



Tennessee Department of Children's Services  
**Notice of Child Death/Near Death**

Case # 2013.090

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	10/17/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/17/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Mother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					

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

Reporter states: Two unknown male children ages 3 and 2 reside with their parents ██████████.

Today, 10/17/2013, Law Enforcement was contacted due to a report of a deceased child. Unknown-male (2) was downstairs in the basement play area, by himself, when he became tangled in the window blind cord. The mother reports that Unknown-male (3) was upstairs with her and Unknown-male (2) was out of her sight for about 10 minutes before she went looking for him. The mother contacted 9-1-1 at 1:51 pm and Unknown-male (2) was transported to the hospital by Emergency Medical Services (EMS). EMS did CPR on the child, but he could not be revived and was pronounced dead by hospital staff (time unknown). The child had marks around his neck that appear consistent with being tangled in the blinds.

The referent states that they have not personally witnessed the family's home at this time, but it was reported to be appropriate. Law Enforcement has not interviewed the mother at this time, but DCS presence is requested for the interview.

The referent is not aware of the father's whereabouts at the time of incident, but he is currently at the ██████████ Hospital with the mother.

Unknown-male (3) was sent with a family friend (name/information unknown).

The children have no known special needs or disabilities.

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

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

**Describe (in detail) interview with family:**

According to ██████████, mother, her 3 year old and 2 year old were playing down stairs. The 3 year old came upstairs and wanted to watch a movie. She put a movie in and popped popcorn. She went to get the 2 year old and found him hanging in a blind cord. She took him down, tried CPR and even got workers next door to come and perform CPR. During this time she had also called emergency services. When they arrived they performed CPR but he couldn't be revived. He was transported to ██████████ Hospital ██████████ and pronounced dead. ██████████ father, was a work at the time of this incident. CM ██████████ did talk with him and he was distraught with what had occurred. He didn't have any information about what had occurred other than stating his wife was a good mother to the children.

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

N/A

Describe disposition of body (Death):	Child was released from the hospital for an autopsy		
Name of Medical Examiner/Coroner:	██████████ Examiner unknown	Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	Case # 2013-090 02/20/2013
Did CPS open an investigation on this Death/Near Death?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
Type:	N/A		Case #:		
Describe law enforcement or court involvement, if applicable: Law enforcement has ruled case as accidental death.					
Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable): This case has been described as accidental by law enforcement. CM ██████████ completed a home study of the home on 10/17/13. CM observed no safety concerns in the home including checking blinds throughout the house and there were no cords in reach or that appeared to be a safety concern. CM ██████████ did notice there was a couch with a window a little behind the couch downstairs where the 2 year old was found. However, it is not clear how the 2 year got caught up in the blind cord. The home was clean and had minimal clutter. CM ██████████ observed no rodents or bugs in the home. The 3 year old child was also observed as well and he appeared to be ok. He was verbal but was not interviewed by LE. CM ██████████ spoke to him but he would only give basic info such as his birthday. The two older children were in school. CM ██████████ went back to the home later and spoke with the two children after they came home from school. CM will be working with the family to identify counseling resources to assist them in dealing with the death of ██████████ (* Mrs. ██████████ has a son by the name of ██████████, however, he doesn't live with her. His father's name is ██████████.)					
Name:	██████████	Age:	15		
Name:	██████████	Age:	13		
Name:	██████████	Age:	3		
Name:		Age:			
Name:		Age:			
Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):					
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
05/11/2009	██████████	Enviromental Neglect/ Lack of Supervision	██████████	██████████	No Services needed
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:			Telephone Number: ( ) -		
Case Manager: ██████████			Telephone Number: ██████████		
Team Leader: ██████████			Telephone Number: ██████████		
Team Coordinator: ██████████			Telephone Number: ██████████		
ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice.					<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Email to: <a href="#">Child-Fatality-Notification EI-DCS</a>					

**within forty-eight (48) hours of notification**

**Include subject line (in RED): CHILD DEATH [secure email] or  
CHILD NEAR DEATH [secure email]**



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 10/17/2013 02:11 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 10/17/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 10/17/2013 03:51 PM  
First Team Leader Assigned: [REDACTED] Date/Time 10/17/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 10/17/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [REDACTED] Unknown	3 Yrs (Est)	Lack of Supervision	No	[REDACTED]	Birth Mother
Unknown Participant [REDACTED] Unknown	2 Yrs 6 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

