



Notice of Child Death/Preliminary Near Death

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	11/7/2014	
Type: <i>(Please check one)</i>	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> PRELIMINARY NEAR DEATH	Date of Death/Preliminary Near Death:	11/7/2014		
Child's Name:	[REDACTED]	DOB:	[REDACTED]	Person ID:	[REDACTED]	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	[REDACTED]
Parents' Names:	Mother:	[REDACTED]	Father:	[REDACTED]		
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					
Describe (in detail) circumstances surrounding death/preliminary near death:						
[REDACTED] was lying in his bed at 11 pm on 11/6/14. He appeared to be normal and alert. The mother's boyfriend, [REDACTED] went to check on him at 6:22 am and he was found unresponsive.						
If this is a preliminary near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:			Telephone #	() -		
Street Address:			City/State/Zip:			
Describe (in detail) interview with family:						
[REDACTED] stated that [REDACTED] is diagnosed with Cerebral Palsy and Down Syndrome. She stated that [REDACTED] was in his bed around 11 pm. She stated that he went to bed usually around 9:30-10 pm. She stated that around 6:30 this morning her boyfriend, [REDACTED] went to wake up [REDACTED] and he went yelled for her. She stated that he was doing well she stated that he did have slight diarrhea within the last two days. She stated that [REDACTED] was acting like he normally does. She stated that his stats were great the day before. She stated that the home health nurse did not come by on Thursday. She stated that a nurse from [REDACTED] would come by the home to assist with his care. She stated that when she went into [REDACTED] room this morning that he looked slightly blue. She stated that she thinks that he had just passed away because [REDACTED] told her that she went into [REDACTED] room at 5:54 am and she told her that he was awake and acting playful. She stated that when she went into [REDACTED] bedroom that his diaper was wet, but his back was warm. She stated that he was in the hospital August 1 st this year due to congestion, but he was in the ICU like he has in the past. She stated that [REDACTED] doctor is [REDACTED] at [REDACTED] which is across the street from [REDACTED]. She stated that is the only he doctor would see. She stated that [REDACTED] treated him while he was in [REDACTED] in August.						
[REDACTED] stated that she went to the bathroom. She stated that it was exactly 5:54 am. She stated that he was awake and playing. She stated that she went back to bed because she gets up around 6:30 to get ready for school. She stated that when she went in the room she saw that [REDACTED] eyes were open. She did not disclose any issues or concerns in the home. She stated that her mom takes real good care of her and her brother.						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
Describe disposition of body (Death): [REDACTED]						
Name of Medical Examiner/Coroner:	[REDACTED]	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Did CPS open an investigation on this Death/Preliminary Near Death?	<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes			
Was there DCS involvement at the time of Death/Preliminary Near Death?	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes			
Type:			Case #:			

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

RDA 2993

Describe law enforcement or court involvement, if applicable:

[REDACTED] is investigating the death of [REDACTED]. Law enforcement and the Medical Examiner do not suspect any foul play.

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

[REDACTED] age 14 resides with her mother, [REDACTED]. No safety issues or concerns have been observed at this time.

Name: [REDACTED] Age: 14

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

Name: [REDACTED] Age: [REDACTED]

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
1/14/2008	[REDACTED]	Environmental Neglect Substantial Risk of Physical Injury Physical Abuse	[REDACTED]	[REDACTED]	No services needed Services Recommended and Accepted No services needed
1/15/2010	[REDACTED]	Sexual Abuse	[REDACTED]	[REDACTED]	ASPS
8/3/2010	[REDACTED]	Environmental Neglect Lack of Supervision Physical Abuse Nutritional Neglect	[REDACTED]	[REDACTED]	Services Required Services Required Services Required No services needed
8/24/2011	[REDACTED]	Lack of Supervision Environmental	[REDACTED]	[REDACTED]	No services needed
2/25/2013	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Administrative Closure
2/26/2013	[REDACTED]	Lack of Supervision Medical Maltreatment	[REDACTED]	[REDACTED]	AUPU AUPU
8/30/2013	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	No services needed
7/7/14	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	No services needed

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

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

Contact Person: [REDACTED] Telephone Number: [REDACTED]

Case Manager: [REDACTED] Telephone Number: [REDACTED]

Team Leader: [REDACTED] Telephone Number: [REDACTED]

Team Coordinator: [REDACTED] Telephone Number: [REDACTED]

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

Intake #:

[REDACTED]

Investigation #:

[REDACTED]

