2014 01:39 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] on 6/6/14 at 1:10pm. CPSI [REDACTED] advised [REDACTED] of the need to meet to discuss the current open investigation into [REDACTED] death. Though very distraught, [REDACTED] agreed to meet with CPSI at his home on 6/9/14 at 1:00pm. The call was then concluded.



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: 06/04/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/04/2014

Completed date: 07/04/2014

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: 07/04/2014 08:06 AM Entered By: [REDACTED]

[REDACTED] Case was discussed with IC [REDACTED] and Director [REDACTED] review note was placed into TFACTS. Case is a child death. CPSI has requested medical records. Case will be presented to CPIT. Medical records will be reviewed by Nurse.



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:	06/03/2014	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/11/2014
Completed date:	06/11/2014	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: 06/11/2014 12:33 PM Entered By: [REDACTED]
 6-3-14

Case staffing with CPSI [REDACTED] IC [REDACTED] and Regional Investigations Director [REDACTED] ACV went to a friends home on 5/28/14. There were 3 juveniles and an adult at the home. ACV was reported not have been feeling well and had drank a lot of water a friend check his sugar and it was a little high. ACV began throwing up white stuff and asked for something sweet to drink where he was given some mountain dew. ACV was checked on in the am and was unresponsive. The police turned the house upside down and found a pot grinder and a set of scales. The police had requested a tox screen and it had came back negative. ACVs sugar was over 1300. The police searched the ACVs care and found his diabetic pen in the car.

ACV was severely diabetic, he was diagnosed at age 2 . ACV had Diabetic Ketoacidosis. Medical records show ACV was in and out of the hospital over his sugar. ACV was in the hospital on 4-8-14 to address his diabetes.

CPSI [REDACTED] will have the DCS nurse review the medical records.



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: 05/30/2014

Contact Method: Phone Call

Contact Time: 04:46 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/30/2014

Completed date: 05/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/30/2014 03:52 PM Entered By: [REDACTED]

CPSI [REDACTED] received a call from [REDACTED] at [REDACTED] Medical on 5/30/14 at 4:46pm. [REDACTED] advised CPSI that the facility's computers are down, and she will be unable to provide [REDACTED] medical records until Monday. CPSI conveyed understanding. [REDACTED] agreed to fax the records to CPSI on Monday. The call was concluded.



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: 05/30/2014

Contact Method:

Contact Time: 03:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/30/2014

Completed date: 05/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/30/2014 02:14 PM Entered By: [REDACTED]

CPSI [REDACTED] faxed a request for [REDACTED] medical records to [REDACTED] Medical (Dr. [REDACTED] listed on hospital records as the child's PCP) on 5/30/14 at 3:10pm. The records will be placed into the case file upon receipt.



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: 05/30/2014 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 05/30/2014
 Completed date: 05/30/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/30/2014 03:44 PM Entered By: [REDACTED]

CPSI [REDACTED] personally picked up medical records for [REDACTED] from [REDACTED] Hospital Records Department on 5/30/14 at 2:30pm. Records from [REDACTED] Medical Center were also included. [REDACTED] had type 1 diabetes mellitus.

5/29/14- Child passed away. COD listed as Cardiopulmonary Arrest likely due to DKA (diabetic ketoacidosis). Body released to [REDACTED] for autopsy per coroner.

9/8/13- Child admitted with diagnoses of DKA, elevated transaminases, and acute renal failure. He was then transferred to [REDACTED] Hospital PICU at [REDACTED] Medical Center.

6/21/13- Child admitted with diagnoses of DKA. Discharged on 6/21/13.

11/26/12- Child admitted with diagnosis of Pneumonia and DMI. Discharged on 11/17/12 with instructions to follow up with PCP in 2-3 days.

9/30/12- Child admitted with DMI and thigh issues (not legible in records). Discharged on 9/30/12 with instructions to follow up with PCP or endocrinologist.

3/19/11- Child admitted with abscess.

12/2/08- Child admitted with cellulitis and discharged to PCP.

