



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 03/28/2015 03:46 PM CT
Track Assigned: Special Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 03/28/2015

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED] CPS Special Investigation
Date/Time Assigned: 03/30/2015 08:49 AM
First Team Leader Assigned: [REDACTED] Date/Time: 03/30/2015 12:00 AM
First Case Manager: [REDACTED] Date/Time: 03/30/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 4 Mos	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	None

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 in DCS custody
Family Case IDs: [REDACTED]
Open Court Custody/FSS/FCIP: Yes
[REDACTED] / Begin date: 12-23-14 / Case Member: [REDACTED] [REDACTED] / Case Manager: [REDACTED] and
Team Lead, [REDACTED]
Substantiated: Yes
Begin date: 5-20-14 / [REDACTED] Investigation / DEI / AP, [REDACTED] / Allegation Substantiated and Perpetrator
Substantiated / ACV, [REDACTED] / End date: 7-7-14
Begin date: 11-26-14 / [REDACTED] / Investigation / PHA / AP, [REDACTED] / Allegation Substantiated

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

and Perpetrator Substantiated / ACV, [REDACTED] / End date: 1-28-15

Number of Screen Outs: No

History (not listed above): Yes

Begin date: 12-13-12 / [REDACTED] / Assessment/ DEC / AP's, [REDACTED] and [REDACTED] / Services Required / ACV, [REDACTED] / End date: 5-20-13

Begin date: 12-14-12 / [REDACTED] / Assessment / DEC, LOS / AP's, [REDACTED] and [REDACTED] / No Services Needed / ACV, [REDACTED] / End date: 5-20-13

Begin date: 11-26-14 / [REDACTED] / Investigation / PHA / AP, Unknown / Allegation Unsubstantiated and Perpetrator Unsubstantiated / ACV, [REDACTED] / End date: 1-28-15

Pending: No

Awaiting Screening: No

Submitted: No

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: None

Directions: None Given

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

Reporter states: ****The child is in DCS custody

[REDACTED] (DOB: [REDACTED], 10 months) lived with his foster parents, [REDACTED] [REDACTED] [REDACTED] and [REDACTED] and his foster parents' son (name/age unknown) in [REDACTED] County.

[REDACTED] foster mother, [REDACTED] [REDACTED] contacted the Department of Children's Services (DCS) On-call Nurse, [REDACTED] at 4:25 p.m. today. [REDACTED] reported that she had made several phone calls and sent several text messages to the DCS On-call nurse in the [REDACTED] Region [REDACTED] [REDACTED] but with no success because the DCS On-call nurse in the [REDACTED] Region is currently on vacation.

[REDACTED] reported that she and [REDACTED] had been at the hospital (name unknown) today due to [REDACTED] medical needs. While they were at the hospital, [REDACTED] was left in the care of their son (name/age unknown). When [REDACTED] and [REDACTED] returned to the home, [REDACTED] checked on [REDACTED] [REDACTED] was in his bedroom, in his bed. [REDACTED] reported that [REDACTED] needed to be "coded". (Note: "Coded" means that the child had no heartbeat and no breathes.) It is assumed that CPR was administered but [REDACTED] and [REDACTED] were not asked this question. At some point, 911 was contacted. [REDACTED] was transported to [REDACTED] [REDACTED] Medical Center via ambulance. Note: [REDACTED] and [REDACTED] were not questioned about how the ambulance arrived at the scene. It is unknown the status of [REDACTED] at the time the ambulance arrived on scene. [REDACTED] followed the ambulance to the hospital. [REDACTED] stayed home due to her personal medical needs. [REDACTED] reported that while she and [REDACTED] had been away from the home, her son (name unknown) said that he had checked on [REDACTED] and [REDACTED] was fine. It is unknown how long [REDACTED] was in the care of [REDACTED] and [REDACTED] son.

[REDACTED] has significant medical issues. [REDACTED] had significant brain damage from Shaken Baby Syndrome. [REDACTED] had recently been hospitalized due to his medical issues. [REDACTED] had a shunt in his brain that had not been working properly.

[REDACTED] [REDACTED] contacted the Regional Administrator (RA), [REDACTED] [REDACTED] and the Deputy RA, [REDACTED]



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██████████ about ██████████ The Deputy RA, ██████████ contacted ██████████ Family Service Worker (FSW), ██████████ and FSW's Team Lead (TL), ██████████. The FSW intends on contacting ██████████ parents (names/contact information unknown).

██████████ contacted ██████████ Medical Center at around 5:30 p.m. EST and spoke with ██████████ (last name unknown), RN, who advised that ██████████ was pronounced dead at 16:41 (4:41 p.m. EST) by the Emergency Room (ER) doctor (name unknown). The probable cause of death is related to ██████████ feeding tube and a bowel rupture. It is unknown if ██████████ death was caused by abuse and/or neglect. The phone number to the ██████████ Medical Center is ██████████ (please ask for the ER).

It is unknown if police were contacted about the incident.

Special Needs or Disabilities: ██████████ has extensive medical issues
 Child's current location/is the child safe at this time: ██████████ Medical Center
 Perpetrator's location at this time: Unknown
 Any other safety concerns for the child(ren) or worker who may respond: None
 Domestic Violence present in the home: N/A

Per SDM: Investigation P1 - ██████████ CM3, on 3-28-15 at 5:12 p.m.

SIU notified via MIR3

██████████ - Time Issued: 05:22:56 PM // Completed: 05:23:52 PM - CST

Email sent to the DCS Child Death or Preliminary Near Death Alert Group and SIU TC, ██████████ and ██████████. Due to the child being in DCS custody, the following people were also notified: ██████████ and ██████████. Email sent to the ██████████ Regional Administrator, ██████████.