**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: Letter  
Narrative: TFACTS:  
Families Case IDs: [REDACTED]  
Open Court Custody/FSS/FCIP: No  
Closed Court Custody No  
Open CPS - No  
Indicated No



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

Fatality No

Screened out 0

History (not listed above): # [REDACTED] /LOS-ENN [REDACTED] and [REDACTED] /No Services Needed (victim as [REDACTED])

NOTE: TFACTS shows family name as [REDACTED]

DUPLICATE REFERRAL: No

County: [REDACTED]  
 Notification: Letter  
 School/ Daycare: Unknown  
 Native American Descent: Unknown  
 Directions: None

Reporters name/relationship: [REDACTED]

NOTE: The familys address is listed under the oldest child in the home.

Reporter states: Two unknown male children ages 3 and 2 reside with their parents, [REDACTED].

Today, 10/17/2013, Law Enforcement was contacted due to a report of a deceased child. Unknown-male (2) was downstairs in the basement play area, by himself, when he became tangled in the window blind cord. The mother reports that Unknown-male (3) was upstairs with her and Unknown-male (2) was out of her sight for about 10 minutes before she went looking for him. The mother contacted 9-1-1 at 1:51 pm and Unknown-male (2) was transported to the hospital by Emergency Medical Services (EMS). EMS did CPR on the child, but he could not be revived and was pronounced dead by hospital staff (time unknown). The child had marks around his neck that appear consistent with being tangled in the blinds.

The referent states that they have not personally witnessed the familys home at this time, but it was reported to be appropriate. Law Enforcement has not interviewed the mother at this time, but DCS presence is requested for the interview.

The referent is not aware of the fathers whereabouts at the time of incident, but he is currently at the [REDACTED] Hospital with the mother.

Unknown-male (3) was sent with a family friend (name/information unknown).

The children have no known special needs or disabilities.

The referent is requesting immediate assistance.

County group emailed.  
 Per SDM: P1-Investigation, Neglect Death, [REDACTED] TL on 10-17-13 @ 2:55 pm

Notified Child Death Group [REDACTED] and [REDACTED] was copied on the email.



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

**Participant(s)**

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant 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:**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 33 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:** Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 3 Yrs (Est)

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:** Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 6 Mos (Est)

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: 10/17/2013

Assignment Date: 10/17/2013

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			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 12/13/2013
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 12/13/2013

**C. Disposition Decision**

Disposition Decision:

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 12/13/2013

Team Leader: [REDACTED]

Date: 12/13/2013

**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:**

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

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

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

Distribution Copies: Juvenile Court in All Cases  
District Attorney in Severe Child Abuse Cases  
Regional Supervising Attorney



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/19/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/19/2013
Completed date:	12/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/19/2013 02:34 PM Entered By: [REDACTED]

TL reviewed case as submitted by assigned CM. CM has completed her investigation and is recommending an Unsubstantiated classification for all allegations. Classification has been presented to, and accepted by the CPIT panel. TL also concurs. Case can be closed. Notification of Classification will be sent to [REDACTED] Juvenile Court and the District Attorney's Office via 740 forms.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/13/2013	Contact Method:	
Contact Time:	07:24 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/13/2013
Completed date:	12/13/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/13/2013 07:29 AM      Entered By: [REDACTED]

CM received this case for allegations of lack of supervision and neglect death. CM will close case as unfounded as this event has been deemed an accident by the [REDACTED] Examiner's office and the [REDACTED] Sheriff's Department. Family is receiving counseling through [REDACTED] and with Hospice [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: 12/11/2013 Contact Method: Face To Face  
 Contact Time: 07:30 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 12/13/2013  
 Completed date: 12/13/2013 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Other Child Living in the Home  
 Interview/Observation, Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/13/2013 07:22 AM Entered By: [REDACTED]

