



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

Case # 2013.107

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/27/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	12/27/2013		
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:	Unknown			Relationship to Victim:	Unknown	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	Not Applicable		
If child is in DCS custody, list placement type and name:	Not Applicable					
<b>Describe (in detail) circumstances surrounding death/near death:</b>						
<p>On December 27, 2013, law enforcement was notified of an unresponsive child at the home at 4:18am. The child was lying in the living room floor; he was unresponsive and blue. ██████████ was transported to ██████████ Hospital from the scene and then transferred to ██████████ Hospital.</p>						
<b>If this is a near death certified by a physician, identify physician by name and provide contact information:</b>						
Name of Physician:	na	Telephone #	(na) na-na			
Street Address:	na	City/State/Zip:	na			
<b>Describe (in detail) interview with family:</b>						
<p>Mr. ██████████ stated that he was in the chair in the living room and he went to the bedroom and found ██████████ not breathing. He stated that he found ██████████ on his stomach and rolled him over; that is when he found out that he was not breathing. He stated that he yelled for Mrs. ██████████ and she did CPR on ██████████. They immediately contacted the police and law enforcement/EMS transported ██████████ to ██████████ Hospital. They worked on ██████████ for about 45 minutes until they were able to get a faint pulse. He stated that there was confusion about whether ██████████ was going to ██████████ or ██████████ but since ██████████ was not stable he went to ██████████ first.</p> <p>Mrs. ██████████ stated that when they found that ██████████ was not breathing that they contacted the police and she started to do CPR. She stated that when law enforcement arrived they took over CPR. She stated that when she started to give him CPR, he began to get color back in him. She stated that he was without oxygen for at least 45 minutes because that is how long it took to revive him from when law enforcement arrived until medical personnel found a pulse. She stated that the doctor was going to call his death ██████████, but the doctor found a faint pulse and then ██████████ was transferred to ██████████. She stated that the prognosis for ██████████ is not good. She stated that ██████████ has been sick recently. She stated that he had an ear infection, sinus infection and conjunctivitis. She stated that they took him to Dr. ██████████, which is his pediatrician. The practice is located on ██████████, TN. She did not report any other issues or concerns about his health. She advised that ██████████ had been seen at Dr. ██████████ office since birth.</p>						
<b>If child was hospitalized, describe (in detail) DCS involvement during hospitalization:</b>						
<p>██████████ was transported to ██████████ Hospital from the family home by EMS. Medical personnel worked on ██████████ for 45 minutes until a faint pulse was found. He was then transported to ██████████ Hospital. At ██████████ Hospital, ██████████ received a CT scan and found no trauma. There were no hemorrhages found on the CT scan. The only thing that was discovered was a lack of oxygen. ██████████ liver was not functioning properly and he was bleeding internally. ██████████ blood was unable to clot which was the reason that he was bleeding internally. ██████████ died on December 27, 2013. CPS was not informed until December 28, 2013, about the death. He died at ██████████ Hospital.</p>						
<b>Describe disposition of body (Death):</b>						
██████████						

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

RDA 2993

CS-0635, Rev. 08/13

Page 1

Intake #:		Investigation #:		Date of Referral:	Case # 2013 107
Name of Medical Examiner/Coroner:		Dr. [REDACTED]		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:	Na	Case #:	NA		
Describe law enforcement or court involvement, if applicable: Law Enforcement also has an investigation opened due to the incident. They report no discovery of any concerns of foul play at this time.					
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): The children are residing with the parents, [REDACTED]. There have not been any safety issues or concerns observed at this time.					
Name: [REDACTED]			Age: [REDACTED]		
Name: [REDACTED]			Age: [REDACTED]		
Name: [REDACTED]			Age: [REDACTED]		
Name: [REDACTED]			Age: [REDACTED]		
Name: [REDACTED]			Age: [REDACTED]		
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?				<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: [REDACTED]			Telephone Number: [REDACTED]		
Case Manager: [REDACTED]			Telephone Number: [REDACTED]		
Team Leader: [REDACTED]			Telephone Number: [REDACTED]		
Team Coordinator: [REDACTED]			Telephone Number: [REDACTED]		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<p><b>Email to: [REDACTED]</b></p> <p><b>within forty-eight (48) hours of notification</b></p> <p><b>Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</b></p>					



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 12/27/2013 07:34 AM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 12/27/2013

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 12/27/2013 12:45 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 12/27/2013 12:00 AM  
 First Case Manager [REDACTED] Date/Time 12/27/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 10 Mos	Lack of Supervision	Yes	[REDACTED]	Birth Father
[REDACTED]	1 Yr 10 Mos	Lack of Supervision	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: None

Narrative: The child is not in state custody.

