



Notice of Child Death/Preliminary Near Death

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/20/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> PRELIMINARY NEAR DEATH	Date of Death/Preliminary Near Death:	12/19/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African Americ	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Mother and Father			
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:

On 12/20/2014 at 4:12 PM a P (1) referral was called into the Child Abuse Hotline. The referral was screened to ██████████ County with allegations of neglect death. The alleged perpetrator(s) were ██████████. The alleged victim was ██████████. The referral was assessed and assigned by LI ██████████ on 12/20/2104 to CPSI ██████████. Response was due 12/21/2014 at 4:12 PM. It was unknown if ██████████ is of Native American decent.

According to the referral received on 12/20/14, LE responded to a medical call at the residence ██████████, ██████████ on 12/19/14 at 7:44 AM. ██████████ had been diagnosed with the flu two days prior (12/17/2014). When officers arrived at the home, paramedics were already performing CPR on ██████████. Emergency medical personnel continued CPR on ██████████ while en route to the hospital, ██████████. ██████████ was pronounced dead upon arrival by medical personnel. An autopsy was performed on ██████████ with results pending. No physical signs of abuse or neglect were observed by officers while at the home. The only medication that ██████████ was on was Tamiflu. ██████████ did not have any special needs or disabilities. The father tried to feed ██████████ at approximately 7:00 a.m. 911 were called at approximately 7:30 a.m. when ██████████ was discovered unresponsive. The parents appeared appropriate to officers. By the time the report was received by DCS, the parents had been interviewed by detectives with the ██████████ Police Department. The sibling in the home appeared well. It was not believed that the sibling had the flu at this time. There were no reports that LE had responded to the home prior to 12/19/14. There was no history of mental health issues with the parents to the reporter's knowledge. There was no history of alcohol and drug use in the home to the reporter's knowledge. There was no history of domestic violence in the home to the reporter's knowledge.

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

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

Describe (in detail) interview with family:

On 12/20/2014 at 7:45 PM, CPSI ██████████ arrived at the ██████████ residence to initiate case and meet response. CPSI identified herself and ██████████ gave CPSI permission to enter the residence. CPSI apologized for intruding during their time of grieving and explained CPS procedure regarding when a referral is received due to a child passing away. ██████████ stated they understood. During the visit ██████████ was quiet during the majority of the conversation. ██████████ conversed and answered CPSI's questions. During this time ██████████ held ██████████ and tried to comfort her when ██████████ started to cry.

██████████ stated they had already spoken with ██████████ and were more than willing to speak with CPSI but would appreciate it if this was done at a later time. CPSI acknowledged and reassured this would be okay. ██████████ stated ██████████ will be buried in ██████████ as that is where they are originally from. ██████████ stated their family arrived early this morning for support during this time but the majority will have to leave sometime tomorrow. ██████████ stated there is no money allocated for the funeral but he is going to call his insurance for details on how ██████████ body can be flown to

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██████████ stated he, his wife and daughter will travel to ██████████ via car. CPSI explained the Department can at times assist families financially and if his family will be in need CPSI can make a request to help facilitate their trip to ██████████ stated he will let CPSI know if there is a need. CPSI extend briefly grievance counseling to the family. ██████████ stated she is certain ██████████ would be in need. CPSI explained up on their return from ██████████ would facilitate initiating grievance counseling for the entire family. Due to ██████████ appearing exhausted CPSI did not pursue further conversation. CPSI provided ██████████ with business card and contact information. ██████████ stated would contact CPSI upon arrival from ██████████

While in the home CPSI met with ██████████. CPSI identified herself and asked ██████████ how she was doing. In a solemn gesture stated she was fine. ██████████ stated she had friends in the home keeping her company. At this time ██████████ excused herself to go back to her room. CPSI did not note any concerns with ██████████

CPSI completed a home visit to insure safety, well-being and permanency. CPSI ██████████ observed no risk factors. The inside/ outside of the home was free of hazards. The water, heat and electricity were operable. CPSI saw there was food in the home. ██████████ has her own room and her own bed. At this time it appears the basic needs of the children were met through food, shelter and water.

██████████ interviewed ██████████ ██████████ on 12/19/2014 presence of CPSI ██████████ The interviews were conducted in private and ██████████ stated to the investigator that he has no concerns and that the story provided by both parents was consistent with his finding.

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

N/A

Describe disposition of body (Death):	Body will be flown to ██████████ or burial		
Name of Medical Examiner/Coroner:	██████████	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:	N/A	Case #:	N/A

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

██████████, ██████████, ██████████ PD responded on 12/19/2014. ██████████ conducted separate interviews with both parents and stated to CPSI ██████████ that the story is consistent and the home is adequate. There are no safety concerns and he did not mention any "red flags" to the investigator. ██████████ will continue to work with CPSI ██████████ to ensure that interviews are provided to the investigator and that medical records are obtained from the previous visit to the hospital. The diagnosis of flu was made two days prior to the child death.

