



Notice of Child Death/Preliminary Near Death

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/14/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> PRELIMINARY NEAR DEATH	Date of Death/Preliminary Near Death:	11/15/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father:	██████████			
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	MOTHER/MOTHER'S PARAMOUR			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

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

On 11/14/14, a hotline report was made by the minor's paternal grandmother, who stated that she had received a phone call from Mr. ██████████' sister, ██████████, who stated that minor ██████████ had had an accident. She further stated that minor ██████████ had been sleeping, and when they went in to check on him, he was on the floor in his own vomit. It was thought that ██████████ had fallen out of his bed, threw up and asphyxiated on his vomit. 911 was called and minor was transported to ██████████ Children's Hospital, where he was pronounced brain dead from an aneurism. ██████████ was placed on life support, to make arrangements for organ donation. Dr. ██████████, attending physician, reported that the child has an intracranial hemorrhage that is not traumatic. It is a congenital malformation (aneurysm) that bled. Dr. ██████████ reported that she provided the family with this information but it is possible that they do not understand. Bottom line: Dr. ██████████ does not believe that this child is in the hospital tonight due to an allegation of abuse and/or neglect by the child's parents.

Minor was taken off of life support and pronounced dead on 11/15/14.

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

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

Describe (in detail) interview with family:

APs IN THE HOSPITAL; ██████████ FAMILY MEMBERS IN ██████████ HOME

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

Investigator was able to see the child in the Pediatric Intensive Care Unit at ██████████ Hospital.

Upon speaking with the attending physician, Investigator was notified that the condition is known as Congenital Malformation and the child was more likely born with the rare condition, no trauma, no neglect and no marks or bruising. It was a random tragedy. She stated that the child could have possibly been seen earlier but the outcome would be the same. When asked about the child falling out of the bed, she stated that the fall could have been from being unconscious or from having a seizure.

She stated that the pediatrician (██████████) had been to the hospital and stated that the child was at the pediatrician's office this week. Dr. ██████████ reported that the child was playing, laughing and normal.

Interviews were held with the parents in Room # ██████████ or ██████████: They stated that it was a brain aneurism. He was sick yesterday and they took him to the Children's Doctor on ██████████ He has a respiratory infection that was probably viral and was given eye drops for pink eye and he was supposed to stay home from school. She stated that she did not get the prescriptions for the eye drops filled. They stated that @ 3 AM he was gagging throwing up flem and laid back down. At 7 - 7:30 AM he threw up. They stated that at 10 AM he came out of the room with his hand over his mouth went to the bathroom and threw up.

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The mother and her boyfriend stated that his bed is a full sized bed and they thought he had rolled off the bed and looked like he was asleep. She stated that she told her boyfriend to pick him up and put him back in the bed because he weighs about 50 pounds and that is too heavy for her. She stated that they saw that his lips were blue. She started CPR and her boyfriend called 911 and talked her through it. She stated that they gave him a CAT Scan at the hospital and found that he was born with it. His dad is [REDACTED] and he is in [REDACTED].

Describe disposition of body (Death): [REDACTED] Co. Medical Examiner

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

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

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

Type: INVESTIGATION - DEC/DEI, & LOS Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:

CONVENED CPIT. REPORT # [REDACTED] Law Enforcement was already aware of the incident and had been to the home. They provided the assigned Detective the CPS Investigator's contact information.

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):

The family stated that their son is in the care of his family on [REDACTED]. He provided the address and telephone number for them. Investigator told them that their child would need to be seen. [REDACTED] was asleep in the room with [REDACTED] father ([REDACTED]).

Investigator went to the home and spoke with [REDACTED] (step mother), [REDACTED] (sister), [REDACTED] (brother in law) and [REDACTED] (friend). They stated that they had talked with the Intensive Care Doctor who told them that [REDACTED] was more than likely born with it. They stated that he started bleeding with virus like symptoms. When the blood starts leaking it puts pressure on the base of the vein. He came to the hospital about 1 PM and @ 1 AM they will disconnect him for 7 minutes to see if he can take a breath. They will put ice in his ear canals to see if dilation changes. A doctor will look at the test results. Another doctor will perform the same tests at 1 PM and they would compare results. They are trying to figure out if he is brain dead and the tests have to be preformed by 2 different doctors.