**TFACTS:**

Family Case ID: None found

Open Court Custody/FSS/FCIP None found

Closed Court Custody None found

Open CPS None found

Fatality None found



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

Substantiated: None found

Screened out None found

History (not listed above): None found

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

Reporters name/relationship: [REDACTED]

Reporter states:

The child, [REDACTED] (age 1), is not in state custody. [REDACTED] is currently at [REDACTED] Hospital. He lives in the home with his siblings, [REDACTED] (age 10), [REDACTED] (age 8), [REDACTED] (age 7), [REDACTED] (age 4) and his parents, [REDACTED] and [REDACTED]. [REDACTED] may have cerebral palsy.

The [REDACTED] Sheriff's Office received a phone call at the residence at 4:18 A.M. on 12-27-2013 in regards to [REDACTED] being unresponsive at the home. When law enforcement arrived at the home, [REDACTED] was lying on the living room floor. He was unresponsive and blue. The mother was performing mouth to mouth resuscitation. Officers took over as one officer has cardiopulmonary resuscitation (CPR) training. Compressions were started on [REDACTED] by officers. EMS made the scene and [REDACTED] was transported to [REDACTED] Hospital. [REDACTED] was later transported to [REDACTED] Hospital. Medical staff found a faint pulse and blood pressure readings for [REDACTED]. It is believed staff is still working to revive the child and save his life.

When the parent's found [REDACTED] unresponsive, they moved [REDACTED] to their car. They took [REDACTED] to the local volunteer fire station which is three minutes away from the home. There was no one at the fire station, so they brought [REDACTED] back home and called 911.

Apparently [REDACTED] was in his parents' bedroom asleep when he was found unresponsive. [REDACTED] shares a room with the parents. [REDACTED] has a small bed in the room. The parents bed and [REDACTED] bed are perpendicular to each other.

Before the child was found unresponsive, the father was in another room and the mother was on the couch asleep. When the parents got up to go to their room to sleep, they found [REDACTED] face down between the two beds. There were garments between the two beds. The child was face down on the garments. There was a blanket or a pillow up to [REDACTED] face.

When asked about concerns for the family's home, the reporter had none. The reporter said the home looked as if five children live there. The reporter did not know if the parents have criminal history, mental health issues, alcohol and drug issues, or domestic violence issues.

The children were asleep when officers arrived at the home. The older children have not been interviewed by law enforcement. The parents have not been interviewed. The parents got into the ambulance with [REDACTED]. Another family member came over to babysit the children. No marks or injuries were observed on any of the children.

Per [REDACTED] Investigation / P1 Severe CM2 [REDACTED] 12-27-13 @ 8:10 A.M.

[REDACTED] group and Regional Administrator [REDACTED] notified.



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

■■■■ email notification group notified.



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: Race: Age: 31 Yrs

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:

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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 4 Yrs (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:**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 10 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:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 7 Yrs (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:**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 8 Yrs (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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** 1 Yr 10 Mos

**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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [Redacted]
Referral Date: 12/27/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 12/27/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 4 rows of allegations including Lack of Supervision and Neglect Death.

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: The family is receiving grief counseling through [Redacted] in [Redacted] to address issues due to the death of the child.

D. Case Workers

Case Worker: [Redacted]
Team Leader: [Redacted]

Date: 05/15/2014
Date: 05/16/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:



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

Case Name : ██████████

Investigation ID: ██████████

On 12/27/13, CPSI ██████████ was unable to interview the child due to being on life support. CPSI observed ██████████ in the hospital. ██████████ was on life support and did not have any noticeable signs of abuse or neglect.