Date of Referral:

Case # 2014.181

Email to:

[REDACTED]

within forty-eight (48) hours of notification

Include subject line (in RED): **CHILD DEATH [secure email]** or
CHILD PRELIMINARY 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: 11/07/2014 09:51 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 11/07/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 11/07/2014 12:15 PM
First Team Leader Assigned: [REDACTED] Date/Time 11/07/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 11/07/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: E-mail

Narrative: Family Case IDs: [REDACTED] and [REDACTED]
[REDACTED] and [REDACTED] are associated cases that have applicable history listed below

Open Court Custody/FSS/FCIP: No

Closed Court Custody: Yes

[REDACTED] / 3-15-1993 to 3-13-1995 and 9-30-2010 to 1-31-2011
[REDACTED] / 8-2-1996 to 7-27-1998, 8-2-1996 to 11-23-1998 and 8-22-2005 to 8-22-2005

Open Court Custody: No

Substantiated:

Investigation [REDACTED] SEE/3-15-10 [REDACTED]
Investigation [REDACTED] ABN/11-2-01 [REDACTED]



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

Investigation [REDACTED] ABN/11-2-01 [REDACTED]
 Investigation [REDACTED] ABN/11-2-01 [REDACTED]
 Investigation [REDACTED] DEC, LOS/7-21-06 [REDACTED] and [REDACTED]

Death: No

Number of Screen Outs: 2

History (not listed above):

Investigation [REDACTED] /SEE/Unsubstantiated/10-19-06

Assessment [REDACTED] ENN, SRP, PHA/Services Recommended and Accepted for SRP; No Services Needed for ENN and PHA/3-14-08

Assessment [REDACTED] ENN, LOS, PHA, NUN/Services Required for ENN, LOS and PHA; No Services Needed for NUN/11-4-10

Assessment [REDACTED] LOS, ENN/No Services Needed/9-15-11

Assessment [REDACTED] DEC/Administrative Closure/2-28-13

Investigation [REDACTED] /LOS, MDM/Unsubstantiated/4-25-13

Assessment [REDACTED] ENN/No Services Needed/9-23-13

Assessment [REDACTED] DEC/No Services Needed/7-17-14

Investigation [REDACTED] NUN/Unsubstantiated/4-13-06

Investigation [REDACTED] LOS/Unsubstantiated/10-3-06

Investigation [REDACTED] SEE/Unsubstantiated/5-13-05

Investigation [REDACTED] /DEC, DEI, LOS/Unsubstantiated/2-3-14

Assessment [REDACTED] PYA, LOS/No Services Needed/3-7-14

Assessment [REDACTED] DEC/No Services Needed/7-17-14

County: [REDACTED]

Notification: Email

School/ Daycare: None

Native American Descent: None

Directions: No

Reporter's name/relationship: [REDACTED]

This child is not in custody.

The reporter states that [REDACTED] (12) lives with his mother, [REDACTED] and her boyfriend, [REDACTED]. Also in the home is [REDACTED] (14), [REDACTED] sister.

[REDACTED] passed away 11-7-2014 at 6:22 am from unknown causes. There is an autopsy pending, but the reporter is unsure of the date of the autopsy. [REDACTED] was alive at 11 pm last night and was lying in his bed. [REDACTED] seemed normal and was alert according to his mother's report. [REDACTED] was speaking as well as he could. [REDACTED] went into the child's bedroom to check on him around 6:22 am this morning and found the child to be unresponsive. It is unknown if [REDACTED] was breathing or deceased at that time. [REDACTED] has been in and out of [REDACTED] Hospital in the past few months (unknown reasons). The mother reported that she has had to "suck fluid" out of [REDACTED] throat, but the scheduled times for this treatment are unknown at this time.

[REDACTED] is currently at home with her mother and [REDACTED]. There were no concerns about the conditions of the home and no hazards or safety issues were noted. There is no record of a child dying in the home or having serious injuries. [REDACTED] has history with law enforcement regarding arguments with neighbors. These law enforcement issues had nothing to do with the child and there were no resulting charges. It is unknown if [REDACTED] or [REDACTED] have been spoken to at this time.

Special Needs or Disabilities: Medical problems (unknown specifics) and he was bedridden. [REDACTED] had Down Syndrome.

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



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

Perpetrator's location at this time: Unknown perpetrator. [REDACTED] [REDACTED] and [REDACTED] are at the family home.
Any other safety concerns for the child(ren) or worker who may respond: None
Domestic Violence present in the home: Unknown to reporter (no law enforcement reports of domestic violence).

