



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/28/2013 01:46 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/28/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/29/2013 10:40 AM
 First Team Leader Assigned: [REDACTED] Date/Time 05/29/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 05/29/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: No history found for [REDACTED]

Family Case [REDACTED] (for [REDACTED] DOB [REDACTED] :

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated 1-17-07 / [REDACTED] / SRP, DEC / [REDACTED]

Indicated - 3-08-05 / [REDACTED] / PHA / [REDACTED]

Indicated - 1-9-04 / [REDACTED] / LOS / [REDACTED]

Fatality No



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

Screened out 1

History (not listed above):

2-19-10 / [REDACTED] / PHA / Unfounded
5-29-09 / [REDACTED] / LOS / No Services Needed
6-22-07 / [REDACTED] / LOS / Services Recommended and Accepted
7-14-04 / [REDACTED] / PHA / Unfounded

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: None
School/ Daycare: None
Native American Descent: No
Directions: none given

Reporters name/relationship | [REDACTED]

Reporter states: [REDACTED] or [REDACTED] (9) lived with his mother [REDACTED]. The reporter does not know who actually lives in the home but [REDACTED] cousin [REDACTED] (13) and [REDACTED] (9) were in the home at the time of the incident. It is unknown what [REDACTED] relationship is to [REDACTED]

Today, the reporter received a phone call from coroner [REDACTED]. The reporter was advised that [REDACTED] is deceased. The reporter was informed that Ms. [REDACTED] took the grandmother (unknown) to the hospital this morning for surgery. The reporter was informed that Ms. [REDACTED] reported that she last saw [REDACTED] at 7 am when [REDACTED] was observed sleeping in the bed with the grandmother. Ms. [REDACTED] reported that [REDACTED] appeared to be fine.

The reporter was informed that [REDACTED] and [REDACTED] went in the room but did not see [REDACTED]. They then found [REDACTED] lying partially off the bed. The girls poured water on [REDACTED] to try and wake him up and then they contacted law enforcement.

Coroner [REDACTED] reported that he pronounced [REDACTED] dead at 11:10am. The reporter was informed that the room temperature was 74.9 degrees and [REDACTED] rectal temperature was 94.9 degrees. It is believed that he has not been deceased long. Ms. [REDACTED] was home at the time that the coroner was at the family home.

At this time the cause of death is unknown. The reporter was informed that there are no current signs of foul play. [REDACTED] body has been to [REDACTED] for an autopsy. [REDACTED] was on medication for ADHD as well as Clonidine to help him sleep.

This is all the information that the reporter has at this time.

County group emailed.
Per SDM: Investigative Track, P1, [REDACTED] TL on 5-28-13 @ 3:21 pm

Child Fatality Group notified via email:

[REDACTED] and the

Child-Fatality-Notification EI-DCS.

[REDACTED] and [REDACTED] were copied on the notification email.



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

Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** Black/African **Age:** 9 Yrs
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** White **Age:** 9 Yrs
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

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: Race: Age: 9 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 13 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

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: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/28/2013

Assignment Date: 05/29/2013

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	Classified Date			
1	[REDACTED]	[REDACTED]	Neglect Death	Unidentified [REDACTED] Unidentified	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 06/12/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: No evidence that this child's death was due to abuse or neglect.

D. Case Workers

Case Worker: [REDACTED]

Date: 06/12/2013

Team Leader: [REDACTED]

Date: 06/12/2013

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:

The child was deceased and already sent for autopsy when worker got involved. It was reported child was found on the side of the bed on the floor lying with his head under the bed and on his side. He was cold when found by family members. Home was clean and appropriate.

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

I spoke with the Medical examiner regarding the autopsy preliminary reports. She said usually the preliminary results aren't requested but she agreed to send to me. We spoke about the preliminary results and she said the ADHD medications would be reason for positive Amphetamine drug screen. She said he had history of Asthma and this could possibly be a cause of death but she is tossing this around at this time and just can't say for sure. Final results will be a while and will be sent to me for our files. Per County Coroner [REDACTED] the Mother stated that last time she saw her son was at 7 am on this date of 5/28/13. She said she had to take grandmother to [REDACTED] Medical Center for surgery this morning. [REDACTED] had slept beside his grandmother overnight. Mother told County Coroner [REDACTED] that he appeared to be asleep at 7 am. Coroner said the stepfather Mr. [REDACTED] looked in and did not see the child in bed. Coroner reported to this DCS worker that 2 other children who may reside in the home poured water on him in attempt to wake him after they saw him lying on the floor. They thought this would wake him. He said the child may have possibly had a seizure as his mouth and teeth were clenched and tongue partially between his teeth but until autopsy comes in it is



**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]

uncertain. He was pronounced dead at 11:10 am on this date 5/28/13.

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

There was not an identified perpetrator.

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

There were no witnesses that indicated any abuse or neglect has occurred.

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

All statements from family are consistent. The autopsy preliminary report indicates no signs of abuse, neglect or trauma.

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: 06/30/2013

Contact Method:

Contact Time: 09:40 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2013

Completed date: 06/30/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2013 09:41 AM Entered By: [REDACTED]

Case staffed with CM [REDACTED] and approved for closure as AUPU as there is no indication there was any foul play involved in the death of the child. The cause is still unknown at this time.

Notification of assignment and classification sent to juvenile court and D.A.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/21/2013

Contact Method: Phone Call

Contact Time: 03:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/21/2013

Completed date: 06/21/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/21/2013 03:28 PM Entered By: [REDACTED]

PHONE CALL MEDICAL EXAMINER [REDACTED]

I spoke with the ME regarding the autopsy preliminary reports. She said usually the preliminary results aren't requested but she agreed to send to me. We spoke about the preliminary results and she said the ADHD medications would be reason for positive Amphetamine drug screen. She said he had history of Asthma and this could possibly be a cause of death but she is tossing this around at this time and just can't say for sure. Final results will be a while and will be sent to me for our files.