10/29/07- Child admitted with diagnoses of bicycle wreck, abrasions, and facial lacerations. Follow up with PCP [REDACTED].

10/2/07- Child admitted with diagnoses of high blood sugar and chest congestion. Has heart murmur.

[REDACTED] Medical Center:

4/7/14- Child admitted with diagnoses of Fever, primary diagnoses of dehydration, and secondary diagnoses of diabetes mellitus type 1, noninfectious gastroenteritis and colitis, unspecified psychosis, long-term (current) use of insulin, tobacco use disorder, hypopotassemia, and vaccination no carried out because of patient refusal. Discharged on 4/9/14 with instructions to follow up with PCP in 2-3 days and endocrine.

9/8/13- Child admitted with diagnoses of DKA, dehydration, and altered mental status. Discharged on 9/10/13 with instructions to follow up with PCP in 3-4 days and endocrine in 2 weeks. PCP to make GI follow-up in 2 weeks for amylase and lipase levels.

6/23/13- Child admitted with diagnoses of Acute DKA, diabetes mellitus type 1, and known meth exposure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Discharged on 6/23/13 with instructions to follow up with PCP [REDACTED] in 3-4 days and Dr. [REDACTED] (endocrine) as scheduled.
6/20/13- Child admitted with diagnoses of DKA to PICU. Discharged on 6/21/13.
2/20/08- Child admitted with uncontrolled diabetes mellitus type 1, dehydration, and flu type A. Discharged on 2/22/14 with instructions to follow-up with PCP in 1 week and [REDACTED] Endocrinology on 2/25/08.
8/25/07- Child admitted with diagnoses DKA and dehydration. Discharged on 8/28/07.
4/1/06- Child admitted diagnoses of hypoglycemia and seizure. On discharge, child to follow up with his endocrinologist in [REDACTED].

These complete medical records may be viewed in the case 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: 05/30/2014

Contact Method: Phone Call

Contact Time: 10:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/30/2014

Completed date: 05/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/30/2014 10:00 AM Entered By: [REDACTED]

CPSI [REDACTED] faxed a request for [REDACTED] (ACV) medical records from [REDACTED] Hospital and [REDACTED] Medical Center to [REDACTED] at [REDACTED] Records on 5/30/14 at 10:50am.

CPSI then called [REDACTED] and requested she contact CPSI when the records are ready for pick up as CPSI will arrive personally to retrieve them. [REDACTED] agreed to do so, and the call was concluded.



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: 05/30/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/30/2014

Completed date: 05/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/30/2014 08:23 AM Entered By: [REDACTED]

CCSD Investigator [REDACTED] came to the DCS office on 5/30/14 at 9:00am. He provided CPSI with a copy of the police report for [REDACTED] as well as witness statements. These documents will be uploaded to TFACTS for review.

Sgt. [REDACTED] of CCSD is investigating the death. The child was transported by EMS to [REDACTED] Hospital on the date of incident (5/29/14) where he was pronounced deceased.



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: 05/29/2014

Contact Method: Attempted Face To Face

Contact Time: 06:21 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/29/2014

Completed date: 05/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/29/2014 05:22 PM Entered By: [REDACTED]

[REDACTED] ACV) passed away on this date. Details will follow as they come available. An autopsy has been ordered.



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: 05/29/2014

Contact Method:

Contact Time: 06:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/29/2014

Completed date: 05/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/29/2014 05:16 PM Entered By: [REDACTED]

On 5/29/14 at approximately 6:15pm, CPSI [REDACTED] forwarded a copy of this report to the [REDACTED] County Child Protective Investigative Team, including: [REDACTED] County Juvenile Court, [REDACTED] County District Attorneys Office, [REDACTED] County Sheriffs Department, [REDACTED] Police Department, and the [REDACTED] via US mail and fax.