Per TFACTS History, [REDACTED] has three children who live with their mother. It is unknown if they come to the home for visitation.

The county was sent email notification on this report via email at 11:47 am. Both [REDACTED] [REDACTED] and [REDACTED] [REDACTED] replied that they received the notification email.

Per SDM: Investigation/P1 (child death), [REDACTED] TL on 11-7-14 @ 11:47 am

Notified Child Death Group via email: [REDACTED]

RA [REDACTED] [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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Address: [REDACTED]

Deceased Date: 11/07/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 35 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN: Race: Age: 14 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 11/07/2014

Assignment Date: 11/07/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/11/2015

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: The family is receiving grief counseling at [REDACTED] due to the death of [REDACTED]

D. Case Workers

Case Worker: [REDACTED]

Date: 03/11/2015

Team Leader: [REDACTED]

Date: 03/11/2015

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:

On 11/7/14, [REDACTED] died at his home. There was no evidence of any trauma to the child's body.

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

According to the autopsy, this 12 year old white male with a history of Down syndrome, cerebral palsy, and asthma was found unresponsive in bed and death was pronounced at the scene. The decedent had hospital admissions in May and August 2014 for asthma exacerbation due to viral illnesses and had gastrointestinal bleeding secondary to the use of non-steroidal anti-inflammatory medication. The day before his death he had a fever and was congested. Autopsy showed no traumatic injuries but had mucus plugging of the bronchi and changes of bronchitis which were confirmed microscopically. Toxicology plugging and bronchitis resulting in respiratory failure, complication of his underlying natural disease. The cause of death is complication of Down syndrome and cerebral palsy and the manner of death is natural.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] stated that [REDACTED] is diagnosed with Cerebral Palsy and Down Syndrome. She stated that [REDACTED] was in his bed around 11 pm. She stated that he went to bed usually around 9:30-10 pm. She stated that around 6:30 this morning her boyfriend, [REDACTED] went to wake up [REDACTED] and he went yelled for her. She stated that he was doing well she stated that he did have slight diarrhea within the last two days. She stated that [REDACTED] was acting like he normally does. She stated that his stats were great the day before. She stated that the home health nurse did not come by on Thursday. She stated that a nurse from [REDACTED] would come by the home to assist with his care. She stated that when she went into [REDACTED] room this morning that he looked slightly blue. She stated that she thinks that he had just passed away because [REDACTED] told her that she went into [REDACTED] room at 5:54 am and she told her that he was awake and acting playful. She stated that when she went into [REDACTED] bedroom that his diaper was wet, but his back was warm. She stated that he was in the hospital August 1st this year due to congestion, but he was in the ICU like he has in the past. She stated that [REDACTED] doctor is [REDACTED] at [REDACTED] which is across the street from [REDACTED]. She stated that is the only he doctor would see. She stated that [REDACTED] treated him while he was in [REDACTED] in August.

CPSI [REDACTED] spoke with [REDACTED] [REDACTED]. He stated that [REDACTED] did not look right when he went to go wake him up this morning. He stated that as soon as he saw [REDACTED] not looking right that he called for [REDACTED] and they called for the ambulance. He did not have any concerns with [REDACTED] caring for either [REDACTED] or [REDACTED].

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

[REDACTED] [REDACTED] stated that she went to the bathroom. She stated that it was exactly 5:54 am. She stated that he was awake and playing. She stated that she went back to bed because she gets up around 6:30 to get ready for school. She stated that when she went in the room she saw that [REDACTED] eyes were open. She did not disclose any issues or concerns in the home. She stated that her mom takes real good care of her and her brother.

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

This case was presented to CPIT on 2/18/15 and was classified as AUPU for neglect death due to the autopsy showing that the child died due to health complications.