Worker thanked her for her 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:	06/21/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/21/2013
Completed date:	06/21/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/21/2013 03:49 PM Entered By: [REDACTED]

CASE CLOSURE

CM [REDACTED] closed this MRS INV Neglect Death case on this date classifying as AUPU per CPIT and team agreement due to no evidence of trauma or neglect. There is been no determined cause of death with preliminary autopsy. Final autopsy pending. Reporter states: [REDACTED] or [REDACTED] (9) lived with his mother [REDACTED]. The reporter does not know who actually lives in the home but [REDACTED] cousin [REDACTED] (13) and [REDACTED] (9) were in the home at the time of the incident. It is unknown what [REDACTED] relationship is to [REDACTED].

Today, the reporter received a phone call from coroner [REDACTED]. The reporter was advised that [REDACTED] is deceased. The reporter was informed that Ms. [REDACTED] took the grandmother (unknown) to the hospital this morning for surgery. The reporter was informed that Ms. [REDACTED] reported that she last saw [REDACTED] at 7 am when [REDACTED] was observed sleeping in the bed with the grandmother. Ms. [REDACTED] reported that [REDACTED] appeared to be fine.

The reporter was informed that [REDACTED] and [REDACTED] went in the room but did not see [REDACTED]. They then found [REDACTED] lying partially off the bed. The girls poured water on [REDACTED] to try and wake him up and then they contacted law enforcement.

Coroner [REDACTED] reported that he pronounced [REDACTED] dead at 11:10am. The reporter was informed that the room temperature was 74.9 degrees and [REDACTED] rectal temperature was 94.9 degrees. It is believed that he has not been deceased long. Ms. [REDACTED] was home at the time that the coroner was at the family home.

At this time the cause of death is unknown. The reporter was informed that there are no current signs of foul play. [REDACTED] body has been to [REDACTED] for an autopsy. [REDACTED] was on medication for ADHD as well as Clonidine to help him sleep.

Per County Coroner [REDACTED] the Mother stated that last time she saw her son was at 7 am on this date of 5/28/13. She said she had to take grandmother to [REDACTED] Medical Center for surgery this morning. [REDACTED] had slept beside his grandmother overnight. Mother told County Coroner [REDACTED] that he appeared to be asleep at 7 am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

Coroner said the stepfather Mr. ██████ looked in and did not see the child in bed. Coroner reported to this DCS worker that 2 other children who may reside in the home poured water on him in attempt to wake him after they saw him lying on the floor. They thought this would wake him. He said the child may have possibly had a seizure as his mouth and teeth were clenched and tongue partially between his teeth but until autopsy comes in it is uncertain. He was pronounced dead at 11:10 am on this date 5/28/13.

It was reported to worker by Mr. and Mrs. ██████ that yesterday the child went swimming and nothing out of the ordinary with him. Mrs. ██████ reported that the child is on medication for ADHD Vyvanse and his last dose was yesterday. He was on Clonidine for his inability to sleep and his last dose was night before last, 5/26/13. There is no history of seizures with the child and to Mrs. ██████ knowledge no family history of seizures. She said he was in very good health and the only issues he had was the ADHD and insomnia. He went to sleep last night 5/27/13 around 9:30 pm and slept with grandmother which was normal as he always wanted to sleep with her. Mrs. ██████ saw him lying in bed this morning in passing by. Mr. ██████ stated he, his wife and grandmother took ██████ to his other grandmother's home this morning then on way back through the dropped him off at the home and his wife took Mrs. ██████ mother to hospital for a total knee replacement around 7:15 pm. Mr. ██████ reported he came in the home and saw ██████ lying on the couch and he went to hall doorway but didn't see ██████. He said the front door was unlocked so he assumed ██████ and ██████ had gone down the street to play with neighbor children. This was not unusual. He cooked breakfast and came back through seeing ██████ on the couch. He still thought ██████ was down the street playing. He had text his wife and told her ██████ and ██████ was not there. He did not see ██████ in his bedroom. Mrs. ██████ said ██████ had called her and said ██████ looked like he hit his head. She left the hospital and came straight home and went into the bedroom where they said he was. She had worked at a nursing home and said she could see right away he was gone. She started Sternal massage while 911 were called. She said she did not want to hurt him but needed to do something. ██████ verified the details of the incident. ██████ was not present to interview.

██████ said the day before his death they all went swimming at the city pool. She said when they got home ██████ and ██████ played with friends down the street. Later he went somewhere with Grandma and they rented a movie while out. She said they came home and watched the movie that night. She said that day and night before his death he was fine and normal acting. She said he was not tired and going strong as always. He was in the house that night before dark as they have to be in by time street lights come on.

██████ said the day of his death was like most other days. She said it was normal for them to get up then go back to sleep. She got up about 10 am to get ready to go swimming. She went into the bathroom to put on her bathing suit. ██████ heard the phone and went to answer it then hung up. She does not know who called. She said she tried to wake ██████ up as he was on the floor beside the bed on his back. His head was under the bed and his feet were kinda crooked. She tried to wake him and tried to pick him up but couldnt. He was cold, his arms were cold. She said ██████ called his mother ██████ on phone telling her something is wrong and she was outside the hospital smoking. She came home right away. She said his mother tried CPR, breathing in his mouth and before 911 was called. She massaged his chest. Police came first, felt his pulse and said he was already gone. Ambulance came then.

She said his mother, stepfather and Grandmother had checked on them before leaving to take ██████ to his other family members and grandma to hospital for surgery. They left probably around 7:15 am to get his done. She said she had woke up earlier that morning and then went back to sleep.