Name: [REDACTED] Age: 10 MONTHS

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
07/08/14	[REDACTED]	DEC/DEI/LOS	[REDACTED]	[REDACTED]	AUPU
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

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Intake #:	██████████	Investigation #:	██████████	Date of Report:	11/20/2014	Case #	2014-188
Contact Person:	██████████	Telephone Number:	██████████				
Case Manager:	██████████	Telephone Number:	(██████████)				
Team Leader:	██████████	Telephone Number:	(██████████)				
Team Coordinator:	██████████	Telephone Number:	██████████				
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.						<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>Email to: ██████████</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or</p> <p>CHILD PRELIMINARY NEAR DEATH [secure email]</p>							

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 Distribution: Child's Case File

RDA 2993



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 11/14/2014 06:29 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 11/14/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned: 11/17/2014 08:51 AM
 First Team Leader Assigned: [REDACTED] Date/Time: 11/17/2014 12:00 AM
 First Case Manager: [REDACTED] Date/Time: 11/17/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	6 Yrs	Lack of Supervision	Yes	[REDACTED]	Birth Mother
[REDACTED]	6 Yrs	Lack of Supervision	Yes	[REDACTED]	None

Preliminary Near Death: [REDACTED]

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: ****The child is not in DCS custody.

TFACTS:

Family Case IDs: Yes ([REDACTED])

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: Yes

Investigation # [REDACTED] / 8-1-14 / DEI, LOS, DEC [REDACTED] / Allegation Unsubstantiated and Perpetrator Unsubstantiated / [REDACTED] (Primary Case Worker) and [REDACTED] (Supervisor)



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

Substantiated: No

Death: No

Screened out: No

History (not listed above): No

DUPLICATE REFERRAL: No

Sex Offender Registry: N/A

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Dismissal Time: Unknown

Native American Descent: Unknown

Directions: The family resides at [REDACTED]. The family's cell number is [REDACTED]

Reporter's name/relationship: [REDACTED]

Reporter states: ***The child is not in DCS custody.

[REDACTED] and a younger male child (name unknown/age approximately 1) live with their mother, [REDACTED] and [REDACTED] in [REDACTED] TN.

At approximately 1:39 p.m. ([REDACTED] today, November 14, 2014, the paternal grandmother, [REDACTED], received a call from [REDACTED] sister, [REDACTED] (contact number: [REDACTED]) who advised that [REDACTED] had an accident. [REDACTED] stated that according to [REDACTED] and [REDACTED] had been sleeping and when they went to check in on him, he was on the floor in his vomit. It is believed that [REDACTED] fell out of his bed, threw up and asphyxiated on his vomit. 911 was contacted. It is unknown if [REDACTED] or [REDACTED] attempted CPR. [REDACTED] was transported to [REDACTED] Hospital. [REDACTED] was pronounced brain dead from a brain aneurism. [REDACTED] has been placed on life support. [REDACTED] will be removed from life support in six (6) to eight (8) hours. The name of the attending physician is unknown at the time of this phone call. [REDACTED] and unknown male (age approximately 1) are at [REDACTED] at this time.

[REDACTED] stated that [REDACTED] had not been feeling well the past couple of days. It is unknown if [REDACTED] had been to school during this time that he was not feeling well. The alleged incident occurred at the family's home, but it is unknown which room. [REDACTED] and [REDACTED] were at the residence at the time of the incident.