**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:** White **Age:** 1 Yr 4 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

Contact: [REDACTED]

Contact Type: HOME

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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

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:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]
 Referral Date: 03/28/2015
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 03/30/2015

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]	Abuse Death	Unknown [REDACTED] Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]						07/08/2015
2	[REDACTED]	[REDACTED]	Lack of Supervision	Unknown [REDACTED] Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]						07/08/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: AUPU for Severe Lack of Supervision and Severe Abuse Death

D. Case Workers

Case Worker: [REDACTED]
 Team Leader: [REDACTED]

Date: 07/08/2015
 Date: 07/08/2015

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:

No interview with the child as he was deceased at the time of the response.

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

Pathological Diagnoses:

- I. Hypoxic/Ischemic Encephalopathy, chronic
 - A. Head circumference is less than 2 percentile, brain is only 30-40% normal size for age
 - B. Cystic Encephalomalacia



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]

1. Entire Cerebrum
2. Focally in both basal ganglia
3. Compensatory hydrocephalus
4. empty sella syndrome

- II. Dural sinus thrombosis, remote
 - A. Superior sagittal sinus
 - B. Confluence of sagittal and transverse sinuses

Cause of Death: Hypoxic/Ischemic Encephalopathy, chronic due to undetermined

His autopsy findings were unremarkable, except for his head and brain. Specifically no traumatic injuries, recent or old, were found. The immediate cause of death is complication of his hypoxic-ischemic encephalopathy (HIE). Most complications if HIE are physiologic, rather than structural and as such no evidence is found at autopsy. The most common complication causing death is chronic HIE is seizure, but there is no way to prove what his complication actually was. Initial toxicological assessment of the bile was positive for buprenorphine, but specific testing of the central blood (heart) did not detect buprenorphine or its metabolite norbuprenorphine. The most likely explanation is that the initial result in the bile screen was false positive. The manner of death is Undetermined.

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

No AP identified

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

This case came to the attention of the Department with allegations of Lack of Supervision and Neglect Death. It was reported that the foster mother [REDACTED] and [REDACTED] had been at the hospital (name unknown) today due to [REDACTED] medical needs. While they were at the hospital, [REDACTED] was left in the care of their son (name/age unknown). When [REDACTED] and [REDACTED] returned to the home, [REDACTED] checked on [REDACTED] was in his bedroom, in his bed. [REDACTED] reported that [REDACTED] needed to be "coded". (Note: "Coded" means that the child had no heartbeat and no breathes.) It is assumed that CPR was administered but [REDACTED] and [REDACTED] were not asked this question. At some point, 911 was contacted. [REDACTED] was transported to [REDACTED] Medical Center via ambulance. Note: [REDACTED] and [REDACTED] were not questioned about how the ambulance arrived at the scene. It is unknown the status of [REDACTED] at the time the ambulance arrived on scene. [REDACTED] followed the ambulance to the hospital. [REDACTED] stayed home due to her personal medical needs. [REDACTED] reported that while she and [REDACTED] had been away from the home, her son (name unknown) said that he had checked on [REDACTED] and [REDACTED] was fine. It is unknown how long [REDACTED] was in the care of [REDACTED] and [REDACTED] son. [REDACTED] had significant medical issues. [REDACTED] had significant brain damage from Shaken Baby Syndrome. [REDACTED] had recently been hospitalized due to his medical issues. [REDACTED] had a shunt in his brain that had not been working properly.

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

Upon further investigation it was determined that the facts did not support the allegations. The toxicology report showed that the cause of death was Hypoxic/Ischemic Encephalopathy, chronic due to undetermined and the child had no traumatic injuries, recent or old to have caused death. The manner of death was Undetermined. This case is being closed as AUPU for Severe Abuse Death and Sever Lack of Supervision.

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] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/10/2015	Contact Method:
Contact Time: 03:17 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/10/2015
Completed date: 08/10/2015	Completed By: [REDACTED] [REDACTED] [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: 08/10/2015 03:18 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

Closing notification was sent on August 10, 2015 via email to pertinent individuals listed on notification.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/16/2015	Contact Method:
Contact Time: 09:50 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 07/16/2015
Completed date: 07/16/2015	Completed By: [REDACTED] [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: 07/16/2015 08:52 AM Entered By: [REDACTED] [REDACTED]
 Case reviewed and approved for closure by State Director of Investigations, [REDACTED] [REDACTED] on 7/16/15 as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/14/2015	Contact Method:
Contact Time: 12:40 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/14/2015
Completed date: 07/14/2015	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] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2015 11:41 AM Entered By: [REDACTED] [REDACTED]

Child Death Closing Summary for [REDACTED] [REDACTED]

The Department of Children's Services (DCS); Special Investigations Unit (SIU) received a report of abuse regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] on 03/28/2015 at 03:48 PM (CT). [REDACTED] [REDACTED] had been in DCS custody since 12-23-2014. [REDACTED] was placed with foster parents, [REDACTED] and [REDACTED] on 03-18-2015. The allegations named in the report are, Severe-Lack of Supervision and Severe-Abuse Death. The custodial ACV-[REDACTED] [REDACTED] was found unresponsive in the foster home of [REDACTED] and [REDACTED]. The Alleged Perpetrator(s) in this investigation were both determined to be "Unknown". [REDACTED] foster father, found ACV-[REDACTED] [REDACTED] unresponsive, while the child was napping. The foster father immediately administered CPR to the child and [REDACTED] foster mother contacted [REDACTED] County-EMS services for emergency care for the child. [REDACTED] EMS transported [REDACTED] via Ambulance to [REDACTED] Medical Center while continuing to perform CPR. Medical Records indicate that [REDACTED] reached the hospital ER at 16:38 PM EST, and was pronounced deceased @ 16:41 PM EST at [REDACTED] Medical Center.