I asked about relationship ██████ had with his family members. She said he slept with grandmother every night and loved her very much. He had good relationship with mom and others except step father. His stepfather Mr. ██████ did not interact much with him or do anything with him. He wasnt mean just no interaction.

██████ said the day before they went swimming and when they came home she and ██████ went to play with kids down the street. They came home before dark. He was normal and she saw nothing out of ordinary. He did not appear to be tired or anything. They watched a movie that night. He was not complaining about anything hurting or bothering him.

She reports on day of his death she went to answer the phone. It was in the bedroom where he sleeps as they had laid



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

it there. She said she saw him lying on the floor on his side and it was around 10 am. She tried to roll him over, he was sideways and his head was under the bed. She was asleep earlier in the morning so does not know if he got up that morning. [REDACTED] poured water on him not sure if it was hot or cold water. She said she thought that would wake him. She called his mother, [REDACTED] and she came right home and massaged him and he still did not wake up. 911 was called, Police came then the ambulance. I asked her if any concerns about the [REDACTED] home environment. She said no that things are fine. She doesnt live there but visits some when she gets to.

I spoke with the Medical examiner regarding the autopsy preliminary reports. She said usually the preliminary results aren't requested but she agreed to send to me. We spoke about the preliminary results and she said the ADHD medications would be reason for positive Amphetamine drug screen. She said he had history of Asthma and this could possibly be a cause of death but she is tossing this around at this time and just can't say for sure. Final results will be a while and will be sent to me for our files.

Mrs. [REDACTED] is already involved with [REDACTED] as she is Manic depressive/bipolar. She will call them for getting grief counseling. I told her of [REDACTED]. She said she is already involved with them and working on Biblical counseling. She has agreed to get with [REDACTED] and [REDACTED] for Grief counseling. I asked about family/friend support. She said she has friend who lost a child at one time and other family members who have lost loved ones. They are there for her. Family and friends are assisting with helping her cope and with [REDACTED]. She is not alone and w/o support. [REDACTED] dad is there most the time. Worker has given Mrs. [REDACTED] counseling names/numbers in the community and suggested she seek services for herself and other family members if deemed necessary.

[REDACTED] was assessed by TEIS. He presents as healthy, happy and age appropriate. He interacts well with family and worker has recommended mom seek family support if necessary to help out with him if needed. She has her mother and other family living with her to assist with him. His father is involved with him and lives in home.

Child Fatality form sent on 5/28/13

Safety Assessment 5/29/13

I explained HIPAA, Title VI, Indian Veto verification and Client Rights Handbook, forms were signed and copies given on 5/28/13

Referent notified 5/28/13

Juvenile courts notified 5/28/13

Allegations classified 6/12/13

Case history reviewed 5/28/13

740 completed 6/21/13

CPIT convened 5/28/13

TEIS referral 5/29/13

Signs of Safety, Permanency and Well being include: There is a lot of family and friend support available to assist. Family given information on counselors in community. All needs of [REDACTED] and [REDACTED] being met by the family 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: 06/20/2013

Contact Method:

Contact Time: 01:40 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/20/2013

Completed date: 06/20/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/20/2013 01:47 PM Entered By: [REDACTED]

Admin review completed with the following and case staffed: RA [REDACTED] TC [REDACTED] TL [REDACTED] Regional Counsel [REDACTED]
[REDACTED] Asst. Regional Counsel [REDACTED] and CM [REDACTED]

Case has been assessed for safety, permanency and well being.

At this point it is still unknown the cause of death.

The family has been referred to grief counseling. Mother is going to [REDACTED]

There are no additional tasks required other than getting the autopsy which may be several months before 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: 06/20/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/28/2013

Completed date: 06/28/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/28/2013 02:22 PM Entered By: [REDACTED]

Admin review completed with the following and case staffed: RA [REDACTED] TC [REDACTED] TL [REDACTED] Regional Counsel [REDACTED]
[REDACTED] Asst. Regional Counsel [REDACTED] and CM [REDACTED]

Case has been assessed for safety, permanency and well being.

At this point it is still unknown the cause of death.

The family has been referred to grief counseling. Mother is going to [REDACTED]

There are no additional tasks required other than getting the autopsy which may be several months before 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: 06/19/2013

Contact Method: Face To Face

Contact Time: 02:50 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/20/2013

Completed date: 06/20/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Collateral Contact, Parent/Caretaker Interview, Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/20/2013 11:15 AM Entered By: [REDACTED]

CHILD INTERVIEW

I spoke again with [REDACTED] alone today at DCS Office. She is 12 years old. DOB is [REDACTED]. She lives with her Aunt and family at the home of [REDACTED]. Her mom is [REDACTED]. She said her mom will move in with the family later on.

[REDACTED] is a friend of the family and she was visiting the home for few days.

I asked if we can talk about the day that [REDACTED] passed away and she said yes.

I asked her to walk me through the day before and day of [REDACTED] death.

She said the day before his death they all went swimming at the city pool. She said when they got home [REDACTED] and [REDACTED] played with friends down the street. Later he went somewhere with Grandma and they rented a movie while out. She said they came home and watched the movie that night. She said that day and night before his death he was fine and normal acting. She said he was not tired and going strong as always. He was in the house that night before dark as they have to be in by time street lights come on.

[REDACTED] said the day of his death was like most other days. She said it was normal for them to get up then go back to sleep. She got up about 10 am to get ready to go swimming. She went into the bathroom to put on her bathing suit. [REDACTED] heard the phone and went to answer it then hung up. She does not know who called. She said she tried to wake [REDACTED] up as he was on the floor beside the bed on his back. His head was under the bed and his feet were kinda crooked. She tried to wake him and tried to pick him up but couldn't. He was cold, his arms were cold. She said [REDACTED] called his mother [REDACTED] on phone telling her something is wrong and she was outside the hospital smoking. She came home right away. She said his mother tried CPR, breathing in his mouth and before 911 was called. She massaged his chest. Police came first, felt his pulse and said he was already gone. Ambulance came then.