[REDACTED] and [REDACTED] have been investigated by DCS in [REDACTED] [REDACTED] was taken away from [REDACTED] custody in [REDACTED] due to allegations of drug exposure and environmental neglect. [REDACTED] was believed to have been placed back into [REDACTED] custody in September or October of 2010. [REDACTED] is believed to have a criminal record regarding drinking and, possibly, assault. [REDACTED] does not have a criminal record. There is no reported diagnosis of mental disorders for either [REDACTED] or [REDACTED]

It was unknown if law enforcement has been contacted. It is unknown if either [REDACTED] or [REDACTED] have been interviewed at this time. An autopsy has not been completed at this time. The referent stated that [REDACTED] is pregnant. She has received some sedatives from the hospital.

Special Needs or Disabilities: None

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

Perpetrator's location at this time: At [REDACTED] Hospital



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

Any other safety concerns for the child(ren) or worker who may respond: Unknown
Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P1

County notified via MIR3

██████████ - Time Issued: 07:22:37 PM // Completed: 07:23:31 PM

****EXTENDED INTAKE taken by ██████████, CM3, on 11-14-14 at 7:49 p.m.

Dr. ██████████, attending physician, reported that the child has an intracranial hemorrhage that is not traumatic. It is a congenital malformation (aneurysm) that bled. Dr. ██████████ reported that she provided the family with this information but it is possible that they do not understand. Bottom line: Dr. ██████████ does not believe that this child is in the hospital tonight due to an allegation of abuse and/or neglect by the child's parents.

Notified Child Death Group via email: ██████████

Regional Administrator, ██████████, was also copied on the notification email and the ██████████ notification group.



**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: 22 Yrs (Est)

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 26 Yrs

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 6 Yrs

Address: [REDACTED]

Deceased Date:

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: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 1 Yr 5 Mos (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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [Redacted]

Investigation ID: [Redacted]

Referral Date: 11/14/2014

Assignment Date: 11/17/2014

Street Address: [Redacted]

City/State/Zip [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 4 rows of allegations.

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death or Lack of Supervision.

D. Case Workers

Case Worker: [Redacted]

Date: 01/07/2015

Team Leader: [Redacted]

Date: 01/08/2015

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:



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

Case Name : ██████████

Investigation ID: ██████████

Response was met @ 9:18 PM. He was in the Pediatric ICU with hospital staff inside. He is on life support with tests to be run.

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

Reporter states: ***The child is not in DCS custody.

██████████) and a younger male child (name unknown/age approximately 1) live with their mother, ██████████ and ██████████ (age approximately 22) in ██████████ TN.

At approximately 1:39 p.m. (██████████ today, November 14, 2014, the paternal grandmother, ██████████, received a call from ██████████ sister ██████████ (contact number ██████████) who advised that ██████████ had an accident. ██████████ stated that according to ██████████ and ██████████ had been sleeping and when they went to check in on him, he was on the floor in his vomit. It is believed that ██████████ fell out of his bed, threw up and asphyxiated on his vomit. 911 was contacted. It is unknown if ██████████ or ██████████ attempted CPR. ██████████ was transported to ██████████ Hospital. ██████████ was pronounced brain dead from a brain aneurism. ██████████ has been placed on life support. ██████████ will be removed from life support in six (6) to eight (8) hours. The name of the attending physician is unknown at the time of this phone call. ██████████ and unknown male (age approximately 1) are at ██████████ at this time.

██████████ stated that ██████████ had not been feeling well the past couple of days. It is unknown if ██████████ had been to school during this time that he was not feeling well. The alleged incident occurred at the family's home, but it is unknown which room. ██████████ and ██████████ were at the residence at the time of the incident.

██████████ and ██████████ have been investigated by DCS in ██████████. ██████████ was taken away from ██████████ custody in ██████████ due to allegations of drug exposure and environmental neglect. ██████████ was believed to have been placed back into ██████████ custody in September or October of 2010. ██████████ is believed to have a criminal record regarding drinking and, possibly, assault. ██████████ does not have a criminal record. There is no reported diagnosis of mental disorders for either ██████████ or ██████████.