There were several investigators involved in the case including: [REDACTED] Special Investigations Unit, Department of Children's Services; [REDACTED] Police department Detective; [REDACTED] Investigator with Medical Examiner's Office.

Interviews were conducted with the following individuals during the course of this investigation:

[REDACTED] (Foster Father)
 [REDACTED] (Foster Mother)
 [REDACTED] (Foster Brother)
 [REDACTED] (Biological Mother)
 [REDACTED] (Biological Father)
 Dr. [REDACTED] (ER Doctor at [REDACTED] Medical Center)

[REDACTED] and [REDACTED] the foster parents, came home from the hospital at around 4 PM EST and [REDACTED] went to check on [REDACTED] as soon as he walked into the house. ([REDACTED] was left in care of [REDACTED] adult son [REDACTED] for a couple of hours as [REDACTED] had to go and pick up his wife [REDACTED] from the hospital due to her being discharged.) [REDACTED] reported that [REDACTED] appeared to be sleeping in his crib with his head elevated at 30c (suggested by doctors to avoid any suffocation chances) when he looked at him while standing at the door; [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████ ██████████ ██████████

Case Status: Close

Organization: CPS Special Investigation

approached ██████████ touched his arm and felt that the child was "cooling off". According to ██████████ the child was a little pale and there were 2 white patches on his thighs. ██████████ started CPR immediately and his wife called 911. ██████████ continued CPR until EMS arrived. The child had some pulse (PEA) when EMS arrived but they were not able to revive him. The child was transported to ██████████ Medical Center by EMS who continued CPR until they arrived at the hospital. The child was pronounced dead at 16:41 PM EST.

██████████ foster brother, reported that he had been watching ██████████ (ACV) while ██████████ and ██████████ (foster parents) were at the hospital. ██████████ reported that he had been in constant contact with ██████████ via phone to report the status of the child as well as consult if needed. ██████████ had been an ER technician at ██████████ Hospital in ██████████ TN for 4 years and had been through several trainings on how to handle or care for medically fragile children. ██████████ reported that he had checked on ██████████ (ACV) 15 minutes before he was found unresponsive; he turned off the feeding machine as the little boy was napping, and walked away. ██████████ was left in his crib napping, his upper body was elevated at 30 degree angle, as instructed by his doctor and there was no sign of the child discoloring or losing temperature at that time. According to ██████████ his father ██████████ found the little boy unresponsive after he came back from the hospital. ██████████ immediately started CPR, they called 911 and EMT arrived within minutes. The child was transported to ██████████ Medical Center and pronounced deceased there.

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 the parent or caretaker's failure to stop another person's direct action 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.

The Child Protective Investigative Team (CPIT) was convened on April 2, 2015 and June 17, 2015 in ██████████ County TN.

The following CPIT members were in attendance at CPIT on 06/17/2015:

██████████ Assistant District Attorney; ██████████ ██████████ County Juvenile Court; ██████████ ██████████ Mental Health Professional; ██████████ ██████████ Child Advocacy Center Executive Director; ██████████ ██████████ Police Department; ██████████ ██████████ Office of Child Safety Team Leader; ██████████ ██████████ Special Investigations Unit Investigator

The interviews completed by the investigative Team, support that there was no occurrence of Child Abuse or Neglect Death. All staff members were cooperative and corroborative in their account of the events leading up to the passing of ACV- ██████████

██████████ The child was externally examined by Dr. ██████████ at the time of the admission to ER; however no X-Ray or MRI was performed due to the child passing away within 5 minutes of admission. Dr. ██████████ confirmed that there were no external traumas detected to prove or indicate that the child's death was caused by any recent abuse or neglect.

██████████ autopsy was performed by Medical Examiner ██████████ MD on March 30, 2015. His autopsy findings were unremarkable, except for his head and brain. Specifically no traumatic injuries, recent or old, were found. The immediate cause of death is complication of his hypoxic-ischemic encephalopathy (HIE). Most complications of HIE are physiologic, rather than structural and as such no evidence is found at autopsy. The most common complication causing death in chronic HIE is seizure, but there is no way to determine what his complication actually was. Initial toxicological assessment of the bile was positive for buprenorphine, but specific testing of the central blood (heart) did not detect buprenorphine or its metabolite norbuprenorphine. The most likely explanation is that the initial result in the bile screen was false positive.



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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

The manner of death is undetermined.

There is not a preponderance of evidence to substantiate the allegations of child abuse death and lack of supervision. The case will be closed and classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated for both allegation(s).

Narrative Type: Addendum 1 Entry Date/Time: 08/13/2015 10:20 AM Entered By: [REDACTED] [REDACTED]

Correction: The autopsy was performed by Dr. [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/10/2015	Contact Method:
Contact Time: 11:50 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/10/2015
Completed date: 07/10/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/10/2015 10:52 AM Entered By: [REDACTED] [REDACTED]
 07-10-2015 @ 11:50 AM EST

Medical records have been uploaded in TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/30/2015	Contact Method:
Contact Time: 03:15 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/14/2015
Completed date: 07/14/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2015 11:56 AM Entered By: [REDACTED] [REDACTED]
 06-30-2015 @ 3:15 PM EST

Inv. [REDACTED] staffed the case with IC [REDACTED] and provided her with the details of the investigation summary. Inv. [REDACTED] also provided IC [REDACTED] with the autopsy record summary which suggested that the child had not recent injuries that could have caused his death. IC [REDACTED] was in agreement to close the case as AUPU for Severe Lack of Supervision and Severe Abuse Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/30/2015	Contact Method:
Contact Time: 08:25 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/30/2015
Completed date: 07/10/2015	Completed By: [REDACTED] [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: 06/30/2015 07:58 AM Entered By: [REDACTED] [REDACTED]
 06-30-2015 @ 8:25 AM EST