**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):**

CPSI ██████████ initiated contact with ██████████ the homicide detective that responded to the scene. It was confirmed by ██████████ that there was no prior child death in the family and that he does not have any concerns about the family at this time. An autopsy was performed on 12/20/2014 and no concerns were reported to ██████████ at that time. The autopsy report will take 6-8 weeks. The child was diagnosed two days prior with the flu (stand A) by ██████████. CPSI ██████████ will request all medical records to confirm their diagnosis and visit.

The ACV became lethargic at approximately 7 am on 12/19/2014 and 911 were called when the child became unresponsive. CPSI ██████████ went to the family home and met with the mother ██████████ and father ██████████. CPSI ██████████ also saw the 9 year old sibling ██████████ (OIC – Other Involved Child) during the home visit. The Department has no concerns for dependency or neglect at this time and no further actions will have to be taken to ensure the safety of the OIC. CPSI ██████████ will follow up with the family after their return from the funeral in ██████████ and

recommend grief counseling for the family. CPSI [REDACTED] will request a summary of the AP interviews conducted by [REDACTED]

Name: [REDACTED]	Age: 9 years
Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

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

**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: 12/20/2014 04:12 PM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 12/20/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 12/20/2014 08:36 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 12/20/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 12/20/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	6 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother
[REDACTED]	6 Yrs	Neglect Death	Yes	[REDACTED]	Birth Father

**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:

Narrative: \*\*\*CHILD IS NOT IN CUSTODY\*\*\*\*\*

TFACTS: No history located on this family

Family Case IDs: None

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated No



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

Fatality - No

Screened out 0

History (not listed above): None

DUPLICATE REFERRAL: No

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

Reporter's name/relationship: [REDACTED] [REDACTED]

NOTE: Address and any applicable phone numbers are listed under the oldest child victim.

Reporter states:

The child is not in DCS custody.

[REDACTED] (5) lives with his parents, [REDACTED]. There is an older sibling in the home, approximately 9 years old (name and gender unknown).

On 12/19/2014 at 7:44 a.m., LE responded to a medical call at the residence, [REDACTED] TN. [REDACTED] was diagnosed with the flu two days prior to yesterday (12/17/2014). When officers arrived at the home, paramedics were already performing CPR on [REDACTED]. Emergency medical personnel continued CPR on [REDACTED] while en route to the hospital, [REDACTED]. [REDACTED] was pronounced dead upon arrival by medical personnel. An autopsy will be performed on [REDACTED] with results pending.

No physical signs of abuse or neglect were observed by officers while at the home. The only medication that [REDACTED] was on was Tamiflu. [REDACTED] did not have any special needs or disabilities. The father tried to feed [REDACTED] at approximately 7:00 a.m. 911 was called at approximately 7:30 a.m. when [REDACTED] was discovered unresponsive.

This may be the second child that has passed away with this mother; however, this has not been confirmed. It is unknown why the parents did not take [REDACTED] back to the emergency room since his condition was not improving. The parents appeared appropriate to Officers. The parents have been interviewed by Detectives with the [REDACTED] Police Department.

The sibling in the home appears well. It is not believed that the sibling has the flu at this time.

There are no reports that LE has responded to the home prior to yesterday. There is no history of mental health issues with the parents to the reporter's knowledge. There is no history of alcohol and drug use in the home to the reporter's knowledge. There is no history of domestic violence in the home to the reporter's knowledge.

No special needs or disabilities are known.

Is there any domestic violence in the home? None to the reporter's knowledge

Are there any safety risks for the responding CPS worker? None to reporter's knowledge

\*\*NOTE: The referent was calling in this referral for the [REDACTED]. It is unknown as to what was meant by the statement of the family having a prior child death. There were no prior child death referrals found in TFACTS.\*\*



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

Per SDM: Investigative Track / P1 (Severe)  
[REDACTED] @ 5:36 p.m. on 12/20/14

\*\*A copy of this referral was sent to the [REDACTED], [REDACTED], and  
[REDACTED]

[REDACTED]	12-20-14 17:59:55	12-20-14 18:00:48	Mobile Phone
received			
	12-20-14 17:59:55	---	Mobile Phone Voicemail
	12-20-14 17:59:56	---	Work Email Email Sent



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African 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:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Partipant ID** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 34 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:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 32 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**  
**Child Protective Service Investigation Summary**  
**and Classification Decision of Child Abuse/Neglect Referral**

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/20/2014

Assignment Date: 12/20/2014

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	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			04/21/2015
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			04/21/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: [REDACTED] appear to have taken appropriate preventive measures to treat [REDACTED] for the flu. When [REDACTED] appeared to worsen [REDACTED] took appropriate measures by call [REDACTED] and later calling 911. The autopsy report concluded the cause of death was acute bronchopneumonia as a complication of Influenza A virus infection. The manner of death was natural.

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.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 04/21/2015

Team Leader: [REDACTED]

Date: 04/21/2015

**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 : [REDACTED]

Investigation ID: [REDACTED]

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

The autopsy report concluded the cause of death was acute bronchopneumonia as a complication of Influenza A virus infection. The manner of death was natural.