It was unknown if law enforcement has been contacted. It is unknown if either ██████████ or ██████████ have been interviewed at this time. An autopsy has not been completed at this time. The referent stated that ██████████ is pregnant. She has received some sedatives from the hospital.

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

Interviews were held with the parents in Room # ██████████ or ██████████: They stated that it was a brain aneurism. He was sick yesterday and they took him to the Children's Doctor on ██████████. He has a respiratory infection that was probably viral and was given eye drops for pink eye and he was supposed to stay home from school. She stated that she did not get the prescriptions for the eye drops filled. They stated that @ 3 AM he was gagging throwing up flem and laid back down. At 7 - 7:30 AM he threw up. They stated that at 10 AM he came out of the room with his hand over his mouth went to the bathroom and threw up.

The mother and her boyfriend stated that his bed is a full sized bed and they thought he had rolled off the bed and looked like he was asleep. She stated that she told her boyfriend to pick him up and put him back in the bed because he weighs about 50 pounds and that is too heavy for her. She stated that they saw that his lips were blue. She started CPR and her boyfriend called 911 and talked her through it. She stated that they gave him a CAT Scan at the hospital and found that he was born with it. His dad is ██████████ and he is in ██████████.

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



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

Case Name : ██████████

Investigation ID: ██████████

Upon speaking with the attending physician, Investigator was notified that the condition is known as Congenital Malformation and the child was more likely born with the rare condition, no trauma, no neglect and no marks or bruising. It was a random tragedy. She stated that the child could have possibly been seen earlier but the outcome would be the same. When asked about the child falling out of the bed, she stated that the fall could have been from being unconscious or from having a seizure.

She stated that the pediatrician (██████████) had been to the hospital and stated that the child was at the pediatrician's office this week. Dr. ██████████ reported that the child was playing, laughing and normal.

Staff asked if Investigator was investigating the parent's drug usage and Investigator told them that I received a P1 due to the Child Near Death but if they have an open case another investigator may be addressing those issues.

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

It was agreed upon that the child died as a result of a illness at birth, (AVM/brain aneurysm) and should be classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for each of the Lack Of Supervision and the Neglect Death allegations for each alleged perpetrator.

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: 02/07/2015

Contact Method:

Contact Time: 01:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/07/2015

Completed date: 02/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/07/2015 01:01 AM Entered By: [REDACTED]

LI review submitted SDM assessment. Investigator has submitted a "conditionally safe" assessment, due to the fact that minor was on life support systems when assessed, due to natural causes. Assessment approved by LI. Case has also been submitted for closure. All investigative tasks have been completed. Closure approved by LI [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: 02/05/2015 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/05/2015
 Completed date: 02/05/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2015 04:56 PM Entered By: [REDACTED]

This referral was assigned to Investigator [REDACTED] on 11/14/14 with the Allegation of Lack of Supervision with the ACV as [REDACTED]. The case was marked as Severe due to Preliminary Near Death. This is a non-custodial case with Department of Children Services (DCS) history.

11/14/14 - Response was met @ 9:18 PM. He was in the Pediatric ICU with hospital staff inside. He is on life support with tests to be run. Investigator [REDACTED] went to [REDACTED] to meet response on this case. Investigator received a phone call from [REDACTED] to report that the referral is being coded as a Preliminary Near Death, that she & [REDACTED] had spoken with the attending physician and was made aware of the circumstances.

Upon speaking with the attending physician, Dr. [REDACTED], Investigator was notified that the condition is known as Congenital Malformation and the child was more likely born with the rare condition, no trauma, no neglect and no marks or bruising. It was a random tragedy. She stated that the child could have possibly been seen earlier but the outcome would be the same. When asked about the child falling out of the bed, she stated that the fall could have been from being unconscious or from having a seizure.

She stated that the pediatrician [REDACTED] had been to the hospital and stated that the child was at the pediatrician's office this week. Dr. [REDACTED] reported that the child was playing, laughing and normal.

