



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

Case # 2013.097

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/14/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/05/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	None	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						
Describe (in detail) circumstances surrounding death/near death:						
<p>According to the referral ██████████, 7 years old passed away due to complications from Prader Willi Syndrome. Prader Willi Syndrome is a rare genetic disorder in which seven genes are deleted or unexpressed on the paternal chromosome. Characteristics of Prader Willi Syndrome is "low muscle tone, short stature, incomplete sexual development, cognitive disabilities, problem behaviors, and a chronic feeling of hunger that can lead to excessive eating and life-threatening obesity. Prader Willi Syndrome is a spectrum disorder so symptoms can range from mild to severe, and may change throughout a person's lifetime. There is no cure for Prader Willi Syndrome. ██████████ was diagnosed with Prader Willi Syndrome at 2 years old.</p> <p>On 11/5/2013 ██████████ was asleep and her mother, ██████████ checked on her around 3:00 and she was fine. Ms ██████████ checked on ██████████ again at 6:00 and she was not breathing and an ambulance was called. The child's father, ██████████ started CPR until the medics arrived on the scene. Medics were able to get a pulse and they rushed the victim ██████████ critical to ██████████. Upon arriving at ██████████ Doctors started working on ██████████ in which they advised they lost her pulse, but was able to get it back. ██████████ pulse was stable and unstable at times. ██████████ was admitted to the ICU where she later passed away. The referral noted that ██████████ passed away due to complications from Prader willi Syndrome. There were no indications of trauma.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:			Telephone #	( ) -		
Street Address:			City/State/Zip:			
Describe (in detail) interview with family:						
CPSI has been unable to interview the family due to the family relocating to ██████████						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):						
Name of Medical Examiner/Coroner:	██████████ Medical Examiner	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
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:			Case #:			
Describe law enforcement or court involvement, if applicable:						
N/A						

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

CS-0635, Rev. 08/13

RDA 2993

Page 1

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):

N/A

Name:	Age:

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

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

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

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

Contact Person:	Telephone Number: ( ) -
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice.  No  Yes

**Email to: [Child-Fatality-Notification EI-DCS](#)**  
**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: 11/14/2013 02:00 PM CT  
 Track Assigned: Investigation Priority Assigned: 2  
 Screened By: [REDACTED]  
 Date Screened: 11/14/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 11/15/2013 10:03 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 11/15/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 11/15/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 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:  
 Type of Contact: Facsimile  
 Notification: Letter  
 Narrative: This is a Non-Custodial Child  
 TFACTS: History: None  
 Family Case ID: None  
 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: 1 [REDACTED]

History (not listed above): No

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: None

Reporters name/relationship: [REDACTED]

Reporter states:

\*\*\*FAXED REPORT TYPED VERBATIM\*\*\*

On 11/05/2013 at 06:26 hours, Officer [REDACTED] reported a memo [REDACTED]

Officer was dispatched to the above address on an unresponsive 7 yrs. Old f/b victim [REDACTED]. Officer spoke with the complainant [REDACTED] (mother) which advised she checked on her daughter around 0300 on todays date and her daughter was fine. The complainant advised she came back into her daughters bedroom around 0600 and realized that she was not breathing and called for the Ambulances. Other [REDACTED] (father) advised he started CPR once he made it into his daughters bedroom.

The complainant advised her daughter suffers from Prader-Willi Syndrome which is a rare genetic disorder since age 2.

Unit#16 made the scene and took over with CPR, once the Medics were able to get a pulse they rushed the victim [REDACTED] critical to [REDACTED]. Officer changed locations to [REDACTED] and stood by while to Doctors worked on the victim. Doctors advised they lost the victims pulse, but was able to get it back. The victims pulse was stable and unstable at times the doctors advised. The victim was able to become stable enough to be taken into the ICU. Nothing further as of this writing.

\*\*\*There is a notation on the police report stating that According to Dr. [REDACTED] the attending physician summarized that the childs death was due to complications from Prader Willi Syndrome. No indication of trauma. No further SB #0700

Special Needs: Prader Willi Syndrome

NOTE: Fax is attached to this intake in the "Documents" hyperlink that appears above the narrative.