She said his mother, stepfather and Grandmother had checked on them before leaving to take [REDACTED] to his other family members and grandma to hospital for surgery. They left probably around 7:15 am to get his done. She said she had



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

woke up earlier that morning and then went back to sleep.

I asked about relationship [REDACTED] had with his family members. She said he slept with grandmother every night and loved her very much. He had good relationship with mom and others except step father. His stepfather Mr. [REDACTED] did not interact much with him or do anything with him. He wasn't mean just no interaction. She said she does not really care for him.

I asked if she has any concerns to share with me. She said she is concerned about her Aunt [REDACTED] and said she is so depressed and sad. She said as for herself she is coping and doing fine. She does not feel she needs counseling for herself. She said she is a lot older and did not hang out or interact with [REDACTED] a lot due to their age differences.

[REDACTED]
 I spoke with [REDACTED] alone today at DCS Office. She is 9 years old. Her DOB is [REDACTED]. She resides in [REDACTED] with her mom [REDACTED] and siblings [REDACTED] 8 years old and [REDACTED] 4 years old. Things are good at moms and she has no concerns or fears there.

I asked if we can talk about the incident with [REDACTED] and his death. She said yes.

She said the day before they went swimming and when they came home she and [REDACTED] went to play with kids down the street. They came home before dark. He was normal and she saw nothing out of ordinary. He did not appear to be tired or anything. They watched a movie that night. He was not complaining about anything hurting or bothering him.

She reports on day of his death she went to answer the phone. It was in the bedroom where he sleeps as they had laid it there. She said she saw him lying on the floor on his side and it was around 10 am. She tried to roll him over, he was sideways and his head was under the bed. She was asleep earlier in the morning so does not know if he got up that morning. [REDACTED] poured water on him not sure if it was hot or cold water. She said she thought that would wake him. She called his mother, [REDACTED] and she came right home and massaged him and he still did not wake up. 911 was called, Police came then the ambulance.

I asked her if any concerns about the [REDACTED] home environment. She said no that things are fine. She doesn't live there but visits some when she gets to.

CHILD OBSERVATION:

[REDACTED] seems to be coping fairly well and said she does not need counseling. Her main concern was her Aunt being so sad. [REDACTED] appears to be taking it much harder. She seemed very sad. I asked her if she thinks her mom needs to get her in counseling and said not at this time.

MOTHER [REDACTED]

I spoke with Mrs. [REDACTED]. She asked if I have autopsy reports and I told her all I know is what little I know from the preliminary. I told her the preliminary showed no signs of trauma. I told her that his drug screen was positive only for his ADHD medications. I told her the final report could take weeks or most likely months. She said she just wants answers on what happened to him and said he was just fine and she can't make sense of all this. She said this does not seem real. I asked her what I can do to assist her with getting grief counseling. She is already involved with [REDACTED] as she is Manic depressive/bipolar. She will call them for getting grief counseling. I told her of [REDACTED]. She said she is already involved with them and working on Biblical counseling. She has agreed to get with [REDACTED] and [REDACTED] for Grief counseling. I asked about family/friend support. She said she has friend who lost a child at one time and other family members who have lost loved ones. They are there for her. Family and friends are assisting with helping her cope and with [REDACTED]. She is not alone and w/o support. [REDACTED] dad is there most the time. I told her when final autopsy comes in I will let INV [REDACTED] know to get with her. She was told that she can also go to the funeral home regarding death certificate. She has agreed to seek grief counseling.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] was playing in the office. He is dressed nicely and clean. He presented as very happy and age appropriate. He interacted well with the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/18/2013

Contact Method: Phone Call

Contact Time: 10:25 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/18/2013

Completed date: 06/18/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/18/2013 10:28 AM Entered By: [REDACTED]

P/C MRS. [REDACTED]
 I called Mrs. [REDACTED] to reschedule our appt today for me to interview [REDACTED] and [REDACTED] as an emergency case has come up. She has agreed to bring them tomorrow at 3 pm 6/19/13 to DCS for interview. I thanked her for her cooperation in this matter and clarified time/date/location of meeting.



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:	06/17/2013	Contact Method:	Phone Call
Contact Time:	01:50 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/17/2013
Completed date:	06/17/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/17/2013 02:48 PM Entered By: [REDACTED]

PHONE CALL [REDACTED] GRANDMOTHER

I called Ms. [REDACTED] to speak with her about the incident. She remains in [REDACTED] recuperating from total knee replacement.

I extended my sympathy to her and asked if she feels up to speaking to me. She said yes. She asked if I have heard back from the autopsy. I told her I requested the report today.

She said [REDACTED] had asthma but had not had an attack in a long time. She said he never had an attack where he could not breathe. He told her the other day, Nanna I dont have asthma anymore, I ran and did not get short of breath.

I asked her to walk me through the day prior to his death. She said they went swimming and rode bikes. She said he was fine and nothing out of ordinary. She said he always sleeps with her and that night before his death he went to make a peanut butter and jelly sandwich. She said she usually makes him a snack but didnt that night due to her being in so much pain with her knee. He made the sandwich and came back into the bedroom they share to eat it. She said he asked for drink of her tea and she gave him the glass as she wasnt supposed to drink after midnight due to surgery in morning. She said he put it on his side of the bed where he sleeps. She said he asked her if he could stay with her the next night at the hospital. She woke up that morning early to prepare to go to hospital. (At this point she begins to cry). She said she was sleeping on his side facing the front porch. He had on shorts and a T shirt. She said he was sleeping peacefully so she didnt wake him. She said he was just fine and sleeping. She said she was told that he must have stood up and fell down dead.

She said no one has told them anything about what he died from and they really want answers.