Investigator attempted to convene CPIT by making a police report but was notified that a report had been made [REDACTED] and Detective [REDACTED] is the assigned Detective. Investigator [REDACTED] & Detective [REDACTED] exchanged contact information. Detective [REDACTED] stated that he had been contacted by the paternal grandmother who was in route to TN. Investigator [REDACTED] phoned Investigator when the child was pronounced dead.

Interviews were held with the alleged perpetrators ([REDACTED] & [REDACTED]) in Room # [REDACTED] of [REDACTED]: They stated that it was a brain aneurism. He was sick yesterday (11/13/14) and they took him to the Children's Doctor on [REDACTED]. He was diagnosed with a respiratory infection that was probably viral and was given eye drops for pink eye and was supposed to stay home from school. The mother stated that she did not get the prescriptions for the eye drops filled. They stated that @ 3 AM he was gagging throwing up flem and laid back down. At 7 - 7:30 AM he threw up again. They stated that at 10 AM he came out of the room with his hand over his mouth went to the bathroom and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

threw up again.

The mother and her boyfriend stated that his bed is a full sized bed and they thought he had rolled off the bed and looked like he was asleep. She stated that she told her boyfriend to pick him up and put him back in the bed because he weighs about 50 pounds and that is too heavy for her. She stated that they saw that his lips were blue. She started CPR and her boyfriend called 911 and talked her through it. She stated that they gave him a CAT Scan at the hospital and found that he was born with it. His dad is [REDACTED] he is in [REDACTED]

The family stated that their son is in the care of his family on [REDACTED]. He provided the address and telephone number for them. Investigator told them that their child would need to be seen. [REDACTED] was asleep in the room with [REDACTED] father ([REDACTED]).

Investigator went to the home and spoke with [REDACTED] (step mother), [REDACTED] (sister), [REDACTED] ([REDACTED]s brother in law) and [REDACTED] (friend). They stated that they had talked with the Intensive Care Doctor who told them that [REDACTED] was more than likely born with it. They stated that he started bleeding with virus like symptoms. When the blood starts leaking it puts pressure on the base of the vein. He came to the hospital about 1 PM and @ 1 AM they will disconnect him for 7 minutes to see if he can take a breath. They will put ice in his ear canals to see if dilation changes. A doctor will look at the test results. Another doctor will perform the same tests at 1 PM and they would compare results. They are trying to figure out if he is brain dead and the tests have to be performed by 2 different doctors.

Investigator phoned the hospital to attempt to speak with the PICU. The person stated she would not transfer any called without a Patient Code (even with Investigator telling her who she was and why she needed to speak with the PICU staff for notification when the child expires).

11/15/14 - The child was taken off life support and pronounced dead at 7:50 PM.

Per Policy Near Death is defined as: A near death is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect. When an initial referral or a referral on an open case has been determined to meet the criteria for an allegation of near death, the Child Abuse Hotline will select Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on an initial referral or the investigative persons tab on a referral on an active case. Neglect death and preliminary near deaths are always treated as severe child abuse.

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 caretaker's to stop another person's direct action that resulted in the death of the child.

Lack of Supervision is defined as: Failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that:

- a) The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or b) Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills).
- c) Any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

[REDACTED] County Child Protective Investigation Team has jurisdiction.

Case was presented on 12/3/14. Case was passed so that Investigator could obtain medical records that were requested on 11/17/14 and instructed to change allegation from Lack of Supervision to Neglect Death. Lead Investigator [REDACTED] would have to make the allegation change. Investigator [REDACTED] checked and the option is not available for Investigator.

Investigator followed up with telephone call to [REDACTED] Medical Records (Health Port) and was told that they were being mailed from [REDACTED] in the next couple of days.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The medical records were received and case was presented to the Child Protective Investigation Team again on 1/7/15. It was agreed upon that the child died as a result of a illness at birth, (A/V/M/brain aneurysm) and should be classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for each of the Lack Of Supervision and the Neglect Death allegations for each alleged perpetrator. Case presented to CPIT on this date. Panel members (CPS - [REDACTED]), Medical [REDACTED] & ADA [REDACTED] each agreed.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death or Lack of Supervision.