Per SDM: Investigative Track (Severe), P2 - Death. No other children reported to be in the home. [REDACTED] TL on 11-14-13 @ 4:46 pm

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

County paged through MIR3 @ 4:52 pm as a courtesy due to this being a death report.

Recipients	Time Issued	Response Received	Devices	Responses	
[REDACTED]	11-14-13 04:58:03 PM CST	04:58:03 PM CST	11-14-13 04:58:53 PM CST	PRIVATE	Received
	11-14-13 04:58:04 PM CST	---	PRIVATE	Email Sent	



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



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 38 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: Male

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 38 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: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 7 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: Unknown Participant [REDACTED] Unknown

Gender:

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:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 11/14/2013

Assignment Date: 11/15/2013

Street Address:

City/State/Zip:

**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	Unknown [REDACTED] Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/26/2013

**C. Disposition Decision**

Disposition Decision:

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 11/26/2013

Team Leader: [REDACTED]

Date: 11/27/2013

**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 family no longer resides in [REDACTED]

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

The medical report stated that the physician spoke to Medical Examiner's office in [REDACTED] and they did not feel the patient was a Medical Examiner case, family declined autopsy. Cause of death complications from Prader Willi syndrome.

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

CPSI briefly spoke with Ms [REDACTED] who informed CPSI that she was no longer in [REDACTED]. Ms [REDACTED] was emotional on the telephone and didn't understand why CPSI would be calling her. CPSI explained that the department received referrals on children who pass away at young ages to work with the family and provide services as needed to the families. Ms [REDACTED] informed CPSI that was fine but the family was no longer in [REDACTED].



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

Case Name : ██████████

Investigation ID: ██████████

██████████ and they were now in ██████████ if CPSI wanted to come to the home. Ms ██████████ stated that she couldn't remain in the home where ██████████ initially passed away in (although she was brought back and they were able to get a pulse).

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

On 11/05/2013 at 06:26 hours, ██████████ (██████████) reported a memo at ██████████

Officer was dispatched to the above address on an unresponsive 7 yrs. Old f/b victim ██████████. Officer spoke with the complainant ██████████ (mother) which advised she checked on her daughter around 0300 on today's date and her daughter was fine. The complainant advised she came back into her daughter's bedroom around 0600 and realized that she was not breathing and called for the Ambulances. Other ██████████ (father) advised he started CPR once he made it into his daughter's bedroom.

The complainant advised her daughter suffers from Prader-Willi Syndrome which is a rare genetic disorder since age 2.

Unit#16 made the scene and took over with CPR, once the Medics were able to get a pulse they rushed the victim ██████████ critical to ██████████. Officer changed locations to ██████████ and stood by while the Doctors worked on the victim. Doctors advised they lost the victim's pulse, but was able to get it back. The victim's pulse was stable and unstable at times the doctors advised. The victim was able to become stable enough to be taken into the ICU. Nothing further as of this writing.

\*\*\*There is a notation on the police report stating that According to Dr. ██████████ the attending physician summarized that the child's death was due to complications from Prader Willi Syndrome. No indication of trauma. No further SB #0700

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

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities.

CPSI spoke with medical personnel and with law enforcement and obtained medical records stating that ██████████ did not pass due to allegations of neglect death and she passed away from complications of Prader Willi Syndrome which is an illness she has had since she was 2 years old. CPSI made contact with Birth Mother, ██████████ via telephone stating that the family resided in ██████████ now because she couldn't stay at the family home in ██████████ because that is where ██████████ initially passed away. CPSI made contact with ██████████ Department of Child and Family and requested a safety welfare check on the 2 year old in the home. This investigation has been completed and the allegations are not substantiated. The 740 forms have been completed and placed in the case file. CPSI also provided the family with information regarding Grief Counseling through ██████████

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: 01/13/2014

Contact Method:

Contact Time: 07:59 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/13/2014

Completed date: 01/13/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/13/2014 08:00 PM      Entered By: [REDACTED]

Administrative review for case closure. Case is approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	12/02/2013	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/13/2014
Completed date:	01/15/2014	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 01/13/2014 02:52 PM      Entered By: [REDACTED]

This case was submitted for review. The 740 has been completed and will be forwarded to Juvenile Court and DA for classification. Medical autopsy was not completed. Child died due to complications from Prader Willi syndrome. Medical record has been placed in the case file which indicated cause of death complication from Prader willli syndrome, e signed by [REDACTED] MD. The case was presented to CPIT on 11-18-13 to handle as appropriate. The case will be closed upon review.