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

[REDACTED] stated the child was taken to [REDACTED] where he was diagnosed with Flu. [REDACTED] was prescribed Theraflu and the parents were given instructions on how to care for [REDACTED] at home. [REDACTED] stated during the following days she had to force [REDACTED] to take in fluids because he did not want to eat food. [REDACTED] stated two days after the appointment with [REDACTED] a call was made to [REDACTED] because [REDACTED] cough appeared to worsen. [REDACTED] stated it was only the cough that worsened because [REDACTED] did not have a fever. [REDACTED] stated [REDACTED] advised them to give [REDACTED] cough medicine. [REDACTED] stated on Friday the family had to call 911. At this part of the interview [REDACTED] started to cry and left the room leaving [REDACTED] to complete the interview alone. [REDACTED] said he arrived home from work and woke up [REDACTED] attempted to feed [REDACTED] but something did not seem right about [REDACTED] demeanor. [REDACTED] stated [REDACTED] appeared to be out of it. [REDACTED] stated he called 911. While [REDACTED] was on the phone with 911 [REDACTED] had [REDACTED] and [REDACTED] went limp. [REDACTED] was taken to [REDACTED] where he passed away.

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

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

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: 07/07/2015

Contact Method:

Contact Time: 05:31 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 05:32 PM Entered By: [REDACTED]

This case has been approved for closure. Law enforcement has refused to provide photo's and other evidence to the Department.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/01/2015 Contact Method:  
 Contact Time: 03:59 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/01/2015  
 Completed date: 07/01/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2015 03:36 PM Entered By: [REDACTED]

This is a child death case and has been reviewed and there are still investigative tasks that need to be completed 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:	05/14/2015	Contact Method:	
Contact Time:	03:11 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/14/2015
Completed date:	05/14/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/14/2015 03:13 PM      Entered By: [REDACTED]

On 05/14/2015 at 3:12 PM, CPSI emailed [REDACTED] requesting a copy of the pictures he took of the home. CPSI requested if the parents provided a written statement and asked if a copy could be 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:	05/14/2015	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/14/2015
Completed date:	05/14/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/14/2015 03:14 PM      Entered By: [REDACTED]

On 05/14/2015 at 2:00 PM, CPSI spoke with [REDACTED] via phone. CPSI apologized for calling her home and explained additional information was needed at this time. CPSI explained this was in an effort to have her case closed. [REDACTED] confirmed [REDACTED] attends [REDACTED] stated the family does intent to continue to reside in [REDACTED]. [REDACTED] stated she has reviewed the list of providers CPSI provided her with but she and her husband decided to not seek counseling until school ends in the summer. [REDACTED] stated she plans to look for a female provider for herself and her daughter. [REDACTED] stated [REDACTED] seems to be doing well. [REDACTED] does not talk about the incident.



**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: 05/07/2015

Contact Method:

Contact Time: 01:22 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/14/2015

Completed date: 05/14/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/14/2015 03:12 PM      Entered By: [REDACTED]

On 05/07/2015 at 1:22 PM, CPSI emailed [REDACTED] requesting a copy of the pictures he took of the home. In addition at initial interview [REDACTED] stated he completed informal interviews with the family at the hospital. CPSI requested if the parents provided a written statement and asked if a copy could be 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: 05/07/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/14/2015

Completed date: 05/14/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2015 03:08 PM Entered By: [REDACTED]

Case file has been reviewed by LI [REDACTED] and LI [REDACTED]. The following needs to be addressed by CPSI:  
 Clarification of whether the family is receiving services; pictures requested by law enforcement; were written statements by parents provided to law enforcement; will the family remain in [REDACTED] TN



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 05/06/2015 Contact Method:  
 Contact Time: 09:58 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/06/2015  
 Completed date: 05/06/2015 Completed By: [REDACTED].  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2015 10:01 AM Entered By: [REDACTED]

LI [REDACTED] reviewed this case and investigative tasks are in process 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: System Completed  
 Contact Date: 04/21/2015 Contact Method:  
 Contact Time: 07:39 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 04/21/2015  
 Completed date: 05/22/2015 Completed By: System Completed  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/21/2015 10:52 AM Entered By: [REDACTED]

The Department of Children's Services (DCS), Office of Child Safety (OCS) received a priority 1 referral on December 20, 2014 with an allegation of Child Neglect Death regarding noncustodial child [REDACTED], age 5. The referral was assigned by Lead Investigator [REDACTED] to Child Protective Service Investigator (CPSI) [REDACTED]. The alleged perpetrators (AP) listed in the referral were [REDACTED], parents of [REDACTED].

The family has no previous history with the Department of Children Service's.

On 12/20/2014 at 6:32 PM, CPSI [REDACTED] spoke with [REDACTED] stated there is another child in the home named [REDACTED] stated there was confusion and miscommunication when EMT responded to the scene and a wrong name was researched. After the correct information was obtained it was found no other child has passed away while in the care of the parents. [REDACTED] stated he completed a follow up at the family home yesterday to take photographs. The home was clean and appropriate. [REDACTED] stated at this time he does not have any concerns with the home environment or for [REDACTED] [REDACTED] stated he is waiting for the autopsy results which should be received in six to eight weeks [REDACTED] stated yesterday while a [REDACTED] he spoke with [REDACTED] whom stated the child could have very well passed away from the flu and there were no signs of trauma. [REDACTED] stated he does not have any concerns for drug use or domestic violence by the parents.