The autopsy report has been uploaded in TFACTS.
 Brief Summary of the Report:

Pathological Diagnoses:

- I. Hypoxic/Ischemic Encephalopathy, chronic
 - A. Head circumference is less than 2 percentile, brain is only 30-40% normal size for age
 - B. Cystic Encephalomalacia
 1. Entire Cerebrum
 2. Focally in both basal ganglia
 3. Compensatory hydrocephalus
 4. empty sella syndrome
- II. Dural sinus thrombosis, remote
 - A. Superior sagittal sinus
 - B. Confluence of sagittal and transverse sinuses

Cause of Death: Hypoxic/Ischemic Encephalopathy, chronic due to undetermined

His autopsy findings were unremarkable, except for his head and brain. Specifically no traumatic injuries, recent or old, were found. The immediate cause of death is complication of his hypoxic-ischemic encephalopathy (HIE). Most complications if HIE are physiologic, rather than structural and as such no evidence is found at autopsy. The most common complication causing death is chronic HIE is seizure, but there is no way to prove what his complication actually was.

Initial toxicological assessment of the bile was positive for buprenorphine, but specific testing of the central blood (heart) did not detect buprenorphine or its metabolite norbuprenorphine. The most likely explanation is that the initial result in the bile screen was false positive.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

The manner of death is Undetermined.

(See full autopsy report in the hard file as well as in the Documents tab of the family case in TFACTS)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/26/2015	Contact Method: Face To Face
Contact Time: 03:40 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/29/2015
Completed date: 06/29/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 12:11 PM Entered By: [REDACTED] [REDACTED]

06/26/15

03:40P

RHV/CC/CI

SIU Inv. [REDACTED] went to [REDACTED] the DCS resource home of [REDACTED] & [REDACTED] [REDACTED]

Family Composition: [REDACTED] husband/DCS resource father
 : [REDACTED] wife/DCS resource mother
 : [REDACTED] age 9 years, adopted son
 : [REDACTED] age 4 years, adopted daughter

SIU Inv. [REDACTED] met with both resource parents and they signed the resource parent advocate (RPA) waiver form (included with the investigation hard file). They stated they did not sign the RPA during their first contact with the initial SIU investigator but had no problem signing one now because they didn't do anything wrong or illegal [regarding the child death investigation]. The resource parents were asked if they needed grief counseling and they both declined, saying, "we have worked through the loss on our own".

SIU Inv. [REDACTED] observed and interacted with both adopted children. No concerns regarding the observed interaction and bonding between the adoptive children and the parents.

[REDACTED] is a special needs child. He is deaf and non-verbal but very, very active (he was bouncing a rubber ball in the home) and very ambulatory. [REDACTED] was dressed appropriately and there were no outward indicators of any concerns regarding his safety, health or welfare.

[REDACTED] is special needs but is verbal and very engaging. She stated she likes her home and her parents. She was irritated at her brother because he was bouncing ball in the home and making too much noise. [REDACTED] was dressed appropriately and there were no outward indicators of any concerns regarding her safety, health or welfare.

SIU Inv. [REDACTED] conducted complete walk-thru of the entire resource home, including all bedrooms and common living areas. No environmental concerns regarding the resource home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/17/2015	Contact Method: Face To Face
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 06/29/2015
Completed date: 07/08/2015	Completed By: [REDACTED] [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] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/29/2015 12:09 PM Entered By: [REDACTED] [REDACTED]
 06-17-2015 @ 9:00 AM EST

CPIT Meeting

CPIT-Multi-Disciplinary Team (MDT) for [REDACTED] County TN was held at [REDACTED] County Child Advocacy Center in [REDACTED] TN on 06/17/2015.

The following CPIT members were in attendance at CPIT on 06/17/2015:

[REDACTED] Assistant District Attorney; [REDACTED] [REDACTED] County Juvenile Court; [REDACTED] [REDACTED] Mental Health Professional; [REDACTED] [REDACTED] Child Advocacy Center Executive Director; [REDACTED] [REDACTED] Police Department; [REDACTED] [REDACTED] Office of Child Safety Team Leader; [REDACTED] [REDACTED] Special Investigations Unit Investigator

The members of the Child Protective Services Team unanimously agreed; to classify the allegations of Severe Lack of Supervision and Severe Abuse Death, Allegation(s) Unsubstantiated/Unknown Perpetrator(s) Unsubstantiated due to a lack of evidence.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/08/2015	Contact Method: Attempted Phone Call
Contact Time: 11:40 AM	Contact Duration: Less than 05
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/08/2015
Completed date: 06/08/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2015 10:56 AM Entered By: [REDACTED] [REDACTED]
 06-08-2015 @ 11:40 AM EST

Inv. [REDACTED] attempted to contact [REDACTED] Police Department Detective [REDACTED] [REDACTED] at [REDACTED]. Inv. [REDACTED] was advised that Detective [REDACTED] was in training all week however a message would be passed on to him to call Inv. [REDACTED] that afternoon.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/04/2015	Contact Method: Correspondence
Contact Time: 02:40 PM	Contact Duration: Less than 05
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/08/2015
Completed date: 06/08/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2015 11:03 AM Entered By: [REDACTED] [REDACTED]
 06-04-2015 @ 2:40 PM EST

Inv. [REDACTED] received the autopsy report for [REDACTED] [REDACTED]. The records will be reviewed with a forensic doctor to obtain a detailed explanation of COD.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/15/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration: Less than 05
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/15/2015
Completed date: 04/15/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2015 09:48 AM Entered By: [REDACTED] [REDACTED]
 04-15-2015 @ 10:00 AM EST

The Risk and Safety Assessment was completed on 03-28-2015 and recorded in TFACTS on 04-15-2015. According to the assessment, there are no risk factors at this time.