I told her I have left information on counseling for grief when she gets out and she might want to seek services if she feels it is needed.

I thanked her and the call was ended.

PHONE CALL MRS. [REDACTED] MOTHER



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████

I called Mrs. ██████████ to see if she can bring ██████████ to DCS tomorrow. She agreed to bring her at 1 pm tomorrow 6/18/13. I asked about ██████████. She said she will call ██████████ mother and see if she can bring her to her from ██████████ where she resides. She said she will bring both girls. I thanked her and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/17/2013

Contact Method: Correspondence

Contact Time: 01:25 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/17/2013

Completed date: 06/17/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/17/2013 01:31 PM Entered By: [REDACTED]

FAX

I faxed request on DCS letterhead and release of information to the Medical Examiner's office to request autopsy reports.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/17/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/17/2013

Completed date: 06/17/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/17/2013 01:33 PM Entered By: [REDACTED]

HOME VISIT

I went to the family home. Mr. [REDACTED] is home but others are not. Mrs. [REDACTED] has taken a family member to clinic to have staples removed from surgery. Mr. [REDACTED] said they are getting along as well as can be expected. He said they have not felt need to seek services. He said worker can come back at any time and meet with his wife and others. I thanked him for speaking with me.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/12/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/12/2013

Completed date: 06/12/2013

Completed By: [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2013 10:49 AM Entered By: [REDACTED]

CPIT MEETING

CPIT met today and present was this worker CM [REDACTED], Inv [REDACTED] of [REDACTED] Police Dept, CAC [REDACTED] and DCS CPS [REDACTED]

This case was discussed and team agreed to classify Neglect Death as AUPU as there has been no supporting evidence so far of foul play or neglect. It is unknown what the cause of death is from the preliminary of autopsy.

CPIT form in client file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/06/2013

Contact Method: Correspondence

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/06/2013

Completed date: 06/06/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 11:04 AM Entered By: [REDACTED]

CRIMINAL HISTORY REQUESTED FROM [REDACTED] SHERIFF DEPT

I faxed request for criminal history on the parents [REDACTED] and [REDACTED] and Grandmother [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/04/2013	Contact Method:	Correspondence
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/17/2013
Completed date:	06/17/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/17/2013 03:10 PM Entered By: [REDACTED]

FAX FROM [REDACTED] COUNTY AMBULANCE SERVICE

CM [REDACTED] received copy of the trip ticket from the ambulance service dated 5/28/13 where they responded to [REDACTED] at [REDACTED]

History: ASTHMA/ADHD

Allergies: NKDA

Current meds: CLONIDINE AND VYVANSE

Chief Complaint: DOA

Disposition: Dead at scene

Times: Onset at 10:30 am

Arrived at scene: 10:39 am

Left scene: 10:57 am

NARRATIVE:

HX: Dispatched by 911 and responded emergency to a 9 year old male family states is unresponsive after a fall. Upon arrival found pt lying supine on floor pulseless and aepnic. Pt presents with obvious signs of death (dependent lividity and rigor mortis).

■ PD Officer ■ states when he arrived, Pt was on floor on left side up against a bedroom wall and he rolled him over to start first aid. Mother states she left for work at 0700 this day and Pt was still asleep in bed. Pt's sister found him on the floor and her mother and 911.

HX: ASTHMA AND ADHD

PRI: ABC's absent, Pt has rigor and lividity, trach midline-JVD, Breath sounds absent, ABD soft, Hips stable, skin cold.

SEC: Pt presents pulseless and Aepnic with dependent lividity and rigor mortis, cardiac monitor shows asystole in



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

leads I, II, III.

TX: Pt Assessment, Cardiac Monitor, Requested Coroner, secured scene until coroner arrived, report and care to [REDACTED] Coroner.

Allergies: NKDA

Medications: Clonidine and Vyvanse.

Doctor: PCP [REDACTED]

Form signed by [REDACTED] CCEMT-P [REDACTED]

CM [REDACTED] placed this trip ticket into client file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/03/2013

Contact Method: Correspondence

Contact Time: 09:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2013

Completed date: 06/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 10:06 AM Entered By: [REDACTED]

EMAIL

I emailed TEIS with referral for [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/03/2013	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/17/2013
Completed date:	06/17/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/17/2013 04:22 PM Entered By: [REDACTED]

REVIEW OF MEDICAL RECORDS ON [REDACTED] FROM [REDACTED] PEDIATRICS

MEDICAL REPORTS FROM [REDACTED] PEDIATRICS

5/6/13-PHONE CALL

Doctor requested [REDACTED]

Caller name: [REDACTED]

Relationship mother

Patient name [REDACTED]

Pharmacy or written RX pickup written RX for A.D. H.D med medication 1 unsure STR 40 mg QTY; 30 Dose: 1 tab per day

4/4/13 DATE OF LAST PHYSICAL

PROBLEM:

Asthma w/o status Asthmaticus Active
 Attention Deficit w/hyperactivity Active
 Contact Dermatitis/Eczema Active
 Foreign body in ear Active
 Lumbago Active
 Micro penis Active
 Nocturnal Enuresis Active
 Reactive Airway Disease Active
 Sleep Disorder Active
 Undescended Testicles Active
 Urticaria Active

Allergy: NKDA Active

Medication history:

Claritin (loratadine) tablet 10 mg take one by mouth once a day as directed DISP 30 tablet Active



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Clonidine tablet 0.2 mg Take 1 tablet by mouth at bedtime DISP 30 mutually defined Rfls 3 (last 4/4/13 stop 8/2/13 by [REDACTED] MD Active

Pro Air HFA (albuterol sulfate) HFA Aerosol inhaler 90 mcg/actuation inhale 2 puffs using inhaler 4 times a day as needed-use for wheezing or shortness of breath or tight cough. Disp one inhaler by DR. [REDACTED] DO- ACTIVE

Vyvanse- (lisdexamfetamine) capsule 25 mg, take 1 capsule every morning Dsp. 30 capsule (last 5/6/13) by Dr. [REDACTED] Active

LUNGS: clear, equal breath sounds laterally

PLAN:

Immunizations UTD
 Follow up/ next visit at 10 yr
 Laboratory/Screening Results
 Normal cbc, failed PSC
 Referral Urology/ completed RESULT: undescended testicle

SURGERIES:

Removed blockage from kidney in 2004: repaired hernia in 2005
 Birth complications: kidney problems

DIAGNOSES:

ADHD AND INSOMNIA

3/4/13 OFFICE VISIT

ADHD recheck

CHIEF COMPLAINT:

Recheck meds. Mom thinks it may need to be increased, still very hyper and not listening well.