[REDACTED] interviewed the parents at [REDACTED] and the parents provided [REDACTED] with the following timeline of events: [REDACTED] was diagnosed with strand A of the flu two days ago and was prescribed Theraflu. [REDACTED] stated the night prior (12/16/2014) [REDACTED] had a dry cough. He awoke between 1 AM and 2 AM and then again at 4 AM. [REDACTED] returned from work at 7:00 AM and attempted to feed [REDACTED] chicken noodle soup because [REDACTED] had not wanted to eat [REDACTED] had been giving [REDACTED] Pedialyte because he had not been taking food. [REDACTED] took one bite and then [REDACTED] noticed [REDACTED] became lethargic and did not want to eat anymore. At this time [REDACTED] tried to get [REDACTED] dressed to take to the hospital when [REDACTED] became unresponsive. 911 was called and within five minutes the fire department (first responders) responded.

[REDACTED] stated [REDACTED] was transported to [REDACTED] and upon arrival had a core temperature of 98.4. [REDACTED] stated the parents were visibly upset but did speak with him. The family has been cooperative with the



## Tennessee Department of Children's Services

### Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

investigation. [REDACTED] stated the family has had a vast amount of support. Numerous people arrived at the hospital and again at the home. [REDACTED] has a lot of support from current co-workers [REDACTED] stated the parents mentioned burying [REDACTED] in [REDACTED] after the autopsy [REDACTED] stated he extended grievance counseling for [REDACTED]

[REDACTED] was pronounced dead by [REDACTED] on 12/19/2014 at 08:12 hours at [REDACTED] TN.

The following parties were involved during the course of this investigation:

Child Protective Service Investigator [REDACTED]; Child Protective Service Lead Investigator; [REDACTED]; Special Operations- Homicide Lead Investigator; [REDACTED].

The alleged perpetrators named in the referral were [REDACTED], parents of alleged child victim, [REDACTED].

The alleged perpetrator interview was initially conducted by [REDACTED] prior to the referral being reported to the Department of Children's Services.

[REDACTED] initially interviewed [REDACTED] whom provided the Detective with a timeline of events which is outlines in Section 2 of this report. CPSI [REDACTED] was never provided with the written statement from the AP interview. CPSI [REDACTED] received a copy of the police report but the interview with the parents was not included in the police report.

CPSI [REDACTED] spoke with [REDACTED] on April 20, 2015 at 3:00 PM. The interview took place in the privacy of the family's home located on [REDACTED] completed the interview together. During the interview [REDACTED] was silent unless directly being asked a question. During the interview [REDACTED] was tearful and had to step away to recompose herself before returning to the living room. CPSI inquired if another time would be best and both agreed to complete the interview at this time. [REDACTED] asked CPSI to not speak with [REDACTED] any further as she is having difficulties in grieving for her brother. [REDACTED] stated she is going to place [REDACTED] in counseling and confirmed she received CPSI's email regarding therapists in the area whom accept the family's health insurance.

[REDACTED] stated the child was taken to [REDACTED] where he was diagnosed with Flu. [REDACTED] was prescribed Theraflu and the parents were given instructions on how to care for [REDACTED] at home. [REDACTED] stated during the following days she had to force [REDACTED] to take in fluids because he did not want to eat food. [REDACTED] stated two days after the appointment with [REDACTED] a call was made to [REDACTED] because [REDACTED] cough appeared to worsen. [REDACTED] stated it was only the cough that worsened because [REDACTED] did not have a fever. [REDACTED] stated [REDACTED] advised them to give [REDACTED] cough medicine [REDACTED] stated on Friday the family had to call 911. At this part of the interview [REDACTED] started to cry and left the room leaving [REDACTED] to complete the interview alone [REDACTED] said he arrived home from work and woke up [REDACTED] attempted to feed [REDACTED] but something did not seem right about [REDACTED] demeanor. [REDACTED] stated [REDACTED] appeared to be out of it. [REDACTED] stated he called 911. While [REDACTED] was on the phone with 911 [REDACTED] had [REDACTED] and [REDACTED] went limp. [REDACTED] was taken to [REDACTED] where he passed away.

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

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

The case was presented to the [REDACTED] on April 8, 2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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[REDACTED] appear to have taken appropriate preventive measures to treat [REDACTED] for the flu. When [REDACTED] appeared to worsen [REDACTED] [REDACTED] took appropriate measures by call [REDACTED] and later calling 911. The autopsy report concluded the cause of death was acute bronchopneumonia as a complication of Influenza A virus infection. The manner of death was natural.