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

Case Id:	██████████	Case Name:	██████████ ██████████ ██████████
Case Status:	Close	Organization:	CPS Special Investigation

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	04/09/2015	Contact Method:	
Contact Time:	03:20 PM	Contact Duration:	Less than 05
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2015
Completed date:	04/09/2015	Completed By:	██████████ ██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

██████████ ██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2015 02:25 PM Entered By: ██████████ ██████████
04-09-2015 @ 3:20 PM EST

BEGINNING CASE SUMMARY
On 03-28-2015 at 4:46 PM EST, a referral was called into Child Abuse Hotline. The referral was screened into ██████████ County (SIU) as a P1 with allegations of Sev. LOS.

The alleged child victim is ██████████ ██████████ 10 months old. The alleged perpetrators are listed as: unknown.

Response is due on 03-29-2015 at 4:46 PM EST.

The case is assigned to Investigator ██████████ It is not known if this child is of Native American descent. This information will need to be obtained when response is met. A follow up phone call will be made and documented with the referent within 15 working days of referral per policy.

Severe Abuse Notification is made to the District Attorney's Office by local protocol. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge according to local protocol.

NEXT STEPS:
Convene CPIT if this is a severe abuse case.
Make face to face contact with alleged child victim to assess for immediate harm factors and then complete all required tasks as defined by DCS work aid 2.

AP History: no history found/AP unknown

ACV History:

██████████ ██████████ ██████████ ██████████	Investigation	1	Closed	01/28/2015	██████████	Region - AP	██████████ ██████████	- ASPS for Physical Abuse
██████████ ██████████ ██████████ ██████████	Investigation	1	Closed	07/07/2014	██████████	Region - AP	██████████ ██████████	-



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

ASPS for DEI



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/02/2015	Contact Method: Phone Call
Contact Time: 12:20 PM	Contact Duration: Less than 30
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/09/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2015 02:18 PM Entered By: [REDACTED] [REDACTED]
 04-02-2015 @ 12:20 PM EST

Collateral Contact with Inv. [REDACTED] [REDACTED] (Medical Examiner's office)

Inv. [REDACTED] contacted [REDACTED] [REDACTED] and provided him with the list of medications from the foster parents as well as [REDACTED].
 Inv. [REDACTED] and Inv. [REDACTED] agreed that none of the medication listed for either foster parents or the child had BUP as a component. Inv. [REDACTED] advised that Dr. [REDACTED] (ME) had requested a confirmation of the BUP positive screen which either would come back with levels or as false positive. Inv. [REDACTED] advised that he would notify Inv. [REDACTED] of the results however that could take up to 30 days.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/02/2015	Contact Method: Phone Call
Contact Time: 10:10 AM	Contact Duration: Less than 30
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/09/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2015 01:26 PM Entered By: [REDACTED] [REDACTED]
 04-02-2015 @ 10:10 AM EST

Inv. [REDACTED] contacted [REDACTED] Police Department Detective [REDACTED] [REDACTED] at [REDACTED]. Inv. [REDACTED] introduced herself to Detective [REDACTED] and advised that she was assigned to [REDACTED] [REDACTED] case. Detective [REDACTED] advised that he had been at the foster home after the incident had happened and had interviewed the foster mother, foster father and their adult son that was watching [REDACTED] right before the incident happened. Detective [REDACTED] advised that he had no concerns about the foster family and did not have any facts to support that the foster parents had abused [REDACTED] and caused any harm. Detective [REDACTED] also advised that he had been assigned to [REDACTED] case since the incident of physical abuse happened while [REDACTED] was in care of his mother's boyfriend in November of 2014. Detective [REDACTED] advised that the alleged perpetrator had been in jail since the incident happened. Inv. [REDACTED] and Detective [REDACTED] exchanged details about the foster parents' interview and came to a conclusion that their story was consistent although they had to tell the same story to 2 different people at 2 different times. Detective [REDACTED] also advised that he asked the foster parents to enact what happened in the child's bedroom and it was consistent with the story that they had provided him with before. Detective [REDACTED] also provided Inv. [REDACTED] with the list of medications that [REDACTED] was prescribed and advised that he had to confiscate those as evidence from foster parents.

[REDACTED] medication list:

Probiotics (biogaia protectis), Renetadine, Levetracetam, Acetaminophen, Clonidine 2.1 Mg and 6 Mg, Baclofen, Enfamil Gentle Formula



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/02/2015	Contact Method: Phone Call
Contact Time: 10:10 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/30/2015
Completed date: 06/30/2015	Completed By: [REDACTED] [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] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/30/2015 07:16 AM Entered By: [REDACTED] [REDACTED]
 CPIT Convened

The Child Protective Investigative Team (CPIT) was convened on 04-02-2015 . Notification of the referral was sent to the appropriate law enforcement agency and the referral was discussed with [REDACTED] PD Detective [REDACTED] [REDACTED]

Next Steps: Obtain autopsy report when completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/02/2015	Contact Method: Phone Call
Contact Time: 09:30 AM	Contact Duration: Less than 30
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/09/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/09/2015 11:18 AM Entered By: [REDACTED] [REDACTED]
 04-02-2015 @ 9:30 AM EST

Inv. [REDACTED] contacted [REDACTED] and [REDACTED] [REDACTED] (foster parents) to obtain information about the medication that they were prescribed for any medical conditions they might have.
 [REDACTED] and [REDACTED] reported the following medications:

[REDACTED]
 Meloxicam - arthritis medication
 Finestaride - prostate
 Percocet - degenerative disk
 Avapro - blood pressure
 Chlorthalidone- blood pressure
 Omeprazole- stomach

[REDACTED]
 Coumadin- blood thinner
 Lipids- cholesterol
 Nexium - acid reflux
 Vitamin B 12
 Aspirin
 Iron