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: 05/29/2014

Contact Method:

Contact Time: 06:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/29/2014

Completed date: 05/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/29/2014 05:28 PM Entered By: [REDACTED]

On 5/29/14 at approximately 6:15pm, CPSI [REDACTED] hand delivered the Confidential Notification Letter for Reporter to the referent as listed. A copy has been placed 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:	05/29/2014	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/29/2014
Completed date:	05/29/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/29/2014 05:15 PM Entered By: [REDACTED]

CPSI completed a case history search on the family and the results are as follows: Family Case IDs- [REDACTED] [REDACTED]
[REDACTED]

Open FSS case with [REDACTED] 4/4/14
 [REDACTED] (Open Case)- 3/19/14, DEC, AP- [REDACTED] ASPS
 [REDACTED] 9/11/13, ABD, AP- [REDACTED] NSN
 [REDACTED] 6/21/13, DEC, AP- [REDACTED] ASPS
 [REDACTED] 10/10/12, DEC, AP- [REDACTED] NSN
 [REDACTED] 6/22/11, DEC, AP- [REDACTED] NSN
 [REDACTED] 1/31/08-12/30/08, Closed, Court Custody
 [REDACTED] 1/23/08, MDM, AP- [REDACTED] ASPS
 [REDACTED] 10/3/07, MDM, AP- [REDACTED] ASPS
 [REDACTED] 9/20/07, MDM, AP- [REDACTED] ASPS
 [REDACTED] 5/19/07, DEC, AP- [REDACTED] AUPU



**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: 05/29/2014 Contact Method:
 Contact Time: 05:40 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/29/2014
 Completed date: 05/29/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/29/2014 04:45 PM Entered By: [REDACTED]

CPSI [REDACTED] was assigned this case on: 5/29/14
 Priority Response Code: 1
 Allegations Assessed and Assigned by Central Intake: Neglect Death

Reporter states: [REDACTED] (17) lived with his father [REDACTED]. The Father has other children, but they do not live in his home. It is reported that [REDACTED] was a severe diabetic. It is unknown if the diabetes was type 1 or type 2. Last night, [REDACTED] began to vomit "white foamy stuff" last night and went into cardiac arrest. [REDACTED] was taken to the hospital (unknown which hospital) and his blood sugar level was over 1000. His potassium level was high, as well. [REDACTED] passed away today (5-29-14). [REDACTED] has only had custody of [REDACTED] since April 3, 2014. [REDACTED] had also been hospitalized on April 8, 2014 due to his diabetes. It is believed that [REDACTED] may not have known how to correctly manage his son's sugar levels. It is unknown if food consumed or lack of insulin was the cause of [REDACTED] blood sugar being so high. Law enforcement is aware of this situation and has been to the scene. They will request that an autopsy be done. The [REDACTED] home has not been witnessed to know the condition of the environment or if there were any hazards. Last night [REDACTED] was spending the night at a friend's home (unknown information) when the incident occurred. The information for this friend (name, address, county and phone number) is unknown by the [REDACTED]. The [REDACTED] is unaware of any abuse or neglect patterns other than what is in TFACTS. The child has been in custody before and had some unruly issues, but no delinquent charges. It is unknown if there is past or current law enforcement involvement with the family. There are no additional details, information or concerns available at this time. [REDACTED] stated that there was a lack of information at the time of the report.

County group emailed in MIR3.
 Per SDM: Investigative Track, P1 (Neglect Death), [REDACTED] TL on 5-29-14 @ 3:54 pm [REDACTED]
 FSW [REDACTED] Supervisor [REDACTED], CM [REDACTED] and Supervisor [REDACTED] all emailed this information due to their open case.