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:	04/21/2015	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/21/2015
Completed date:	04/21/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/21/2015 08:47 PM      Entered By: [REDACTED]

On 04/21/2015 at 2:30 PM, CPSI [REDACTED] spoke with [REDACTED] via phone. [REDACTED] stated he treated [REDACTED] on 12/15/2014 and diagnosed him with the flu. [REDACTED] was prescribed Tamiflu. [REDACTED] stated the parents appeared appropriate during his interaction with the parents. The parents appeared to be attentive to their child and appeared to be concerned. [REDACTED] also tested positive for Influenza Flu A. [REDACTED] stated the office also called on 12/18/2014 to check on [REDACTED]. The parents said [REDACTED] cough seemed to worsened. [REDACTED] explained to continue to prescribe Tamiflu and cold medicine. [REDACTED] explained if [REDACTED] worsened to return to the office for further evaluation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/21/2015

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/21/2015

Completed date: 04/21/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2015 10:51 AM Entered By: [REDACTED]

On 04/21/2015 at 9:00 AM, CPSI requested to speak with [REDACTED] whom was unavailable at the time. A message was left requesting [REDACTED] to return CPSI call. Medical records have been requested as well.

Narrative Type: Addendum 1 Entry Date/Time: 05/07/2015 12:57 PM Entered By: [REDACTED]

CPSI sent fax to [REDACTED] requesting the medical records of [REDACTED]. The records were received on 04/21/2015 and placed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/20/2015 Contact Method: Face To Face  
 Contact Time: 03:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 04/20/2015  
 Completed date: 04/21/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2015 10:49 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] on April 20, 2015 at 3:00 PM. The interview took place in the privacy of the family's home located on [REDACTED]. [REDACTED] completed the interview together. During the interview [REDACTED] was silent unless directly being asked a question. During the interview [REDACTED] was tearful and had to step away to recompose herself before returning to the living room. CPSI inquired if another time would be best and both agreed to complete the interview at this time. [REDACTED] asked CPSI to not speak with [REDACTED] any further as she is having difficulties in grieving for her brother. [REDACTED] stated she is going to place [REDACTED] in counseling and confirmed she received CPSI's email regarding therapists in the area whom accept the family's health insurance.

[REDACTED] stated the child was taken to [REDACTED] where he was diagnosed with Flu. [REDACTED] was prescribed Theraflu and the parents were given instructions on how to care for [REDACTED] at home. [REDACTED] stated during the following days she had to force [REDACTED] to take in fluids because he did not want to eat food. [REDACTED] stated two days after the appointment with [REDACTED] a call was made to [REDACTED] because [REDACTED] cough appeared to worsen. [REDACTED] stated it was only the cough that worsened because [REDACTED] did not have a fever. [REDACTED] stated [REDACTED] advised them to give [REDACTED] cough medicine. [REDACTED] stated on Friday the family had to call 911. At this part of the interview [REDACTED] started to cry and left the room leaving [REDACTED] to complete the interview alone. [REDACTED] said he arrived home from work and woke up [REDACTED] attempted to feed [REDACTED] but something did not seem right about [REDACTED] demeanor. [REDACTED] stated [REDACTED] appeared to be out of it. [REDACTED] stated he called 911. While [REDACTED] was on the phone with 911 [REDACTED] had [REDACTED] and [REDACTED] went limp. [REDACTED] was taken to [REDACTED] where he passed away.

The parents signed all mandated forms.

Narrative Type: Addendum 3 Entry Date/Time: 05/07/2015 01:13 PM Entered By: [REDACTED]

The family is going to remain in [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Narrative Type: Addendum 2    Entry Date/Time: 05/07/2015 01:08 PM    Entered By: [REDACTED]  
[REDACTED] attends [REDACTED].

Narrative Type: Addendum 1    Entry Date/Time: 05/07/2015 12:53 PM    Entered By: [REDACTED]

CPSI explained all forms and engaged with the family during the paperwork process. The following forms were reviewed and signed; Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act 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: 04/15/2015

Contact Method:

Contact Time: 03:56 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/15/2015

Completed date: 04/15/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/15/2015 04:07 PM Entered By: [REDACTED]

On 04/15/2015 at 3:57 PM, CPSI spoke with [REDACTED] whom verified an appointment for 04/20/2015 at 11:00 AM.

Narrative Type: Addendum 1 Entry Date/Time: 05/07/2015 12:52 PM Entered By: [REDACTED]

[REDACTED] verified the appointment for 04/20/15 at 11:00 AM to meet with CPSI and complete her and her husband's interview.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/15/2015 Contact Method:  
 Contact Time: 03:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 04/15/2015  
 Completed date: 04/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/15/2015 03:54 PM Entered By: [REDACTED]

Police report [REDACTED]

On 12/19/2014 at 07:44 hours, [REDACTED] responded to a Deceased Person at [REDACTED] said her son was diagnosed with the flu two days prior to this report. At about 0710 hours the child's father, [REDACTED], attempted to feed the child. As up until this point the child was on a liquid diet. Shortly after the child was discovered unresponsive and medics were called. Medics and [REDACTED] FD were on scene when I arrived and CPR was in progress. The child was transported to [REDACTED] by EMS where he was pronounced deceased. [REDACTED] was notified and [REDACTED] responded to the hospital and took over the investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2015

Contact Method: Face To Face

Contact Time: 09:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/20/2015

Completed date: 04/20/2015

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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/20/2015 07:13 PM      Entered By: [REDACTED]

CPSI attended the Child Protective Investigation Team Review on 04/08/2015 to present case for classification. All appropriate members were present. CPSI [REDACTED] presented the case and all members agreed the case would be classified as unsubstantiated. Each member signed form CS-0561 and the original was placed in the case file under section 2 (investigative tasks).