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

Narrative Type: Addendum 1 Entry Date/Time: 02/05/2015 06:09 PM Entered By: [REDACTED]

Additional Child Protective Investigation Team signatures in agreement with the classification are [REDACTED] County Juvenile Court representative) & [REDACTED] (Child Advocacy Center Representative).



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: 01/08/2015

Contact Method:

Contact Time: 10:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 09:59 AM Entered By: [REDACTED]

LI reviewed recommended classification. Investigator has recommended Unsubstantiated classifications for all allegations. Neglect Death classification was presented to, and accepted by the CPIT panel on 1/7/15. Medical personnel [REDACTED], verified the medical findings that the minor died from a medical condition the minor had since birth, and not abuse or neglect. LI also concurs. Notification of Classification will be sent to [REDACTED] Co. Juvenile Court and the District Attorney's Office via 740 forms.



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: 01/07/2015

Contact Method:

Contact Time: 09:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/07/2015 09:22 AM Entered By: [REDACTED]

The child died as a result of a illness at birth, (AVM/brain aneurysm). Case presented to CPIT on this date. Panel members (CPS [REDACTED]), Medical [REDACTED] & ADA [REDACTED] agreed on AUPU 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: 12/19/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/23/2014

Completed date: 12/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/23/2014 11:45 AM Entered By: [REDACTED]

INVESTIGATOR RECEIVED HTE MEDICAL RECORDS FROM [REDACTED] FOR THE 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: 12/03/2014

Contact Method: Face To Face

Contact Time: 08:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/03/2014

Completed date: 12/03/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/03/2014 10:58 AM Entered By: [REDACTED]

Case presented to CPIT on this date. Case was passed so that Investigator could obtain medical records that were requested on 11/17/14 and instructed to change allegation from LOS to Neglect Death. Lead Investigator would have to make the allegation change. Investigator checked and the option is not available for Investigator.

Investigator followed up with telephone call to [REDACTED] Medical Records (Health Port) and was told that they were being mailed from [REDACTED] in the next couple of days.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

he weighs about 50 pounds and that is too heavy for her. She stated that they saw that his lips were blue. She started CPR and her boyfriend called 911 and talked her through it. She stated that they gave him a CAT Scan at the hospital and found that he was born with it. His dad [REDACTED] and he is in [REDACTED]

The family stated that their son is in the care of his family on [REDACTED]. He provided the address and telephone number for them. Investigator told them that their child would need to be seen. [REDACTED] was asleep in the room with [REDACTED] father [REDACTED]).

Investigator went to the home and spoke with [REDACTED] (step mother), [REDACTED] (sister), [REDACTED] (brother in law) and [REDACTED] (friend). They stated that they had talked with the Intensive Care Doctor who told them that [REDACTED] was more than likely born with it. They stated that he started bleeding with virus like symptoms. When the blood starts leaking it puts pressure on the base of the vein. He came to the hospital about 1 PM and @ 1 AM they will disconnect him for 7 minutes to see if he can take a breath. They will put ice in his ear canals to see if dilation changes. A doctor will look at the test results. Another doctor will perform the same tests at 1 PM and they would compare results. They are trying to figure out if he is brain dead and the tests have to be performed by 2 different doctors.

Investigator phoned the hospital to attempt to speak with the PICU. The person stated she would not transfer any called without a Patient Code (even with Investigator telling her who she was and why she needed to speak with the PICU staff for notification when the child expires).



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: 11/04/2014

Contact Method: Phone Call

Contact Time: 08:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/17/2014

Completed date: 11/17/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/17/2014 12:52 PM Entered By: [REDACTED]

Investigator convened CPIT. Police Report # [REDACTED]

Assigned Detective: [REDACTED]