Notified Child Death Group via email: [REDACTED]

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

Recipients	Time Issued	Response Received	Devices	Responses	
[REDACTED]	05-29-14 04:00:58 PM	[REDACTED]	05-29-14 04:01:41 PM	[REDACTED]	Received
[REDACTED]	05-29-14 04:00:58 PM	--	[REDACTED]	Answering Machine	



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

05-29-14 04:00:59 PM [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: 05/29/2014

Contact Method: Phone Call

Contact Time: 05:01 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/29/2014

Completed date: 05/29/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/29/2014 04:48 PM Entered By: [REDACTED]

On 5/29/14 at approximately 5:01pm, CPSI [REDACTED] convened CPIT by contacting Lieutenant [REDACTED] of the [REDACTED] County Sheriffs Department. CPSI and Lt. [REDACTED] discussed the [REDACTED] Neglect Death case and decided on the following course of action: As Lt. [REDACTED] is not the investigator actively working the case; he agreed to obtain the investigators information for CPSI as well as forward the police report when it is complete the following day. Lt. [REDACTED] reports that an autopsy has been ordered on the child, though individuals spoken with about the child denied he used illegal substances, though its reported he drank alcohol. He states the current consensus is that the child passed due to his diabetes. CPSI thanked Lt. [REDACTED] for the information, and the call was concluded.



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:	05/29/2014	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/29/2014
Completed date:	05/29/2014	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: 05/29/2014 04:52 PM Entered By: [REDACTED]

Admin review

CPSI [REDACTED] was assigned this case today. CPSI [REDACTED] will convene CPIT. CPSI [REDACTED] will be requesting all medical records. CPSI will send out Child Death notification to the notification Group per policy. CPSI will complete all investigative tasks.

Required Tasks by Allegation Per Work Aid 2 Effective 8/14/13 Child Death or Near Death
 Follow DCS Policy 20.27 Child Death-Near Death Rapid Response
 Enter Date of Death within one (1) hour of case assignment
 Convene CPIT
 Provide Form CS-0635 Notification of Child Death/Near Death Report to Central Office Notification Team via Child Safety Dedicated mailbox: [REDACTED]
 Review DCS History, link and establish case within 5 business days of case assignment
 Contact referent and send referent notification letter
 Observe near child victim
 Interview other children in the home, observe all non-verbal children in the home (e.g., infants) within thirty (30) days of case assignment.
 Complete initial SDM Assessment on surviving children (and victim if near death)
 Enter all case dictation within five (5) business days of when contacts occurred.
 Assess risk to other children in the home
 Obtain a medical exam of other children in the home if the death is suspected to be a result of abuse or neglect
 Visit home and location of incident
 Photograph location of incident
 Interview parent/caregiver or obtain interview from law enforcement
 Interview other adults living in the home
 Obtain medical exam and/or treatment for the alleged victim (if near death)
 Obtain medical records (previous and current) of alleged child victim
 Obtain autopsy from DCS Safety Nurse who will request an autopsy report from the Medical Examiner when available
 Interview perpetrator or obtain interview from law enforcement
 Interview witnesses, collaterals, other professionals or agencies
 Complete background checks
 Complete Structured Decision Making (SDM) or other assessments as appropriate (initially at closure, unless otherwise



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

stated)

Note: It is not required for the DCS case manager to observe the deceased child



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: 05/29/2014

Contact Method:

Contact Time: 03:23 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/29/2014

Completed date: 05/29/2014

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: 05/29/2014 06:16 PM Entered By: [REDACTED]

staffing with IC [REDACTED]
 Child is [REDACTED]
 DOB [REDACTED]

Child is a diabetic and about a month ago was in the hospital. Sugar was over 100 and potassium was way up. Child went into Cardiac arrest and passed away. Child was at a friends home when he passed. Child was sick last night throwing up white foamy substance. LE states this is consistent with going into a diabetic emergency. LE [REDACTED] will be getting DCS a police report it will not be ready until at least until tomorrow.

[REDACTED] got his case on 3-17-14 for DEC . Child was in a meth lab with his mother. The mother was taken to the hospital then [REDACTED] upon her release.

Child was back in the care of his custodian the grandfather. Child guard was completed on [REDACTED] and it came back negative for all substances. On 4-3-14 a petition was filed by the father to regain custody back on [REDACTED] The court ordered FSS. The FSS worker is [REDACTED]. Child is diabetic and was hospitalized on 4-8-14 . On 4-8-14 child's medical needs were discussed with the father by hospital staff. Child was last seen on 5-23-14 by FSS [REDACTED]