CURRENT MEDS:

Claritin, pro air HFA clonidine, vyvanse

DISCUSSION WITH PATIENTS:

Meds to help attention, not smart pills, not good behavior pill. Necessity for compliance discussed. Meds will affect appetite.

2/4/13 Office visit

CHIEF COMPLAINT

Sore throat, sneezing, coughing and gets dizzy, afebrile, onset 2 days ago.

LAB-rapid strep test negative



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Immunizations current

Plan:

Medication e-RX tussin DM and Sudafed ([REDACTED] MD)

Discussed usual course of this illness with caregiver

Treatment plan outlined

School excuse provided

Encourage fluids

Followup

Recheck in 3-4 days if not improved.

9/25/12

Flu immunization

7/23/12

Office Visit

Concerns: thinks child has UTI, ADHD meds not working

Still wetting bed.

Hearing screen completed and failed. Left, pass, right refer

Labs: all normal

PLAN

Immunizations, follow up next visit at 9 yr, lab/screening results normal, attempted to discuss diet and exercise but GMa said he is fine.

11/8/11

Office visit

Chief complaint, having bx issues at home and school for 3 months now. Does not listen and back talks is destructive.

HISTORY OF PRESENT ILLNESS

His bx has been increasingly difficult both at home and school; he sleeps with clonidine, isnt paying attention at school and talking when should be listening.

RESPIRATORY-Breathing has been good; no need for rescue inhaler.

Plan- medication Focalin XR 5 mg q am for ADHD and .1 mg Clonidine at hs for sleep.

Follow up/next visit 1 month for recheck.

***RECORDS DATE BACK TO 9/18/2006 WHEN [REDACTED] WAS 2 YRS OLD.

Copy of the entire file in client chart.

The most significant issues are ADHD, insomnia, past history with kidneys at birth along with normal childhood office visits for immunizations, etc.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

He was seen at [REDACTED] when a baby for his kidney problems.
His mother has kept him with the same pediatrician since age 2 years.



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: 05/31/2013

Contact Method: Face To Face

Contact Time: 08:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/06/2013

Completed date: 06/06/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 10:29 AM Entered By: [REDACTED]

[REDACTED] PEDIATRICS

This worker did go to medical clinic where [REDACTED] was a patient and picked up records on the child that worker requested yesterday.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/29/2013	Contact Method:	
Contact Time:	05:18 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/21/2013
Completed date:	06/21/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/21/2013 03:24 PM Entered By: [REDACTED]

SCREEN OUT CASE # [REDACTED]

Reporter states: [REDACTED] (9) is the son of [REDACTED] who lives in [REDACTED]. His sister is reportedly [REDACTED]. [REDACTED] has history of ADHD and asthma and was found dead at his home in his bedroom yesterday 5/28/13 at 11:10am. It is reported that two children found. The circumstances of his death are unknown. There are no previous reports of a child dying in the home to the reporters knowledge. An autopsy was conducted today by the [REDACTED] County Medical Examiner and there was no evidence of trauma. A urine drug screen was completed and [REDACTED] tested positive for amphetamines, which is believed to be from his ADHD medication. It will take 8-10 weeks for the full autopsy results to come back. It was initially believed [REDACTED] may have taken his grandmothers pain medication, but his drug screen was negative. The [REDACTED] Police Department responded on 5/28/13. The responding investigator was [REDACTED] and can be reached at [REDACTED]. Per SDM: Screen Out, duplicate referral, email sent to CM [REDACTED] and TL [REDACTED] TL @ 6:18pm on 05/29/13
Form

COPY OF THIS REFERRAL PLACE IN CLIENT FILE



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2013 Contact Method: Face To Face
 Contact Time: 04:40 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/06/2013
 Completed date: 06/17/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation, Sibling Interview/Observation, Initial ACV
 Face To Face, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 10:25 AM Entered By: [REDACTED]

HOME VISIT AND INITIAL F2F

I was unable to see the child victim as he was taken to [REDACTED] for an autopsy.

CM [REDACTED] and CM [REDACTED] went along with me to the family home at [REDACTED] in [REDACTED].
 I explained who we are and reason for visit. Mr. and Mrs. [REDACTED] invited us in.

Living in the home is following:

Mother: [REDACTED]
 Father/stepfather: [REDACTED] age 12 years and Mrs. [REDACTED] niece
 [REDACTED] age 2 years
 Mrs. [REDACTED] mother [REDACTED].

CM [REDACTED] spoke with the mother, [REDACTED] stepfather, [REDACTED] and [REDACTED] age 12 years and who is Mrs. [REDACTED] niece today at the home. Living in the home is M/M [REDACTED] her mother [REDACTED] their son [REDACTED] age 2 years and [REDACTED] age 12 years. A child [REDACTED] age 9 years and family friend had spent few days with them but her mother came from [REDACTED] today and got her taking her home.