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: 07/29/2015

Contact Method:

Contact Time: 12:49 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/29/2015

Completed date: 07/29/2015

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: 07/29/2015 12:51 PM Entered By: [REDACTED]

Case approved for closure and notification of classification sent to the Judge/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: 07/09/2015 Contact Method: Face To Face
 Contact Time: 11:15 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 07/09/2015
 Completed date: 07/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/09/2015 02:22 PM Entered By: [REDACTED]

CPSI [REDACTED] followed up with the family to get clarification about [REDACTED] care prior to his death. CPSI [REDACTED] met with the mother, [REDACTED] and [REDACTED] at the [REDACTED]. CPSI [REDACTED] spoke with [REDACTED] privately. She stated that her summer has been going well. She stated that she has been swimming and having a good time. CPSI [REDACTED] asked [REDACTED] about her brother's care. She stated that her mom would take care of him. She stated that her mom would wake him up and then prime his pump, then change his diapers, get him dressed and brush his teeth. She stated that after that she would let him watch a video on her phone. She stated that he would start laughing and say mama and sissy. She stated that he would then go to school. She stated that he would ride a handicap bus to and from school. She stated that her mom would be at home when he would get home from school. She stated that her mom would sometimes feed him baby food if allowed by the doctor. She stated that she would change his diaper when needed at night as well. She stated that her mom would fix his feeding tube when it came out. She stated that a nurse, Mrs. [REDACTED] would come to the home every day during the week to give him a bath and care for him. She stated that her mom would do those things for [REDACTED] when it was the weekend. She did not report any problems when the nurse would come out of the home.

CPSI [REDACTED] spoke with [REDACTED] after speaking with [REDACTED]. She stated that things are going well at this time. She stated that they are adjusting well since [REDACTED] death. She stated that she was surprised how well they are doing. She stated that they still receive counseling services at [REDACTED] due to the death. She stated that she did not have any questions at this time. The family then left the [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: 05/22/2015

Contact Method:

Contact Time: 03:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/22/2015

Completed date: 05/22/2015

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: 05/22/2015 03:28 PM Entered By: [REDACTED]

Notification of classification will be sent to the Judge/DA once case is approved for 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: 05/21/2015

Contact Method:

Contact Time: 09:35 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2015

Completed date: 05/21/2015

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: 05/21/2015 09:38 AM Entered By: [REDACTED]

Case was reviewed for approval to close.



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: 05/18/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/13/2015

Completed date: 07/13/2015

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: 07/13/2015 02:19 PM Entered By: [REDACTED]

The medical records for [REDACTED] from [REDACTED] in [REDACTED]. The child was being regularly seen by [REDACTED] [REDACTED] was diagnosed with down syndrome, cerebral palsy, and asmtha. The child had a recent hospital stay at [REDACTED] due to pneumonia in August 2015, he was admitted for about a week at that time. The records are uploaded into TFACTS from [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/27/2015

Contact Method:

Contact Time: 04:17 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/28/2015

Completed date: 03/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/29/2015 02:24 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Child Protective Services received a referral on 11/07/2014 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED]. There is an extensive history involving the alleged victim. There have been 8 previous CPS investigations involving the family going back to January 2008.

On 11/7/14, [REDACTED] was discovered unresponsive at his home at about 622 hours. 911 and EMS responded to the scene and [REDACTED] was pronounced dead at 710 hours. [REDACTED] was transported to the [REDACTED] in [REDACTED] for autopsy.

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

The report to DCS listed the alleged perpetrator as unknown for Child Neglect Death. Interviews were conducted of the parents, family, medical professionals.

As part of the investigation, [REDACTED] family was interviewed. Mrs. [REDACTED] stated that [REDACTED] went to bed around 11 pm the night before. She stated that around 6:30 in the morning her boyfriend, [REDACTED] went to wake [REDACTED] up and Mr. [REDACTED] yelled for her. She stated that they then called 911 and EMS arrived to the home as well as law enforcement.

[REDACTED] stated that she went to the bathroom. She stated that it was exactly 5:54 am. She stated that he was awake and playing. She stated that she went back to bed because she gets up around 6:30 to get ready for school. She stated that when she went in the room she saw that [REDACTED] eyes were open. She did not disclose any issues or concerns in the home. She stated that her mom takes real good care of her and her brother.

Mr. [REDACTED] stated that [REDACTED] did not look right when he went to go wake him up. He stated that when he saw that [REDACTED] was not looking right that he called for [REDACTED] and they called for the ambulance.

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.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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] County Child Protective Investigation Team on 2/18/15. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

The mother appeared to be caring for [REDACTED] appropriately prior to his death. According to the autopsy, there was no evidence of trauma to [REDACTED] body. The cause of death was complications of down syndrome and cerebral palsy. Law enforcement did not find any evidence of foul play at the time when they responded to the scene when [REDACTED] was pronounced dead.