CM went to the home and meet with the family. Per Ms. [REDACTED] she was doing okay. She stated that there were still times that she could not get out of the bed and she blamed her self often. She stated that she was in counseling and had recently been diagnosed with Post Traumatic Stress Syndrome. She stated that she was also working with Hospice Grief Counselors as well. She stated that she has also become a member of the Mothers for Cord Blind Safety committee and hopes that once she is well again, she can speak out to other parents about Cord Blind Safety. Per Ms. [REDACTED] the two oldest children were having a hard time. [REDACTED] has been pulled out of school until January as she was struggling with the death of her brother and trying to a keep up with her grades. She stated [REDACTED] was doing okay. She stated that she was struggling as well however [REDACTED] was trying to get a scholarship to [REDACTED] or [REDACTED] so she was focusing on her grades. [REDACTED] is also playing sports as well. Per Ms. [REDACTED] there is not many places to service [REDACTED] therapy needs. She has purchased books about death and he will also attend family activities with the Hospice center. She stated that he has also regressed in potty training and will not sleep alone. CM encouraged her to use family support and services that has been given to her. CM advised that that CM will be closing the case and completed DCS paperwork.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/27/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/13/2013

Completed date: 12/13/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/13/2013 07:11 AM      Entered By: [REDACTED]

CM took the case to CPIT. Per CPIT, [REDACTED] death was deemed an accident. CM has received the autopsy report. No concerns were noted.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/14/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/13/2013

Completed date: 12/13/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Other Child Living in the Home Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/13/2013 07:10 AM Entered By: [REDACTED]

CM went to the home and meet with Ms. [REDACTED] CM observed no issues at this time. Per Ms. [REDACTED] the family was on their way to counseling. Ms. [REDACTED] stated that times were going okay and she was still trying to find ways to cope with the lost of her son. Neither children had any concerns.

Narrative Type: Addendum 1 Entry Date/Time: 01/07/2014 02:24 PM Entered By: [REDACTED]

CM needs to note the full names of everyone interviewed. Ms. [REDACTED] should be identified as [REDACTED], [REDACTED] should be identified as [REDACTED], [REDACTED] should be identified as [REDACTED], and [REDACTED] should be identified as [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: 10/28/2013

Contact Method:

Contact Time: 01:13 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/13/2013

Completed date: 12/13/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/13/2013 07:05 AM      Entered By: [REDACTED]

CM submitted an email to the Medical Examiner's Office for [REDACTED] 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: 10/18/2013

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/28/2013 01:51 PM      Entered By: [REDACTED]

CM spoke with Mrs. [REDACTED] on the phone. Per Ms. [REDACTED] she was having a hard time and had gone to make an appointment at [REDACTED]. CM advised her that CM would be working on finding counseling for the family. CM confirmed with Mrs. [REDACTED] that she had another son [REDACTED] who lives in [REDACTED]. He was not aware of [REDACTED] death at the 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:	10/17/2013	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 04 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	10/28/2013
Completed date:	10/28/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview, Initial ACV Face To Face, Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/28/2013 01:45 PM      Entered By: [REDACTED]

CM [REDACTED] completed a home study of the home at this time. CM observed no safety concerns in the home including checking blinds throughout the house and there were no cords in reach or that appeared to be a safety concern. CM did notice there was a couch with a window a little behind the couch downstairs where the 2 year old was found. However, it is not clear how the 2 year got caught up in the blind cord. The home was clean and had minimal clutter. CM [REDACTED] observed no rodents or bugs in the home.

CM went to [REDACTED] Hospital and met with Mr. and Mrs. [REDACTED]. Mrs. [REDACTED] was very distraught about the incident and was very hard to comprehend. CM was able to obtain demographic information and the where a bouts of the other children so that CM could meet with them. CM gave Mrs. [REDACTED] CMs contact information.

CM spook with Mr. [REDACTED] and obtained demographic information. He also was distraught with what had occurred. He didn't have any information about what had occurred other than stating his wife was a good mother to the children.

5:00 pm

[REDACTED] was observed while in the care of his grandmother. He appeared to be ok however he did not understand what had occurred. He was verbal but he would only give basic info such as his birthday. [REDACTED] was clean and well groomed. CM observed no out of the ordinary marks or bruising on the child.

5:30 pm

CM met with [REDACTED] and [REDACTED] at this time. Both of the girls were very distraught and hard to talk to about the incident. CM observed that they were clean and well groom. CM offered them CMs contact info for support.