It was reported to worker by Mr. and Mrs. [REDACTED] that yesterday the child went swimming and nothing out of the ordinary with him. Mrs. [REDACTED] reported that the child is on medication for ADHD Vyvanse and his last dose was yesterday. He was on Clonidine for his inability to sleep and his last dose was night before last, 5/26/13. There is no history of seizures with the child and to Mrs. [REDACTED] knowledge no family history of seizures. She said he was in very good health and the only issues he had was the ADHD and insomnia.

He went to sleep last night 5/27/13 around 9:30 pm and slept with grandmother which was normal as he always



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

wanted to sleep with her. Mrs. [REDACTED] saw him lying in bed this morning in passing by.

Mr. [REDACTED] stated he, his wife and grandmother took [REDACTED] to his other grandmother's home this morning then on way back through the dropped him off at the home and his wife took Mrs. [REDACTED] mother to hospital for a total knee replacement around 7:15 pm. Mr. [REDACTED] reported he came in the home and saw [REDACTED] lying on the couch and he went to hall doorway but didn't see [REDACTED]. He said the front door was unlocked so he assumed [REDACTED] and [REDACTED] had gone down the street to play with neighbor children. This was not unusual. He cooked breakfast and came back through seeing [REDACTED] on the couch. He still thought [REDACTED] was down the street playing. He had text his wife and told her [REDACTED] and [REDACTED] was not there. He did not see [REDACTED] in his bedroom.

Mrs. [REDACTED] said [REDACTED] had called her and said [REDACTED] looked like he hit his head. She left the hospital and came straight home and went into the bedroom where they said he was. She had worked at a nursing home and said she could see right away he was gone. She started Sternal massage while 911 were called. She said she did not want to hurt him but needed to do something.

[REDACTED] verified the details of the incident. [REDACTED] was not present to interview.

[REDACTED] father is [REDACTED]. Mother reported she cant find him to tell him his son is deceased. He may live in [REDACTED] but she is not sure.

Mrs. [REDACTED] is a homemaker. Mr. [REDACTED] supports the family with lawn care business. The family gets food stamps and has Tn Care medical insurance.

Early Head Start has been requested for [REDACTED] but he is not enrolled yet. I asked if I might request TEIS go into home to assess him and she said that is fine.

I explained Hipaa, Grievance, Client Rights Handbook and Indian Veto to Mrs. [REDACTED] she signed and was given copies. She signed a CS_0668 release for me to get information on [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/28/2013	Contact Method:	Attempted Face To Face
Contact Time:	02:15 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/06/2013
Completed date:	06/06/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/06/2013 10:23 AM Entered By: [REDACTED]

ATTEMPTED F2F

I went to the family home on [REDACTED] and no one was home. I called both cells and left messages with my contact information requesting call back.



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: 05/28/2013

Contact Method: Attempted Face To Face

Contact Time: 02:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/17/2013

Completed date: 06/17/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/17/2013 02:52 PM Entered By: [REDACTED]

GOOD FAITH

CM [REDACTED] unable to see the child [REDACTED] due to him being deceased and he has already been sent to [REDACTED] for autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/28/2013	Contact Method:	
Contact Time:	01:47 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/21/2013
Completed date:	06/21/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/21/2013 03:33 PM Entered By: [REDACTED]

CASE ASSIGNMENT

CM [REDACTED] assigned this P1 MRS INV Neglect Death case. Worker has already started the investigation.

Reporter states: [REDACTED] or [REDACTED] (9) lived with his mother [REDACTED]. The reporter does not know who actually lives in the home but [REDACTED] cousin [REDACTED] (13) and [REDACTED] (9) were in the home at the time of the incident. It is unknown what [REDACTED] relationship is to [REDACTED].

Today, the reporter received a phone call from coroner [REDACTED]. The reporter was advised that [REDACTED] is deceased. The reporter was informed that Ms. [REDACTED] took the grandmother (unknown) to the hospital this morning for surgery. The reporter was informed that Ms. [REDACTED] reported that she last saw [REDACTED] at 7 am when [REDACTED] was observed sleeping in the bed with the grandmother. Ms. [REDACTED] reported that [REDACTED] appeared to be fine.

The reporter was informed that [REDACTED] and [REDACTED] went in the room but did not see [REDACTED]. They then found [REDACTED] lying partially off the bed. The girls poured water on [REDACTED] to try and wake him up and then they contacted law enforcement.

Coroner [REDACTED] reported that he pronounced [REDACTED] dead at 11:10am. The reporter was informed that the room temperature was 74.9 degrees and [REDACTED] rectal temperature was 94.9 degrees. It is believed that he has not been deceased long. Ms. [REDACTED] was home at the time that the coroner was at the family home.

At this time the cause of death is unknown. The reporter was informed that there are no current signs of foul play. [REDACTED] body has been to [REDACTED] for an autopsy. [REDACTED] was on medication for ADHD as well as Clonidine to help him sleep.

This is all the information that the reporter has at this time.

County group emailed.

Per SDM: Investigative Track, P1, [REDACTED] TL on 5-28-13 @ 3:21 pm

Child Fatality Group notified via email:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] and the Child-Fatality-Notification EI-DCS.
[REDACTED] and RA [REDACTED] were copied on the notification email.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 5/28/13 1:46 PM

Date of Assessment: 6/3/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 3

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 of 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.