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 03/20/2015 Contact Method:  
Contact Time: 05:00 PM Contact Duration: Less than 15  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 04/15/2015  
Completed date: 04/15/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/15/2015 03:20 PM Entered By: [REDACTED]  
Autopsy Report

Name of Decedent: [REDACTED]  
Date and time of Death: 12/19/14 at 8:12 AM  
Date and time of Autopsy: 12/20/14 at 9:21 AM

**Pathologic Diagnoses**

1. History of recent upper respiratory infection:
  - A. Acute Pneumonia
  - B. Microbial cultures positive
  - C. Antigen screen positive for Influenza A.
  - D. Bilateral pulmonary effusions
  - E. Cerebral edema
2. No traumatic injuries

Cause of Death: Acute bronchopneumonia as a complication of influenza A virus infection.

Manner of Death: 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: 02/20/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/26/2015

Completed date: 02/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 02/26/2015 09:25 PM

Entered By: [REDACTED]

Autopsy report is still pending.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/20/2015

Contact Method:

Contact Time: 09:00 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): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 01/30/2015 06:39 PM

Entered By: [REDACTED]

Autopsy report is still pending.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/20/2014 Contact Method: Face To Face  
 Contact Time: 07:45 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 12/20/2014  
 Completed date: 12/20/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/20/2014 09:47 PM Entered By: [REDACTED]

On 12/20/2014 at 7:45 PM, CPSI [REDACTED] arrived at the [REDACTED] residence to initiate case and meet response. CPSI identified herself and [REDACTED] gave CPSI permission to enter the residence. CPSI apologized for intruding during their time of grieving and explained CPS procedure when a referral is received due to a child passing away. [REDACTED] stated they understood. During the visit [REDACTED] was quiet during the majority of the conversation with [REDACTED] conversed and answered CPSI's questions. During this time [REDACTED] held [REDACTED] and tried to comfort her when [REDACTED] started to cry.

[REDACTED] stated they had already spoken with [REDACTED] and were more than willing to speak with CPSI but would appreciate if this was done at a later time. CPSI acknowledged and reassured this would be okay. [REDACTED] stated [REDACTED] will be buried in [REDACTED] as that is where they are originally from. [REDACTED] stated their family arrived early this morning for support during this time but the majority will have to leave sometime tomorrow. [REDACTED] stated there is no money allocated for the funeral but he is going to call his insurance for details on how [REDACTED] body can be flown to [REDACTED] [REDACTED] stated he, his wife and daughter will travel to [REDACTED] via car. CPSI explained the Department can at times assist families financially and if his family will be in need CPSI can make a request to help facilitate their trip to [REDACTED] stated he will let CPSI know if there is a need. CPSI extended briefly grievance counseling to the family. [REDACTED] stated she is certain [REDACTED] would be in need. CPSI explained upon their return from [REDACTED] would facilitate initiating grievance counseling for the entire family. Due to [REDACTED] appearing exhausted CPSI did not pursue further conversation. CPSI provided [REDACTED] with business card and contact information. [REDACTED] stated would contact CPSI upon arrival from [REDACTED]

While in the home CPSI met with [REDACTED]. CPSI identified herself and asked [REDACTED] how she was doing. In a solemn gesture stated she was fine. [REDACTED] stated she had friends in the home keeping her company. At this time [REDACTED] excused herself to go back to her room. CPSI did not note any concerns with [REDACTED]

CPSI completed a home visit to insure safety, well-being and permanency. CPSI [REDACTED] observed no risk significant factors. The inside/outside of the home was free of hazards. The water, heat and electricity were operable. CPSI saw there was food in the home. [REDACTED] has her own room and her own bed. At this time it appears the basic needs of the



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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children are met through food, shelter and water.

On 12/20/2014 at 8:00 PM, CPSI [REDACTED] staffed case with LI [REDACTED]. CPSI expressed no concerns with the family at this time. The home was appropriate, the parents were being appropriate considering the circumstances and [REDACTED] appeared to be cared for. There were no immediate signs of abuse/ neglect concerning [REDACTED]. LI [REDACTED] asked CPSI to ensure all documentation is entered into TFACTS immediately.



**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: 12/20/2014 Contact Method: Correspondence  
 Contact Time: 06:01 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/20/2014  
 Completed date: 12/20/2014 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/20/2014 09:25 PM Entered By: [REDACTED]

City:

CPSI [REDACTED] reviewed intake number [REDACTED] coded with severe allegations and convened appropriate CPIT members via email. Members emailed included [REDACTED]

[REDACTED] CPSI [REDACTED] discussed case details with [REDACTED] whom was assigned as the CPIT partner.