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: 03/26/2015

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 03/29/2015

Completed date: 03/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/29/2015 03:00 PM Entered By: [REDACTED]

CPSI [REDACTED] went to [REDACTED] School to follow up with [REDACTED]. She stated that everything is going well. She stated that she is still seeing her counselor at PCS. She stated that next week is Spring Break and she is excited to be able out of school. She stated that she is not doing anything special that she knows of. She stated that she may go visit her family in [REDACTED]. She did not report any safety issues or concerns at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2015

Contact Method:

Contact Time: 12:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/20/2015

Completed date: 03/20/2015

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: 03/20/2015 12:25 PM Entered By: [REDACTED]

LI [REDACTED] reviewed case to check compliance and case will be staffed with CPSI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2015

Contact Method:

Contact Time: 12:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2015

Completed date: 02/26/2015

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: 02/26/2015 03:45 PM Entered By: [REDACTED]

CPSI [REDACTED] received the results of [REDACTED] autopsy. The autopsy summary and interpretation:

This 12 year old white male with a history of Down syndrome, cerebral palsy, and asthma was found unresponsive in bed and death was pronounced at the scene. The decedent had hospital admissions in May and August 2014 for asthma exacerbation due to viral illnesses and had gastrointestinal bleeding secondary to the use of non-steroidal anti-inflammatory medication. The day before his death he had a fever and was congested. Autopsy showed no traumatic injuries but had mucus plugging of the bronchi and changes of bronchitis which were confirmed microscopically. Toxicology plugging and bronchitis resulting in respiratory failure, complication of his underlying natural disease. The cause of death is complication of Down syndrome and cerebral palsy and the manner of death is natural.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/18/2015

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/29/2015

Completed date: 03/29/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/29/2015 02:41 PM Entered By: [REDACTED]

This case was classified as AUPU for neglect death. The autopsy showed that the child died from complication of down syndrome and cerebral palsy. The team agreed with the classification.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/02/2015	Contact Method:	Face To Face
Contact Time:	03:30 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	03/29/2015
Completed date:	03/29/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/29/2015 02:56 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the home to follow up with the family. When CPSI [REDACTED] went to the home, [REDACTED] was at home with her mother, [REDACTED] and her mom's boyfriend, [REDACTED]. [REDACTED] stated that she is doing fine in her home. She stated that everything has been going fine, but has been an adjustment with [REDACTED] not being around anymore. She stated that she expects him to be in his room, but he isn't anymore. She did not report any safety issues or concerns during the visit. [REDACTED] went to friend's house after CPSI [REDACTED] spoke with her.

CPSI [REDACTED] spoke with [REDACTED] and [REDACTED]. They stated that it has been an adjustment since [REDACTED] death. Mrs. [REDACTED] stated that with the holidays just passing that it was hard to get through it but she was able to. She stated that it is helping with her going to her counselor at [REDACTED]. She stated that gives her the opportunity to get all of her feelings out. She stated that she has received the autopsy report from the medical examiner. She allowed CPSI [REDACTED] to look at the report. It showed that [REDACTED] died from complication of down syndrome and cerebral palsy. CPSI [REDACTED] explained to Mrs. [REDACTED] that she had not received the report yet, but thanked her for allowing CPSI to look at the report. She stated that she knew that the cause of death would show that. She stated that she had been told that [REDACTED] was not supposed to survive until he did. She stated that she was just glad that she able to have this time with him.

CPSI [REDACTED] observed the home to be appropriate for the family with no safety hazards or concerns present. The home was well kept by the family.

Narrative Type: Addendum 1 Entry Date/Time: 05/04/2015 04:04 PM Entered By: [REDACTED]

CPSI explained all forms. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into 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: 01/29/2015

Contact Method: Correspondence

Contact Time: 02:18 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/30/2015

Completed date: 01/30/2015

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: 01/30/2015 11:25 AM Entered By: [REDACTED]

CPSI [REDACTED] emailed [REDACTED] [REDACTED] [REDACTED] to find out if the autopsy has been sent 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: 01/29/2015

Contact Method: Phone Call

Contact Time: 11:32 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/30/2015

Completed date: 01/30/2015

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: 01/30/2015 11:23 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED]. She stated that she received the autopsy of [REDACTED] in the mail. She stated that it stated that he died of natural causes. She stated that she knew that it what it would say, but wanted to let CPSI know that the autopsy has been completed. CPSI asked when she could come by the home to follow up with her and stated that she is available when ever CPSI needed to. She stated that she would be available on Monday at 3:30 pm. CPSI stated that would be fine. CPSI [REDACTED] advised that she would have to get the official autopsy before closing the case. She stated that she understood.