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

CPSI ██████████ spoke with nurses at ██████████ Hospital, ██████████ received a CT scan and found no trauma. There were no hemorrhages found on the CT scan. The only thing that was discovered was a lack of oxygen. ██████████ liver was not functioning properly and he was bleeding internally. ██████████ blood was unable to clot which was the reason that he was bleeding internally.

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

Mrs. ██████████ stated that when they found that ██████████ was not breathing that they contacted the police and she started to do CPR. She stated that when law enforcement arrived they took over CPR. She stated that when she started to give him CPR, he began to get color back in him. She stated that he was without oxygen for at least 45 minutes because that is how long it took to revive him from when law enforcement arrived until medical personnel found a pulse. She stated that the doctor was going to call his death at ██████████, but the doctor found a faint pulse and then ██████████ was transferred to ██████████. She stated that the prognosis for ██████████ is not good. She stated that ██████████ has been sick recently. She stated that he had an ear infection, sinus infection and conjunctivitis. She stated that they took him to Dr. ██████████, which is his pediatrician. The practice is located on ██████████, TN. She did not report any other issues or concerns about his health. She advised that ██████████ had been seen at Dr. ██████████ office since birth.

Mr. ██████████ stated that he was in the chair in the living room and he went to the bedroom and found ██████████ not breathing. He stated that he found ██████████ on his stomach and rolled him over; that is when he found out that he was not breathing. He stated that he yelled for Mrs. ██████████ and she did CPR on ██████████. They immediately contacted the police and law enforcement/EMS transported ██████████ to ██████████ Hospital. They worked on ██████████ for about 45 minutes until they were able to get a faint pulse. He stated that there was confusion about whether ██████████ was going to ██████████ or ██████████ but since ██████████ was not stable he went to ██████████ first.

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

██████████ were asleep during the incident and did not see anything that happened when ██████████ could not breathe. None of the children reported any abuse or neglect during the investigation.

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

The family is currently receiving grief counseling to address issues surrounding the death of ██████████

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: 09/22/2014

Contact Method:

Contact Time: 02:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2014

Completed date: 09/22/2014

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: 09/22/2014 02:45 PM Entered By: [REDACTED]

No history found on this family in TFACTS. All names were searched and no matches were found by IC [REDACTED]

Case reviewed and approved for closure by RID [REDACTED] and Deputy Director of Investigations [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: 08/29/2014

Contact Method: Phone Call

Contact Time: 09:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2014

Completed date: 09/17/2014

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: 09/17/2014 02:24 PM      Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] with [REDACTED] to follow up about the family's grief counseling. CPSI [REDACTED] was informed that the family is still attending counseling due to the death of [REDACTED]. CPSI [REDACTED] was informed that the youngest child, [REDACTED] is no longer receiving counseling as it is not needed any longer. CPSI [REDACTED] was informed that the family has been meeting with them regularly since about end of January/beginning of February 2014. No problems or concerns are noted at this time 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: 08/28/2014

Contact Method:

Contact Time: 11:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2014

Completed date: 09/17/2014

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: 09/17/2014 02:15 PM      Entered By: [REDACTED]

CPSI [REDACTED] received the medical records from [REDACTED] Hospital. The medical records will be placed in the file.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/10/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/29/2014

Completed date: 07/29/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/29/2014 04:10 PM Entered By: [REDACTED]

LI [REDACTED] and PC [REDACTED] staffed case. PC [REDACTED] sent case to RID [REDACTED] for 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: 06/05/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/31/2014

Completed date: 07/31/2014

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: 07/31/2014 02:16 PM      Entered By: [REDACTED]

CPSI [REDACTED] requested the medical records concerning [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: 05/20/2014

Contact Method:

Contact Time: 05:06 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/20/2014

Completed date: 05/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/20/2014 05:06 PM      Entered By: [REDACTED]

Compliance is being checked based on when the review was conducted.



## 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: 05/15/2014

Contact Method:

Contact Time: 03:13 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2014

Completed date: 05/15/2014

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: 05/15/2014 03:14 PM Entered By: [REDACTED]

LI is waiting on approval from Central Office to close case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2014

Contact Method:

Contact Time: 04:01 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/30/2014

Completed date: 05/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2014 04:11 PM Entered By: [REDACTED]

DCS policy defines lack of supervision as failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that:

the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills). Any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

DCS policy defines neglect/abuse death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report; any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.