[REDACTED] and [REDACTED] also reported that they did not have [REDACTED] medication as [REDACTED] PD Detective [REDACTED] [REDACTED] had taken the bottles as evidence the night before.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Narrative Type: Addendum 1 Entry Date/Time: 07/10/2015 12:46 PM Entered By: [REDACTED] [REDACTED]

Inv. [REDACTED] contacted [REDACTED] [REDACTED] via phone at the number provided by her husband [REDACTED] [REDACTED] reported that she was still feeling weak and was also very upset about [REDACTED] passing away. [REDACTED] advised that she had gotten attached with [REDACTED] since he had been placed with them and was making plans to adopt him. [REDACTED] reported that she had a medical condition and was admitted to [REDACTED] [REDACTED] Medical Center on Friday March the 27th for the night. Her husband, [REDACTED] took her to the hospital and waited until she was admitted before he went back home. [REDACTED] adult son, [REDACTED] was asked to watch [REDACTED] and their adopted children until [REDACTED] returned home. [REDACTED] was discharged on Saturday afternoon and [REDACTED] came to pick her up from the hospital. [REDACTED] and [REDACTED] came home a little after 4PM and [REDACTED] went straight to [REDACTED] room to check on him. [REDACTED] son, [REDACTED] told them that little [REDACTED] was asleep and the other children were in their rooms. A couple of minutes later, [REDACTED] heard [REDACTED] to call 911 immediately as he had found [REDACTED] unresponsive. [REDACTED] called 911 right away and EMT arrived within minutes. [REDACTED] was performing CPR as EMT arrived and they took over after that. [REDACTED] did not go to the hospital with [REDACTED] because she was feeling very ill and exhausted; she was informed later that [REDACTED] had passed away. [REDACTED] knew about [REDACTED] feeding issues and that [REDACTED] and her son [REDACTED] had stop his feeding multiple times the night before. [REDACTED] also advised that [REDACTED] was constantly in contact with her son [REDACTED] who was updating [REDACTED] with [REDACTED] feeding condition. [REDACTED] said that [REDACTED] was not expected to live due to the injuries that he had sustained before he was placed in DCS custody. She knew that [REDACTED] had multiple medical conditions, but both she and [REDACTED] were ready to take on the challenge as they had done it before. [REDACTED] was very emotional during the interview.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/01/2015	Contact Method: Phone Call
Contact Time: 05:30 PM	Contact Duration: Less than 15
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/09/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2015 11:17 AM Entered By: [REDACTED] [REDACTED]
 04-01-2015 @ 5:30 PM EST

Collateral Contact with Inv. [REDACTED] [REDACTED] (Medical Examiner's office)

Inv. [REDACTED] contacted Inv. [REDACTED] to advise that Dr. [REDACTED] (ME) had received the toxicology report for [REDACTED] [REDACTED] which indicated that the child was positive for BUP (buprenorphine) which could be caused by Suboxone or Subutex. Inv. [REDACTED] advised that [REDACTED] was on 4 different medications but did not know if any of the medication contained BUP. Inv. [REDACTED] and Inv. [REDACTED] agreed to touch base the next morning and that Inv. [REDACTED] would find out what medication was prescribed to [REDACTED] as well as to the foster parents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/01/2015	Contact Method: Phone Call
Contact Time: 10:00 AM	Contact Duration: Less than 15
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/09/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2015 11:10 AM Entered By: [REDACTED] [REDACTED]
 04-01-2015 @ 10:00 AM EST

Collateral Contact with Inv. [REDACTED] [REDACTED] (Medical Examiner's office)

Inv. [REDACTED] contacted Inv. [REDACTED] and advised that DR. [REDACTED] Medical Examiner of [REDACTED] County, wanted DCS to know that there was no evidence to support allegations of abuse or neglect by the foster parents based on the preliminary autopsy report. Inv. [REDACTED] advised that they were working on getting the preliminary report out as soon as possible, but wanted to emphasize the fact that foster parents were not suspected to be at fault at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/31/2015	Contact Method: Phone Call
Contact Time: 02:30 PM	Contact Duration: Less than 30
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/09/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2015 10:47 AM Entered By: [REDACTED] [REDACTED]
 03-31-2015 @ 2:30 PM EST

Collateral Contact with Inv. [REDACTED] [REDACTED] (Medical Examiner's office)

Inv. [REDACTED] was able to contact the assigned Investigator [REDACTED] [REDACTED] with [REDACTED] County ME's office (Medical Examiner) at [REDACTED]. Inv. [REDACTED] advised that the autopsy of [REDACTED] was completed and they were waiting for DCS to approve the release of the body to the funeral home. Inv. [REDACTED] confirmed with Inv. [REDACTED] that all the steps of autopsy were completed, but the preliminary autopsy report would be ready the following week. Inv. [REDACTED] advised that he would notify Inv. [REDACTED] when the results were ready.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/28/2015	Contact Method: Face To Face
Contact Time: 11:50 PM	Contact Duration: Less than 45
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 04/01/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [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: 04/01/2015 03:00 PM Entered By: [REDACTED] [REDACTED]
 03-28-2015 @ 11:50 PM EST

Interview with [REDACTED] [REDACTED] (step-son/son to the foster parents), DOB [REDACTED], SS# [REDACTED], Address: [REDACTED]
 [REDACTED], [REDACTED] [REDACTED]