**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: 11/26/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/26/2013

Completed date: 11/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/26/2013 10:37 AM      Entered By: [REDACTED]

CPSI called the [REDACTED] Department of Children and Family services and made a report for a safety welfare check regarding this family. There is a 2 year old in the home and since the family left [REDACTED] and are in [REDACTED] CPSI asked that they follow up 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: 11/26/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/26/2013

Completed date: 11/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/26/2013 10:43 AM Entered By: [REDACTED]

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities.

CPSI spoke with medical personnel and with law enforcement and obtained medical records stating that [REDACTED] did not pass due to allegations of neglect death and she passed away from complications of Prader Willi Syndrome which is an illness she has had since she was 2 years old. CPSI made contact with Birth Mother, [REDACTED] via telephone stating that the family resided in [REDACTED] now because she couldn't stay at the family home in [REDACTED] because that is where [REDACTED] initially passed away. CPSI made contact with [REDACTED] Department of Child and Family and requested a safety welfare check on the 2 year old in the home. This investigation has been completed and the the allegations are not substantiated. The 740 forms have been completed and placed in the case file.

Narrative Type: Addendum 1 Entry Date/Time: 11/26/2013 10:49 AM Entered By: [REDACTED]

CPSI also provided the family with information regarding Grief Counseling through [REDACTED]. A copy of what was provided is placed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2013 03:58 PM Entered By: [REDACTED]

CPSI spoke with Sgt. [REDACTED] with [REDACTED] Police Department regarding this referral. Sgt. [REDACTED] stated that the child didn't die from neglect death but naturally. Sgt. [REDACTED] provided CPSI with a copy of medical paperwork he obtained from [REDACTED] Hospital stating everything that was done while the patient was at the hospital being admitted to ICU and how the patient was pronounced dead at 9:06 pm. The medical report stated that the physician spoke to Medical Examiner's office in [REDACTED] County and they did not feel the patient was a Medical Examiner case, family declined autopsy. Cause of death complications from Prader Willi syndrome. A copy of the medical paperwork is placed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2013

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2013 04:02 PM      Entered By: [REDACTED]

CPSI faxed request for Death Certificate of [REDACTED] [REDACTED] to Vital Records Department of Health. A copy of the request is placed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2013

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2013 01:51 PM      Entered By: [REDACTED]

CPSI received a phone call from the medical examiner's office informing CPSI that [REDACTED] didn't have an autopsy done on her body.



**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: 11/18/2013

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2013 01:42 PM      Entered By: [REDACTED]

CPSI faxed a request for autopsy on [REDACTED]. A copy of the request is placed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2013 01:40 PM      Entered By: [REDACTED]

CPSI emailed Notice of Child Death form to [REDACTED]. A copy of the form is placed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2013

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2013 12:19 PM Entered By: [REDACTED]

CPSI briefly spoke with Ms [REDACTED] who informed CPSI that she was no longer in [REDACTED]. Ms [REDACTED] was emotional on the telephone and didn't understand why CPSI would be calling her. CPSI explained that the department received referrals on children who pass away at young ages to work with the family and provide services as needed to the families. Ms [REDACTED] informed CPSI that was fine but the family was no longer in [REDACTED] and they were now in [REDACTED] if CPSI wanted to come to the home. Ms [REDACTED] stated that she couldn't remain in the home where [REDACTED] initially passed away in (although she was brought back and they were able to get a pulse). Ms [REDACTED] sounded emotional on the phone and informed CPSI she would come to her. CPSI provided Ms [REDACTED] with CPSI office location and she stated she would come to the office and meet with CPSI.



**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: 11/18/2013

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

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: 11/18/2013 01:43 PM      Entered By: [REDACTED]

Morning CPIT was convened and the AG was present at the meeting. It was recommended for DCS to handle as appropriate.