**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: 10/17/2013

Contact Method: Face To Face

Contact Time: 02:29 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2013 01:46 PM Entered By: [REDACTED]

CM went to the home and met with Det. [REDACTED]. Det. [REDACTED] went through the home with CM and explained the circumstances of the child's death. CM noted that per Det. [REDACTED] mother's story was consistent with things in the home such as popcorn in the microwave and [REDACTED] shoes were on the bed. According to law enforcement, Mrs. [REDACTED] stated that [REDACTED] and [REDACTED] were playing down stairs when [REDACTED] came upstairs and wanted to watch a movie. She stated that she went in her room and put a movie in and popped popcorn in the kitchen. She stated that she noticed that she had not heard [REDACTED] so she went to go get [REDACTED] and found him hanging in a blind cord. She stated that she then took him down, tried CPR and got workers who were working next door to help. During this time she had also called emergency services. [REDACTED] could not be revived by emergency workers as well. He was transported to [REDACTED] and pronounced dead.



**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:	10/17/2013	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/07/2014
Completed date:	01/07/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/07/2014 02:52 PM      Entered By: [REDACTED]

Case Name: [REDACTED]  
 Referral #: [REDACTED]  
 Date of Referral: 10/17/13

**Referral:**

Reporter states: Two unknown male children ages 3 and 2 reside with their parents, [REDACTED] and [REDACTED]. Today, 10/17/2013, Law Enforcement was contacted due to a report of a deceased child. Unknown-male (2) was downstairs in the basement play area, by himself, when he became tangled in the window blind cord. The mother reports that Unknown-male (3) was upstairs with her and Unknown-male (2) was out of her sight for about 10 minutes before she went looking for him. The mother contacted 9-1-1 at 1:51 pm and Unknown-male (2) was transported to the hospital by Emergency Medical Services (EMS). EMS did CPR on the child, but he could not be revived and was pronounced dead by hospital staff (time unknown). The child had marks around his neck that appear consistent with being tangled in the blinds. The referent states that they have not personally witnessed the family's home at this time, but it was reported to be appropriate. Law Enforcement has not interviewed the mother at this time, but DCS presence is requested for the interview. The referent is not aware of the father's whereabouts at the time of incident, but he is currently at the [REDACTED] Hospital with the mother. Unknown-male (3) was sent with a family friend (name/information unknown). The children have no known special needs or disabilities. The referent is requesting immediate assistance.

Allegations and Presenting Problems: Allegations of neglect death and lack of supervision

**CPS/DCS History:**

Case #: [REDACTED]  
 CPS received a case for allegations of lack of supervision and environmental neglect. The alleged child victim was



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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[REDACTED] and the alleged perpetrators were [REDACTED] and [REDACTED]. The case was closed as No services needed.

Family Composition/ Demographics:

[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:	12/11/2012	Contact Method:	Face To Face
Contact Time:	07:30 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/13/2013
Completed date:	12/13/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation, Alleged Perpetrator Interview, Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/13/2013 07:16 AM      Entered By: [REDACTED]

CM went to the home and meet with the family. Per Ms. [REDACTED] she was doing okay. She stated that there were still times that she could not get out of the bed and she blamed her self often. She stated that she was in counseling and had recently been diagnosed with Post Traumatic Stress Syndrome. She stated that she was also working with Hospice Grief Counselors as well. She stated that she has also become a member of the Mothers for Cord Blind Safety committee and hopes that once she is well again, she can speak out to other parents about Cord Blind Safety. Per Ms. [REDACTED] the two oldest children were having a hard time. [REDACTED] has been pulled out of school until January as she was struggling with the death of her brother and trying to a keep up with her grades. She stated [REDACTED] was doing okay. She stated that she was struggling as well however [REDACTED] was trying to get a scholarship to [REDACTED] or [REDACTED] so she was focusing on her grades. [REDACTED] is also playing sports as well. Per Ms. [REDACTED] there is not many places to service [REDACTED] therapy needs. She has purchased books about death and he will also attend family activates with the Hospice center. She stated that he has also regressed in potty training and will not sleep alone. CM encouraged her to use family support and services that has been given to her. CM advised that that CM will be closing the case and completed DCS paperwork.

Narrative Type: Addendum 1      Entry Date/Time: 12/13/2013 07:19 AM      Entered By: [REDACTED]

Original date of the visit was 12/11/13. CM enter in the wrong date.