Tennessee Department of Children's Services

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: _____



Tennessee Department of Children's Services Notice of Child Fatality/Near Fatality

Investigation #:	Not assigned as of this report being completed, however the intake number is [redacted]
Date of Notification:	5/28/13
Date of Death/ Incident:	5/28/2013

Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY
Child's Name:	[redacted]	DOB: [redacted]
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
Parents' Name(s):	Mother: [redacted]	Father: [redacted]
Was child in custody at time of incident?	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Adjudication: NA
If child is in DCS custody, list placement type and name:	NA	

Describe (in detail) cause or circumstance regarding the death/injury: Per County Coroner [redacted] the Mother stated that last time she saw her son was at 7 am on this date of 5/28/13. She said she had to take grandmother to Medical Center for surgery this morning. [redacted] had slept beside his grandmother overnight. Mother told County Coroner [redacted] that he appeared to be asleep at 7 am. Coroner said the stepfather Mr. [redacted] looked in and did not see the child in bed. Coroner reported to this DCS worker that 2 other children who may reside in the home poured water on him in attempt to wake him after they saw him lying on the floor. They thought this would wake him. He said the child may have possibly had a seizure as his mouth and teeth were clenched and tongue partially between his teeth but until autopsy comes in it is uncertain. He was pronounced dead at 11:10 am on this date 5/28/13. The room temperature was 74.9 and the body rectal temperature was 94.9. He had a 3+ rigors and lividity present in his left shoulder. Coroner and Investigator [redacted] of [redacted] Police Department stated nothing found at this time to suggest this is anything but a natural death. Coroner said the child did have a scar on his left flank from a kidney surgery at age 10 months. The child's head was partially under the bed with his right arm under bed and right leg against the metal bed frame lying on his stomach. Investigator [redacted] of [redacted] Police Department stated nothing found that would indicate abuse/neglect but the body has been sent to [redacted] for an Autopsy to determine the cause of death. Coroner stated child had the age appropriate scratches but no marks or bruises that would indicate abuse or neglect. Neither agency could determine cause of death. Coroner [redacted] did state the child was ADHD and prescribed Vyvanse COP 40 mg on 5/19/13 and there were 15 of 30 left in the bottle. He was prescribed Clonidine HCL 2 mg on 4/26/13 and there were 0 of 30 in bottle. These were prescribed by Dr. [redacted] of [redacted] Pediatrics Clinic. Coroner stated hopefully the autopsy will be back in next day as the Rescue Squad had already left to take the child to [redacted] prior to DCS report.

Describe (in detail) interview with family: CM [redacted] spoke with the child's mother, [redacted] stepfather, [redacted] and [redacted] age 12 years and who is Mrs. [redacted] niece today at the home. Living in the home is M/M her mother [redacted] their son [redacted] age 2 years and [redacted] age 12 years. A child [redacted] age 9 years and family friend had spent few days with them but her mother came from [redacted] today and got her taking her home. It was reported to worker by Mr. and Mrs. [redacted] that yesterday the child went swimming and nothing out of the ordinary with him. Mrs. [redacted] reported that the child is on medication for ADHD Vyvanse and his last dose was yesterday. He was on Clonidine for his inability to sleep and his last dose was night before last, 5/26/13. There is no history of seizures with the child and to Mrs. [redacted] knowledge no family history of seizures. She said he was in very good health and the only issues he had was the ADHD and insomnia. He went to sleep last night 5/27/13 around 9:30 pm and slept with grandmother which was normal as he always wanted to sleep with her. Mrs. [redacted] saw him lying in bed this morning in passing by. Mr. [redacted] stated he, his wife and grandmother took [redacted] to his other grandmother's home this morning then on way back through the dropped him off at the home and his wife took Mrs. [redacted] mother to hospital for a total knee replacement around 7:15 pm. Mr. [redacted] reported he came in the home and saw [redacted] lying on the couch and he went to hall doorway but didn't see [redacted] He said the

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Child's Case File

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]

Report to this notice if TFACTS is inoperable: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		ATTACH a copy of the TFACTS Incident Report or Form CS-0496, Serious Incident	
Contact Person/Phone Number(s) (include CM, TL, and TC): CM [REDACTED] TL [REDACTED] TC [REDACTED]			
Has there been any media inquiry or is attention expected? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
None found after search with information provided			
Prior DCS involvement, include dates, findings, and/or adjudications:			
The family has large extended family and friend support already in place and who can and will assist with needs including helping out with the children. A cousin [REDACTED] has agreed to maintain contact with the family and assist with any necessary needs. CPS CM [REDACTED] has made herself available to the family. CPS CM [REDACTED] has given the family counseling resources and identified a resource with [REDACTED] where the mother [REDACTED] attends study and this is a free counseling agency. An IPA was completed with family stating they will draw in their family and friend support to assist.		[REDACTED] 12 years old DOB: [REDACTED] [REDACTED] 2 years old DOB: [REDACTED]	
Describe (in detail) action taken to ensure safety of other children (list names and ages of children) and or victim (Near Fatality) (attach safety plan, if applicable):			
Alleged perpetrator and relationship to child: Unknown relationship			
If so, describe (in detail) law enforcement or court involvement: NA			
Was there an open investigation at the time of Fatality/Near Fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Did CPS open an investigation on this Fatality/Near Fatality? <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed			
Name of Medical Examiner or Coroner: [REDACTED]		Was autopsy requested? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Describe disposition of body (Fatality):		Child was sent to [REDACTED] for Autopsy on this date.	
If child was hospitalized, describe (in detail) DCS involvement during hospitalization: NA			
<p>front door was unlocked so he as [REDACTED] and [REDACTED] had gone down street to play with neighbor children. This was not unusual. He cooked breakfast and came back through seeing [REDACTED] on the couch. He still thought [REDACTED] was down the street playing. He had text his wife and told her [REDACTED] and [REDACTED] was not there. He did not see [REDACTED] in his bedroom.</p> <p>Mrs. [REDACTED] had called her and said [REDACTED] looked like he hit his head. She left the hospital and came straight home and went into the bedroom where they said he was. She had worked at a nursing home and said she could see right away he was gone. She started sternal massage while 911 was called. She said she did not want to hurt him but needed to do something. Mrs. [REDACTED] stated the coroner felt this could be a seizure but can't be certain until autopsy is performed. This worker spoke with the child [REDACTED] who verified the details of the incident. [REDACTED] was not present to interview.</p>			