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: 01/15/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/09/2015

Completed date: 07/09/2015

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: 07/09/2015 10:52 AM Entered By: [REDACTED]

CPSI [REDACTED] requested the medical records for [REDACTED]. They will be placed in the file and uploaded into TFACTS once they are received.



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: 12/09/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2015

Completed date: 05/21/2015

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: 05/21/2015 10:09 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] concerning [REDACTED]. CPSI [REDACTED] asked if there were any concerns about [REDACTED] care by anyone. [REDACTED] stated that the mother was very cooperative with them with all medical appointments. [REDACTED] stated that he was glad that [REDACTED] survived as long as he did and stated that he probably died due to his medical issues.



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: 11/10/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/04/2015

Completed date: 05/04/2015

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: 05/04/2015 04:26 PM Entered By: [REDACTED]

Notice of child fatality has been 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: Completed

Contact Date: 11/10/2014

Contact Method:

Contact Time: 08:12 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/29/2015

Completed date: 03/29/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/29/2015 02:22 PM Entered By: [REDACTED]

Judge's letter has been emailed to [REDACTED] County Juvenile Court to notify the court of the investigation that has been initiated.



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:	11/08/2014	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/11/2014
Completed date:	12/11/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/11/2014 10:59 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) made a face to face to initiate the investigation.

[REDACTED] were present during this visit.

I. Interview with the child: [REDACTED] stated that she went to the bathroom. She stated that it was exactly 5:54 am. She stated that he was awake and playing. She stated that she went back to bed because she gets up around 6:30 to get ready for school. She stated that when she went in the room she saw that [REDACTED] eyes were open. She did not disclose any issues or concerns in the home. She stated that her mom takes real good care of her and her brother.

II: Interview with the mother: [REDACTED] stated that [REDACTED] is diagnosed with Cerebral Palsy and Down Syndrome. She stated that [REDACTED] was in his bed around 11 pm. She stated that he went to bed usually around 9:30-10 pm. She stated that around 6:30 this morning her boyfriend, [REDACTED] went to wake up [REDACTED] and he went yelled for her. She stated that he was doing well she stated that he did have slight diarrhea within the last two days. She stated that [REDACTED] was acting like he normally does. She stated that his stats were great the day before. She stated that the home health nurse did not come by on Thursday. She stated that a nurse from [REDACTED] would come by the home to assist with his care. She stated that when she went into [REDACTED] room this morning that he looked slightly blue. She stated that she thinks that he had just passed away because [REDACTED] told her that she went into [REDACTED] room at 5:54 am and she told her that he was awake and acting playful. She stated that when she went into [REDACTED] bedroom that his diaper was wet, but his back was warm. She stated that he was in the hospital August 1st this year due to congestion, but he was in the ICU like he has in the past. She stated that [REDACTED] doctor is [REDACTED] at [REDACTED] which is across the street from [REDACTED]. She stated that is the only he doctor would see. She stated that [REDACTED] treated him while he was in [REDACTED] in August. [REDACTED] stated that she, [REDACTED] and [REDACTED] plan on staying in a hotel until about Wednesday because it is too much staying in the apartment. She stated that she is trying to see if maybe they can move into a different apartment at [REDACTED] as well. She stated that the landlord was going to work with her on this. She stated that she thinks that [REDACTED] funeral will be Thursday or Friday of next week, but will let me know for sure. CPSI [REDACTED] told Mrs. [REDACTED] to keep me advised of her whereabouts right now since she will not be staying at the apartment right now. She stated that she would.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

III: Interview with the father: not present

IV: Interview with other household members: CPSI [REDACTED] spoke with [REDACTED] [REDACTED]. He stated that [REDACTED] did not look right when he went to go wake him up this morning. He stated that as soon as he saw [REDACTED] not looking right that he called for [REDACTED] and they called for the ambulance. He did not have any concerns with [REDACTED] caring for either [REDACTED] or [REDACTED].

V: CPSI observed [REDACTED] [REDACTED] and [REDACTED] to be sad considering the death of [REDACTED]. [REDACTED] appeared to be clean and wearing appropriate clothing. CPSI did not observe any safety issues or concerns at this time.

VI: Next Steps: Follow up with the family.