This case is classified as AUPU for lack of supervision and neglect death. There is not enough evidence to support the allegations that the child was not being supervised or that the child's death was due to neglect by the parents. The child was sick about a week prior to his death. According to the autopsy there was no evidence of any significant traumatic injury to the child's body. The manner of death was natural. The siblings as well as the mother are receiving grief counseling through [REDACTED] in [REDACTED]. No other services are needed 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: 04/17/2014

Contact Method:

Contact Time: 03:39 PM

Contact Duration: Less than 15

Entered By: [REDACTED].

Recorded For:

Location:

Created Date: 04/17/2014

Completed date: 04/17/2014

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: 04/17/2014 03:39 PM      Entered By: [REDACTED]

Compliance is being checked based on when the review was conducted.



**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: Created In Error  
 Contact Date: 04/16/2014 Contact Method: Face To Face  
 Contact Time: 04:15 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 04/30/2014  
 Completed date: 04/30/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2014 04:01 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the home to follow up with the family. [REDACTED], and [REDACTED] were at home with their mother and father. The child did not report any problems at this time. They reported that everything was going well. CPSI [REDACTED] spoke with [REDACTED] and [REDACTED] and they did not report any issues or concerns at this time. Mrs. [REDACTED] stated that the children are still attending grief counseling through [REDACTED] and they are going on Tuesdays. She stated that she is also still attending. Mr. [REDACTED] stated that he did not feel that he needed to talk to anyone about the death of his son. CPSI [REDACTED] asked if they had any questions or concerns at this time and they stated no. CPSI observed the home to be appropriate for the family with no safety issues or concerns noted during the visit. CPSI then left the home.

Narrative Type: Created In Error Entry Date/Time: 05/06/2014 12:18 PM Entered By: [REDACTED]

Incorrect date



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/30/2014

Completed date: 04/30/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,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: 04/30/2014 04:15 PM Entered By: [REDACTED]

This case was presented to CPIT in [REDACTED] [REDACTED]. The case was classified as AUPU for lack of supervision and neglect death. The team agreed with the classification due to the autopsy findings stating that the child's manner of death is natural. No prosecution will be pursued in this case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/10/2014	Contact Method:	Face To Face
Contact Time:	04:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/06/2014
Completed date:	05/06/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 05/06/2014 12:18 PM      Entered By: [REDACTED]

CPSI [REDACTED] went to the home to follow up with the family [REDACTED], and [REDACTED] were at home with their mother and father. The child did not report any problems at this time. They reported that everything was going well. CPSI [REDACTED] spoke with [REDACTED] and [REDACTED] and they did not report any issues or concerns at this time. Mrs. [REDACTED] stated that the children are still attending grief counseling through [REDACTED] and they are going on Tuesdays. She stated that she is also still attending. Mr [REDACTED] stated that he did not feel that he needed to talk to anyone about the death of his son. CPSI [REDACTED] asked if they had any questions or concerns at this time and they stated no. CPSI observed the home to be appropriate for the family with no safety issues or concerns noted during the visit. CPSI then left the home.



**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: 03/25/2014

Contact Method: Attempted Face To Face

Contact Time: 11:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/01/2014

Completed date: 04/01/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2014 08:03 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to follow up with the family, but no one was home.



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

**Case Recording Details**

Recording ID: ██████████	Status: System Completed
Contact Date: 03/25/2014	Contact Method: Correspondence
Contact Time: 09:00 AM	Contact Duration: Less than 15
Entered By: ██████████	Recorded For:
Location:	Created Date: 04/29/2014
Completed date: 04/30/2014	Completed By: System Completed
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: 04/29/2014 09:49 AM      Entered By: ██████████

CPSI ██████████ received the autopsy report for ██████████. The cause of death states: Complications of Cardiac Arrest of Unknown Etiology. The manner of death states: Natural. The summary and interpretation states: This nearly one year old child was found unresponsive on an adult bed by a parent at their ██████████ home. Cardiac arrest was confirmed on the arrival of EMS; however, resuscitation was successful, and the child was transferred to ██████████ Hospital, and then to ██████████ Hospital in ██████████ where death was pronounced approximately 14 hours after being found. He required ventilator and hemodynamic support during the hospitalization. His history is significant for recurrent ear infections, and he was noted to have rhinorrhea, cough, and congestion during the week preceding death.