**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:	12/20/2014	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/20/2014
Completed date:	12/20/2014	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/20/2014 08:51 PM Entered By: [REDACTED]

**Initial Case Summary**

On 12/20/2014 at 4:12 PM a P (1) referral was called into Central Intake. The referral was screened into [REDACTED] County, with allegations of neglectful death. The alleged perpetrator is [REDACTED]. The alleged victim is [REDACTED]. The referral was assessed and assigned by LI [REDACTED] on 12/20/2104 to CPSI [REDACTED]. Response is due 12/21/2014 at 4:12 PM. It is unknown if [REDACTED] is of Native American decent.

[REDACTED] Co Juvenile Court and the DA are notified of referrals and classification per local protocol and policy. The CPSI will contact the referent to seek additional information. The referent notification is through the CARAT.

According to the referral on 12/19/2014 at 7:44 a.m., LE responded to a medical call at the residence, [REDACTED]. [REDACTED] was diagnosed with the flu two days prior to yesterday (12/17/2014). When officers arrived at the home, paramedics were already performing CPR on [REDACTED]. Emergency medical personnel continued CPR on [REDACTED] while en route to the hospital, [REDACTED]. [REDACTED] was pronounced dead upon arrival by medical personnel. An autopsy will be performed on [REDACTED] with results pending. No physical signs of abuse or neglect were observed by officers while at the home. The only medication that [REDACTED] was on was Tamiflu. [REDACTED] did not have any special needs or disabilities. The father tried to feed [REDACTED] at approximately 7:00 a.m. 911 were called at approximately 7:30 a.m. when [REDACTED] was discovered unresponsive. This may be the second child that has passed away with this mother; however, this has not been confirmed. It is unknown why the parents did not take [REDACTED] back to the emergency room since his condition was not improving. The parents appeared appropriate to Officers. The parents have been interviewed by Detectives with the [REDACTED] Police Department. The sibling in the home appears well. It is not believed that the sibling has the flu at this time. There are no reports that LE has responded to the home prior to yesterday. There is no history of mental health issues with the parents to the reporter's knowledge. There is no history of alcohol and drug use in the home to the reporter's knowledge. There is no history of domestic violence in the home to the reporter's knowledge.



**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:	12/20/2014	Contact Method:	Phone Call
Contact Time:	06:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/20/2014
Completed date:	12/20/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/20/2014 09:23 PM Entered By: [REDACTED]

On 12/20/2014 at 6:15 PM, CPSI [REDACTED] staffed case with LI [REDACTED]. CPSI was asked to speak with the referent, speak with the homicide detective assigned to the case and with [REDACTED] in regards to any details she may be familiar with. LI [REDACTED] inquired about concerns law enforcement had, whether the family was military affiliate and details of child whom previously passed.

On 12/20/2014 at 6:20 PM, CPSI [REDACTED] attempted to contact [REDACTED] via phone at [REDACTED]. This is the number to the [REDACTED] police records department. There was no answer.

On 12/20/2014 at 6:24 PM, CPSI [REDACTED] spoke with [REDACTED] via phone. She stated she did not have any details regarding the death of [REDACTED]. [REDACTED] stated the case is assigned to [REDACTED] and provided the number of [REDACTED].

On 12/20/2014 at 6:27 PM, CPSI [REDACTED] attempted to contact [REDACTED] via phone at [REDACTED]. There was no answer and a message was left requesting a call be returned.

On 12/20/2014 at 6:30 PM, CPSI [REDACTED] attempted to contact [REDACTED] Police Dispatch. CPSI was informed [REDACTED] works day shift and was off today. CPSI was asked to attempt to contact [REDACTED] on Monday.

On 12/20/2014 at 6:32 PM, CPSI [REDACTED] received a call from [REDACTED]. [REDACTED] stated the family does not have any either children other than [REDACTED] and [REDACTED]. [REDACTED] stated the parents have not had another child other than [REDACTED] pass away. [REDACTED] stated there was confusion and miscommunication when EMT responded to the scene and a wrong name was researched. [REDACTED] stated the father is prior military and has discharged from the military. [REDACTED] stated he completed a follow up at the family home yesterday to take photographs. The home



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

was clean and appropriate. [REDACTED] stated at this time he does not have any concerns with the home environment or for [REDACTED] [REDACTED] stated he is waiting for the autopsy results which should be received in six to eight weeks. [REDACTED] stated yesterday while at [REDACTED] he spoke with [REDACTED] whom stated the child could have very well passed away from the flu and there were no signs of trauma. [REDACTED] stated he does not have any concerns for drug use or domestic violence by the parents.

On 12/20/2014 at 6:42 PM, CPSI [REDACTED] staffed case with LI [REDACTED] CPSI was asked to make response with the family at the family home immediately but to first contact the family via phone and inform CSPI will be making response tonight.

On 12/20/2014 at 6:43 PM, CPSI [REDACTED] attempted to contact [REDACTED] via phone at [REDACTED] and there was no answer. The voicemail was full and CPSI was unable to leave a message.