VII: NCPP/FSTM: N/A

VIII: IPA: N/A

Narrative Type: Addendum 1 Entry Date/Time: 05/04/2015 04:03 PM Entered By: [REDACTED]

Safety was assessed and the family is deemed safe at this time.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/07/2014 Contact Method: Attempted Face To Face
 Contact Time: 12:47 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/07/2014
 Completed date: 11/07/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/07/2014 04:09 PM Entered By: [REDACTED]
 CPSI [REDACTED] went to the home to speak with the family due to the referral, but no one was home.



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: 11/07/2014

Contact Method: Phone Call

Contact Time: 12:12 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/07/2014

Completed date: 11/07/2014

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: 11/07/2014 04:08 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] concerning the death of [REDACTED]. He stated that when he was at the home that it appeared clean and appropriate for the family. He stated that he did not observe any safety hazards or anything that would concern him. He stated that there does not appear to be any foul play involved at this time. He advised that the report and pictures would be available for CPSI [REDACTED] to pick up from the police station after CPSI made her visit at the home. CPSI stated that she would go by the police department after the visit to the home.



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: 11/07/2014

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/05/2015

Completed date: 05/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/05/2015 09:04 AM Entered By: [REDACTED]

The referent has been contacted regarding the referral information and initiation of the CPS investigation. CPSI [REDACTED] was informed that all information provided in the referral is correct and did not have any information to add.



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: 11/07/2014

Contact Method: Correspondence

Contact Time: 11:58 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/30/2015

Completed date: 01/30/2015

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: 01/30/2015 11:30 AM Entered By: [REDACTED]

CPSI [REDACTED] emailed the [REDACTED] Police Department to notify them of the severe abuse referral. [REDACTED] is the assigned detective on the case.

CPSI [REDACTED] emailed [REDACTED] ADA to notify the District Attorney's Office of the severe abuse referral.

CPSI [REDACTED] emailed [REDACTED] to notify the CAC.



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: 11/07/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/29/2014

Completed date: 12/29/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/29/2014 12:20 PM Entered By: [REDACTED]

CPSI [REDACTED] was unable to complete a face to face with the child due to the referral being called in until after law enforcement and the medical examiner cleared the scene. [REDACTED] with the [REDACTED] [REDACTED] [REDACTED] observed [REDACTED] in the home and did not observe any safety issues or concerns to the child or in the home.



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: System Completed
 Contact Date: 11/07/2014 Contact Method:
 Contact Time: 09:51 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/30/2015
 Completed date: 01/31/2015 Completed By: System Completed
 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: 01/30/2015 11:34 AM Entered By: [REDACTED]

Investigator [REDACTED] is assigned the following P2 referral by Lead Investigator [REDACTED]

Alleged victims:
[REDACTED]Alleged Perpetrator:
Unknown

[REDACTED] 1/14/2008, Environmental Neglect, Substantial Risk of Physical Injury, and Physical Abuse, alleged victim listed as [REDACTED] and [REDACTED] alleged perpetrator is listed as [REDACTED] Classified as No services needed (ENN), Services Recommended and Accepted (SRP), No services needed (PHA)
 # [REDACTED] 1/15/2010, Sexual Abuse, alleged perpetrator listed as [REDACTED] alleged perpetrator is listed as [REDACTED] Classified as substantiated and closed.
 # [REDACTED] 8/3/2010, Environmental Neglect, Lack of Supervision, Physical Abuse, Nutritional Neglect, alleged victim listed as [REDACTED] and [REDACTED] alleged perpetrator is listed as [REDACTED] . Classified as services required.
 # [REDACTED] 8/24/11, Lack of Supervision and Environmental Neglect, alleged victim listed as [REDACTED] alleged perpetrator is listed as [REDACTED] Classified as no services needed.
 # [REDACTED] 2/25/13, Drug Exposed Child, alleged victim listed as [REDACTED] and [REDACTED] alleged perpetrator is listed as [REDACTED] Classified as unsubstantiated and closed.

On 11/7/14, the department received a P-1 referral alleging neglect death regarding [REDACTED] The alleged named perpetrator(s) is unknown. According to the report, This child is not in custody.