Inv. [REDACTED] met with [REDACTED] at [REDACTED] [REDACTED] Hospital. [REDACTED] was interviewed in a private setting away from general public. [REDACTED] reported that he had been visiting his mother and stepfather for a couple of days as his mother was sick. His step-father [REDACTED] picked him up from his house in [REDACTED] on Wednesday night. [REDACTED] reported that he helped his mother and step-father around the hos use on Thursday and his step-father was mostly taking care of baby [REDACTED] advised that he watched baby [REDACTED] on Friday evening while [REDACTED] was at the hospital with his mother. [REDACTED] came home late that night and [REDACTED] offered to keep an eye on the baby overnight. [REDACTED] advised that he stayed in baby's room all night, but had to wake [REDACTED] up at around 4AM as the baby was fussy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/28/2015	Contact Method: Face To Face
Contact Time: 11:00 PM	Contact Duration: Less than 45
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 04/01/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/01/2015 02:18 PM Entered By: [REDACTED] [REDACTED]
 03-28-2015 @ 11:00 PM EST

Interview with [REDACTED] [REDACTED] [REDACTED] (foster father), DOB [REDACTED], SS# [REDACTED]

Inv. [REDACTED] met with [REDACTED] [REDACTED] at [REDACTED] [REDACTED] Hospital ER. The interview was held in a private room away from general public. [REDACTED] reported that [REDACTED] had been placed with him and his wife on March the 11th of 2015 while he was still at the hospital. [REDACTED] was discharged and came home to his foster parents on March the 23rd of 2015. [REDACTED] reported that [REDACTED] was a "shaken baby" and had a lot of medical complications due to that; He had shunts in his head to help drainage of fluids that were accumulating in his brain as well as a G-tube in his stomach because he was suffocating while drinking fluids. [REDACTED] had bloating and gas problems when he first came home with the foster parents and they took him to see Dr. [REDACTED] (PCP). Dr. [REDACTED] prescribed medication (name unknown at this time) to relive gas that was to be administered on as needed bases. Dr. [REDACTED] also told the foster parents to cut off feeding when [REDACTED] had gas.

[REDACTED] reported that [REDACTED] had a visitation with his parents in DCS office the day before. He was fussy when they arrived at the office because he did not like riding in the car-seat. The visitation went well, although [REDACTED] stomach hardened a little bit due to the tension he had after riding in the car seat.

[REDACTED] reported that his wife had been sick for 19 days and had to be taken to the hospital, so he decided to call his adults step-son [REDACTED] [REDACTED] and ask for help. [REDACTED] came to their house on Wednesday and helped them around the house as well as with their adoptive children who were 9 and 4 years old. [REDACTED] reported that his wife was admitted to the hospital on Friday night and was given 2 units of blood. [REDACTED] said that he went back home after his wife settled in at the hospital; he checked on the baby, fed the baby, gave him his medication and went to bed at 1 AM. [REDACTED] reported that his step-son had been taking care of [REDACTED] while he was at the hospital with his wife, and he also offered to stay in [REDACTED] room overnight. [REDACTED] said that he heard [REDACTED] at around 4AM and went to check on him. His step-son was feeding [REDACTED] at that time but it appeared that the baby's stomach was swollen and he was crying. [REDACTED] took a syringe and drew 20 CCs of milk (pure milk nothing mixed with it) out of his stomach through the G-tube, and that relieved [REDACTED]

[REDACTED] reported that he got up on Saturday morning, prepared [REDACTED] medication and feeding machine and received a call from the hospital about his wife being discharged that day. [REDACTED] left the house after noon to pick up his wife from the hospital. [REDACTED] left [REDACTED] in care of his step-son [REDACTED] [REDACTED] and gave him instructions before he left. [REDACTED] called [REDACTED] once to let him know that the baby was fussy while he was being fed. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████ ██████████ ██████████

Case Status: Close

Organization: CPS Special Investigation

told ██████████ to stop the feeding process. ██████████ and his wife came home shortly after the conversation and he went to check on ██████████ as soon as he walked into the house. ██████████ reported that ██████████ appeared to be sleeping in his crib with his head elevated at 30c (suggested by doctors to avoid any suffocation chances) when he looked at him while standing at the door; ██████████ approached ██████████ touched his arm and felt that the child was "cooling off". According to ██████████ the child was a little pale and there were 2 white patches on his thighs. ██████████ started CPR immediately and his wife called 911. ██████████ continued CPR until EMS arrived and took over. The child had some pulse (PEA) when EMS arrived but they were not able to revive him. The child was transported to ██████████ ██████████ Hospital by EMS who continued CPR until he arrived at the hospital and was pronounced dead.

██████████ reported that his step-son had checked on ██████████ 15-20 minutes before he came back home and ██████████ was asleep at that time. ██████████ reported that his step-son used to be a technician at the hospital ER for 4 years and had been through a lot of different trainings for that. ██████████ advised that his step-son was great at helping around the house as well as taking care of their adoptive children who were also special needs children (autistic deaf and fetal alcohol baby).

██████████ advised that DCS had told him to report any friends or family who would be staying at their house for more than 7 days but his step-son was only there for 3 days. ██████████ also reported that his step-son ██████████ was a family member several years ago when the Department first certified their home as a foster home and approved ██████████ alongside with him and his wife. ██████████ also reported that the DCS nurse for their region had been to their house multiple times and they been tried to get hold of her after the incident happened.

Observations:

██████████ was answering the questions directly without hesitation. His body did not change when asked about ██████████ or when asked to describe the incident. He was calm and appeared to be tired during the interview. Inv. ██████████ did not observe any signs of behavior that would prompt to suspect that Mr. ██████████ was not telling the truth.

██████████ and his wife had been EMTs for over 40 years.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/28/2015	Contact Method: Face To Face
Contact Time: 10:50 PM	Contact Duration: Less than 30
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 04/01/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/01/2015 12:21 PM Entered By: [REDACTED] [REDACTED]
 03-28-2015 @ 10:50 PM EST

Interview with [REDACTED] [REDACTED] [REDACTED] (biological mother), DOB [REDACTED], SS# [REDACTED]

Inv. [REDACTED] met with [REDACTED] at [REDACTED] Hospital. [REDACTED] was interviewed in a private room away from general public. [REDACTED] reported that [REDACTED] (FSW) contacted her and told her that [REDACTED] was transported to the hospital and that [REDACTED] needed to be there as soon as possible. [REDACTED] advised that she did not know what had happened to [REDACTED] but was told that he was fed and was taking a nap after which the foster father went in to check on him and found him unresponsive. He performed CPR immediately and called 911. The foster father continued CPR until EMS arrived and took over. The child was transported to the hospital immediately while the EMTs were performing CPR. [REDACTED] said that [REDACTED] passed away at the hospital.