**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: 11/15/2013

Contact Method: Attempted Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2013 12:17 PM      Entered By: [REDACTED]

CPSI went to the family home and no one answered the door at the home. CPSI will staff case with LI and continue to try and make contact with this 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: 11/15/2013

Contact Method: Attempted Phone Call

Contact Time: 04:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 11/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/18/2013 12:03 PM      Entered By: [REDACTED]

CPSI called the number for Ms [REDACTED] and no one answered the phone. CPSI was unable to leave a voice mail message for Ms [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: 11/15/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/15/2013

Completed date: 11/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/15/2013 03:16 PM      Entered By: [REDACTED]

A P (2) referral was called in to Central Intake on (11-15-13), at (2:00) p.m. Case assigned to Team 45 on (11-15-13) with the allegation of (Neglect Death) in regards to ([REDACTED] [REDACTED] age (7) years. The alleged perpetrator is Unknown.

Response is due on (11-18-13) p.m.. The referent letter was mailed on (11-15-13). Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.



**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: 11/15/2013

Contact Method: Attempted Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/15/2013

Completed date: 11/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/15/2013 04:05 PM      Entered By: [REDACTED]

CPSI went to the family address and no one was present at the home. CPSI will continue to try and locate this 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: 11/15/2013

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/15/2013

Completed date: 11/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/15/2013 04:01 PM      Entered By: [REDACTED]

CPSI contacted [REDACTED], Medical Social Worker at [REDACTED] Hospital regarding this child due to the current referral noting that Dr. [REDACTED] was the attending physician on this matter. The notation stated that according to Dr. [REDACTED] the attending physician it was summarized that the child's death was due to complications from Prader Willi Syndrome. No indication of trauma. CPSI was informed by Ms [REDACTED] who accessed the records that Dr. [REDACTED] never saw that patient. The patient was admitted to the Emergency Department and then moved to ICU where she died. According to Ms [REDACTED] patient had a complicated medical history however; Dr. [REDACTED] never saw the patient, no consult, etc. CPSI thanked Ms [REDACTED] for the information provided.



**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: 11/15/2013

Contact Method: Attempted Phone Call

Contact Time: 01:50 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/15/2013

Completed date: 11/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/15/2013 03:56 PM      Entered By: [REDACTED]

CPSI called the number provided for the family and no one answered the phone. A recording came on however; CPSI was unable to leave a message due to that not being an option. CPSI will continue to try and make contact with this 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: 11/15/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/15/2013

Completed date: 11/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/15/2013 03:49 PM      Entered By: [REDACTED]

CPSI completed TFACTS check on this family and there was a screened out referral on 11/8/2013 with allegations of lack of supervision against the parents. The referral was a duplicate of the current referral however; due to there being no allegations of harm and the child had a medical condition which was a result of her death the referral was screened out. The family has previous DCS/CPS history.



**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: 11/15/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/15/2013

Completed date: 11/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/15/2013 03:48 PM Entered By: [REDACTED]

CPSI received this referral with allegations of neglect death. The victim is listed as [REDACTED] (7 years old) and the alleged perpetrator is listed as Unknown. The referral stated that:

Officer was dispatched to the above address on an unresponsive 7 yrs. Old f/b victim [REDACTED]. Officer spoke with the complainant [REDACTED] (mother) which advised she checked on her daughter around 0300 on todays date and her daughter was fine. The complainant advised she came back into her daughters bedroom around 0600 and realized that she was not breathing and called for the Ambulances. Other [REDACTED] (father) advised he started CPR once he made it into his daughters bedroom.

The complainant advised her daughter suffers from Prader-Willi Syndrome which is a rare genetic disorder since age 2.

Unit#16 made the scene and took over with CPR, once the Medics were able to get a pulse they rushed the victim [REDACTED] critical to [REDACTED]. Officer changed locations to [REDACTED] and stood by while to Doctors worked on the victim. Doctors advised they lost the victims pulse, but was able to get it back. The victims pulse was stable and unstable at times the doctors advised. The victim was able to become stable enough to be taken into the ICU. Nothing further as of this writing.

\*\*\*There is a notation on the police report stating that According to Dr. [REDACTED] the attending physician summarized that the childs death was due to complications from Prader Willi Syndrome. No indication of trauma. No further SB #0700

Special Needs: Prader Willi Syndrome