The reporter states that [REDACTED] (12) lives with his mother, [REDACTED] and her boyfriend, [REDACTED] Also in the home is [REDACTED] (14), [REDACTED] sister. [REDACTED] passed away 11-7-2014 at 6:22 am from unknown causes. There is an autopsy pending, but the reporter is unsure of the date of the autopsy. [REDACTED] was alive at 11 pm last night and was lying in his bed. [REDACTED] seemed normal and was alert



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

according to his mother's report. [REDACTED] was speaking as well as he could. [REDACTED] went into the child's bedroom to check on him around 6:22 am this morning and found the child to be unresponsive. It is unknown if [REDACTED] was breathing or deceased at that time. [REDACTED] has been in and out of [REDACTED] Hospital in the past few months (unknown reasons). The mother reported that she has had to "suck fluid" out of [REDACTED] throat, but the scheduled times for this treatment are unknown at this time. [REDACTED] is currently at home with her mother and [REDACTED]. There were no concerns about the conditions of the home and no hazards or safety issues were noted. There is no record of a child dying in the home or having serious injuries. [REDACTED] has history with law enforcement regarding arguments with neighbors. These law enforcement issues had nothing to do with the child and there were no resulting charges. It is unknown if [REDACTED] or [REDACTED] have been spoken to at this time.

Family Composition

[REDACTED] Birth Mother
 [REDACTED] Mother's Paramour
 [REDACTED] Sister
 [REDACTED] ACV

Referent was notified of screened in report by Child Abuse Hotline via CARAT tracking system.



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: 11/07/2014 Contact Method:
 Contact Time: 09:51 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/29/2015
 Completed date: 03/29/2015 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: 03/29/2015 02:15 PM Entered By: [REDACTED]

Investigator [REDACTED] is assigned the following P1 referral by Lead Investigator [REDACTED]

Alleged victims:
[REDACTED]Alleged Perpetrator:
Unknown

[REDACTED] 1/14/2008, Environmental Neglect, Substantial Risk of Physical Injury, and Physical Abuse, alleged victim listed as [REDACTED] and [REDACTED] alleged perpetrator is listed as [REDACTED] Classified as No services needed (ENN), Services Recommended and Accepted (SRP), No services needed (PHA)
 # [REDACTED] 1/15/2010, Sexual Abuse, alleged perpetrator listed as [REDACTED] alleged perpetrator is listed as [REDACTED] Classified as substantiated and closed.
 # [REDACTED] 8/3/2010, Environmental Neglect, Lack of Supervision, Physical Abuse, Nutritional Neglect, alleged victim listed as [REDACTED] and [REDACTED] Jr., alleged perpetrator is listed as [REDACTED] . Classified as services required.
 # [REDACTED] 8/24/11, Lack of Supervision and Environmental Neglect, alleged victim listed as [REDACTED] alleged perpetrator is listed as [REDACTED] Classified as no services needed.
 # [REDACTED] 2/25/13, Drug Exposed Child, alleged victim listed as [REDACTED] and [REDACTED] alleged perpetrator is listed as [REDACTED] Classified as unsubstantiated and closed.
 # [REDACTED] 8/30/13, Environmental Neglect, alleged victim listed as [REDACTED] alleged perpetrator is listed as [REDACTED] Classified as no services needed.
 # [REDACTED] 7/7/14, Drug Exposed Child, alleged victim listed as [REDACTED] and [REDACTED] alleged perpetrator is listed as [REDACTED] Classified as no services needed.

On 11/7/14, the department received a P-1 referral alleging neglect death regarding [REDACTED] The alleged named perpetrator(s) is unknown. According to the report, This child is not in custody. The reporter states that [REDACTED] (12) lives with his mother, [REDACTED] and her boyfriend, [REDACTED] Also in the home is [REDACTED] (14), [REDACTED] sister. [REDACTED] passed away 11-7-2014 at 6:22 am from unknown



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

causes. There is an autopsy pending, but the reporter is unsure of the date of the autopsy. [REDACTED] was alive at 11 pm last night and was lying in his bed. [REDACTED] seemed normal and was alert according to his mother's report. [REDACTED] was speaking as well as he could. [REDACTED] went into the child's bedroom to check on him around 6:22 am this morning and found the child to be unresponsive. It is unknown if [REDACTED] was breathing or deceased at that time. [REDACTED] has been in and out of [REDACTED] Hospital in the past few months (unknown reasons). The mother reported that she has had to "suck fluid" out of [REDACTED] throat, but the scheduled times for this treatment are unknown at this time. [REDACTED] is currently at home with her mother and [REDACTED]. There were no concerns about the conditions of the home and no hazards or safety issues were noted. There is no record of a child dying in the home or having serious injuries. [REDACTED] has history with law enforcement regarding arguments with neighbors. These law enforcement issues had nothing to do with the child and there were no resulting charges. It is unknown if [REDACTED] or [REDACTED] have been spoken to at this time.

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