[REDACTED] reported that [REDACTED] was placed in DCS custody after he was abused by her boyfriend [REDACTED] while she was in jail. [REDACTED] also reported that she had a daughter who had been removed from her 2 years ago and had been adopted by her cousin. [REDACTED] reported that she did not have her own place or a job, but was actively looking for one. [REDACTED] also reported that she might have been pregnant, but was not sure at the time of the interview. She was inquiring if her next child would be removed from her if she were to have one. Inv. [REDACTED] advised that she did not know if the child would be removed or not, but suggested that [REDACTED] worked towards securing her own residence as well as found a job before the baby was born. Inv. [REDACTED] also suggested that [REDACTED] sought help to address her opiate addiction as she reported that she was buying Subutex off the street at this time. Inv. [REDACTED] provided [REDACTED] with her contact information.

Interview with [REDACTED] [REDACTED] [REDACTED] (biological father), DOB [REDACTED]

Inv. [REDACTED] met with [REDACTED] at the [REDACTED] Hospital. [REDACTED] reported that he recently found out that he was [REDACTED] biological father and had his first visitation with him the day before. [REDACTED] did not know what had happened in the foster home but he knew that [REDACTED] was abused by [REDACTED] boyfriend [REDACTED] and was placed in DCS custody after that. [REDACTED] said that he knew that [REDACTED] had a lot of medical issues because of the abuse and that [REDACTED] was facing criminal charges for that. Inv. [REDACTED] provided [REDACTED] with her contact information and advised that she would be able to share the results of the investigation with him after it was completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/28/2015	Contact Method: Face To Face
Contact Time: 10:40 PM	Contact Duration: Less than 15
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 04/01/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [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: 04/01/2015 12:11 PM Entered By: [REDACTED] [REDACTED]
 03-28-2015 @ 10:40 PM EST

Interview with ER RN [REDACTED]

[REDACTED] [REDACTED] advised Inv. [REDACTED] that according to the medical records the child was brought in to [REDACTED] [REDACTED] Hospital at 4:38 PM EST and was pronounced dead at 4:41 PM EST. The child was transported to the hospital by EMS who had been doing active CPR on him until they arrived at the hospital. The foster father reported to the charge nurse that the child had been acting normal that day; he was fed on time and was taking a nap when the foster father left him in care of his son so that he could pick up his wife from the hospital. The foster father reported that he came back home to find the child unresponsive, started CPR right away and they called 911 immediately.

Inv. [REDACTED] obtained the ER medical records form RN [REDACTED] which could be found in the hard copy of the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/28/2015	Contact Method: Face To Face
Contact Time: 10:20 PM	Contact Duration: Less than 30
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 04/01/2015
Completed date: 04/09/2015	Completed By: [REDACTED] [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: 04/01/2015 12:05 PM Entered By: [REDACTED] [REDACTED]
 03-28-2015 @ 10:20 PM EST

Interview with Dr. [REDACTED] [REDACTED] ([REDACTED] [REDACTED] Medical ER)

Inv. [REDACTED] met with Dr. [REDACTED] at [REDACTED] [REDACTED] Medical ER. Dr. [REDACTED] was interviewed in a private family room away from general public. Dr. [REDACTED] reported that the ACV, [REDACTED] [REDACTED] had been transported to [REDACTED] [REDACTED] Hospital Emergency Room by EMS at around 4:40 PM (was not sure of the exact time). EMTs were performing active CPR on the child as they arrived at the hospital and according to the records they had been performing it since they picked up the child from the house he was in. The child had no heart beat or rhythm was pale and cold at the time of the arrival. The child was pronounced dead at 4:41 PM EST (16:41). Dr. [REDACTED] advised that he did not know much about the medical condition of the child, however had observed several marks from previous medical procedures on his head. Dr. [REDACTED] also reported that the child had a G-tube in his stomach and reddish/brownish (possible blood and fecal residue mixed) substance was coming out of it when he arrived at the hospital. The child also had a very hard stomach and possible internal bleeding (last one was a guess). NO x-rays or other medical procedures had been performed due to the child expiring within several minutes after arriving at the hospital. Dr. [REDACTED] reported that according to the foster father the child was fed through the G-tube before the accident, the feeding was stopped, the foster father left and came back to find the child cold. He immediately started CPR and his wife called 911. The child was left in care of his adult step-son for a short period of time while the foster father and foster mother were away. Dr. [REDACTED] had not observed any external trauma marks or bruises that would have caused concerns about possible child abuse. The foster father told Dr. [REDACTED] that [REDACTED] was in poor prognoses and the doctors did not expect him to survive after all the injuries he had sustained from "Shaken Baby Syndrome".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED] [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/28/2015	Contact Method: Face To Face
Contact Time: 10:10 PM	Contact Duration: Less than 05
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 03/30/2015
Completed date: 03/30/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Initial ACV Face To Face	
Contact Sub Type:	

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/30/2015 01:17 PM Entered By: [REDACTED] [REDACTED]
 03-28-2015 @ 10:10 PM EST

Inv. [REDACTED] observed [REDACTED] [REDACTED] at [REDACTED] [REDACTED] Medical Center; [REDACTED] was in room [REDACTED] at the ER. [REDACTED] was pronounced dead at 4:41 PM EST.