On 12/20/2014 at 6:54 PM, CPSI [REDACTED] staffed case with LI [REDACTED] CPSII was asked to make response with the family at the family home. CPSI was asked to call [REDACTED] and ask if he participated in the autopsy and if there were any concerns. CPSI was asked to ask [REDACTED] if he interviewed [REDACTED] and if he was able to provide the parent's timeline.

On 12/20/2014 at 6:58 PM, CPSI spoke with [REDACTED] via phone. [REDACTED] stated he did not participate in the autopsy as it was completed today [REDACTED] stated typically when there are concerns at the autopsy he is notified immediately which did not occur today and leads him to believe there were no immediate concerns. [REDACTED] stated he is now waiting for the autopsy report to be provided which will occur in six to eight weeks. [REDACTED] stated he did not interview [REDACTED] [REDACTED] stated he did interview the parents. The parents provided him with the following timeline:

[REDACTED] was diagnosed with strand A of the flu two days ago and was prescribed Theraflu. [REDACTED] stated the night prior (12/16/2014) [REDACTED] had a dry cough. He awoke between 1 AM and 2 AM and then again at 4 AM. [REDACTED] returned from work at 7:00 AM and attempted to feed [REDACTED] chicken noodle soup because [REDACTED] had not wanted to eat. [REDACTED] had been giving [REDACTED] Pedialyte because he had not been taking food. [REDACTED] took one bite and then [REDACTED] noticed [REDACTED] became lethargic and did not want to eat anymore. At this time [REDACTED] [REDACTED] tried to get [REDACTED] dressed to take to the hospital when [REDACTED] became unresponsive. 911 was called and within five minutes the fire department (first responders) responded.

[REDACTED] stated [REDACTED] was transported to [REDACTED] and upon arrival had a core temperature of 98.4. [REDACTED] stated the parents were visibly upset but did speak with him. The family has been cooperative with the investigation. [REDACTED] stated the family has had a vast amount of support. Numerous people arrived at the hospital and again at the home. [REDACTED] has a lot of support from current co-workers [REDACTED] stated the parents mentioned burying [REDACTED] in [REDACTED] after the autopsy. [REDACTED] stated he extended grievance counseling for [REDACTED]

On 12/20/2014 at 7:15 PM, CPSI [REDACTED] informed LI [REDACTED] headed to the family home and of information provided by [REDACTED] [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/20/2014	Contact Method:	
Contact Time:	06:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/21/2014
Completed date:	12/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/21/2014 08:24 AM      Entered By: [REDACTED]

CPSI [REDACTED] contacted LI [REDACTED] via telephone on 12/20/2014 concerning the child death of [REDACTED] (ACV Alleged Child Victim) age 5. The ACV passed away on 12/19/2014 between the hours of 7.30 8 am on the way to [REDACTED] during the transport by EMS. Time of Death will have to be confirmed with [REDACTED]. CPSI [REDACTED] consulted with LI [REDACTED] on how to move forward with the investigation and was advised to first make contact with the referent and obtain all information that lead them to make the referral and any concerns they may have. LI [REDACTED] also advised CPSI [REDACTED] to contact [REDACTED] whom responded to the child death on 12/19/2014. If contact could not be made LI [REDACTED] suggested making contact with [REDACTED], CPIT Partner to obtain further information and additional telephone numbers for the referent and homicide detective. LI [REDACTED] contacted [REDACTED] to inform her of the referral and all information obtained by CPSI [REDACTED]. It was confirmed by [REDACTED] that there was no prior child death in the family and that he does not have any concerns about the family at this time. An autopsy was performed on 12/20/2014 and no concerns were reported to [REDACTED] at that time. The autopsy report will take 6-8 weeks. The child was diagnosed two days prior with the flu (stand A) by [REDACTED]. CPSI [REDACTED] will request all medical records to confirm their diagnosis and visit. The ACV became lethargic at approximately 7 am on 12/19/2014 and 911 were called when the child became unresponsive. CPSI [REDACTED] went to the family home and met with the mother [REDACTED] and father [REDACTED]. CPSI [REDACTED] also saw the 9 year old sibling [REDACTED] (OIC Other Involved Child) during the home visit. The Department has no concerns for dependency or neglect at this time and no further actions will have to be taken to ensure the safety of the OIC. CPSI [REDACTED] will follow up with the family after their return from the funeral in [REDACTED] and recommend grief counseling for the family. CPSI [REDACTED] will request a summary of the AP interviews conducted by [REDACTED].



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 12/20/14 4:12 PM

Date of Assessment: 12/20/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

**Section 1: Immediate Harm Factors**

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence or absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes    No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
  - Death of a child due to abuse or neglect.
  - Care taker fears that s/he will maltreat the child.
  - Threat to cause harm or retaliate against the child.
  - Excessive discipline or physical force.
  - Drug-affected infant/child.
  - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

**If no immediate harm factors are observed, proceed to Section 3**

#### Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

#### Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): \_\_\_\_\_

#### Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



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**SDM™ Safety Assessment**

**Section 3: Safety Decision**

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
  - All children placed.
  - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_