At postmortem examination, there is no evidence of significant traumatic injury to the body. Internal examination reveals gastroenteritis, tracheitis, bronchitis, and pneumonia. Some or all of these finding may be related to the cardiac arrest and subsequent hypoxic-ischemic damage. the severity of the tracheitis and bronchitis, along with the clinical history, is suggestive of a viral infection. However, the underlying reason for cardiac arrest in this healthy child remains unknown. There is nothing in the medical records, circumstances surrounding death as currently know or the autopsy finding to suggest anything other than a natural manner of death.

\*\*The full autopsy report is placed in the file\*\*



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/12/2014

Contact Method: Phone Call

Contact Time: 03:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 03/13/2014

Completed date: 03/13/2014

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: 03/13/2014 01:25 PM      Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED], Assistant District Attorney. He advised that [REDACTED] autopsy has not been received at this time. He stated he looked to make sure that it had not been overlooked. He stated once it is received he will let me know.



**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: 03/06/2014

Contact Method:

Contact Time: 03:34 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2014

Completed date: 03/06/2014

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: 03/06/2014 03:36 PM      Entered By: [REDACTED]

CPSI [REDACTED] completed internet checks on [REDACTED] and [REDACTED] and they were clear for sex offender, felony offender, and meth registry.



**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: 03/06/2014

Contact Method: Correspondence

Contact Time: 12:48 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2014

Completed date: 03/06/2014

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: 03/06/2014 12:51 PM      Entered By: [REDACTED]

CPSI [REDACTED] sent an email to Assistant District Attorney [REDACTED] to find out if the autopsy for [REDACTED] has been received. He replied that he would look into whether or not it has been sent to their office or not.



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	02/20/2014	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	██████████	Recorded For:	
Location:	Family Home	Created Date:	04/04/2014
Completed date:	04/04/2014	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 04/04/2014 04:25 PM      Entered By: ██████████

CPSI ██████████ went to the home to follow up with the family. The children ██████████, and ██████████ were at home with their mother, ██████████. They appeared to be doing well during this visit. CPSI ██████████ did not observe any marks or bruises on them during the visit. CPSI ██████████ briefly spoke with the children and they did not report any problems in the home at this time. They are still sad that ██████████ is no longer here, but know that he is in a better place. CPSI ██████████ spoke with ██████████ after speaking with the children. She stated that the children appear to be adjusting due to the death of their brother. She stated that they are still attending ██████████ " every Tuesday and she believes that it is helping. She stated that she is also attending ██████████ as well. She stated that her husband still does not want to attend any type of grief counseling. She stated that she has tried to get him to go, bu he refuses. She stated that ██████████ went twice to therapy, but they discontinued it as they did not feel that she needed it any longer. They believed that due to her being so young that she does not fulling understand what happened. CPSI ██████████ advised her that the autopsy has not been received at this time and until it has been that the case will remain opened. She stated that she understood. CPSI advised her that once it was received that she would let her know. She stated that would be fine. CPSI asked if she had any questions and she stated no. CPSI then left the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/19/2014

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/06/2014

Completed date: 03/06/2014

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: 03/06/2014 03:56 PM      Entered By: [REDACTED]

This case was unable to be classified at this time due to the autopsy not being received. Law enforcement/District Attorney's Office stated that it has not been received from the Regional Forensic Center in [REDACTED]. Once received they will provide a copy of the report to DCS.



**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:	01/29/2014	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/15/2014
Completed date:	05/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/15/2014 03:22 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the home to follow up with the family. The children were at home with their mother, [REDACTED]. All four children appeared clean and wearing appropriate clothing. CPSI [REDACTED] asked how everything was going and [REDACTED] stated that it was going as good as expected. She stated that she is in the process of getting her and kids involved in [REDACTED]. She stated that she feels that it is a good program to assist her and the children with the situation of [REDACTED] death. She stated that it has been an adjustment since his death and she has been upset, but is doing better. CPSI [REDACTED] asked if she had any questions or concerns at this time and she stated no. CPSI then left the home.

Narrative Type: Addendum 1 Entry Date/Time: 07/30/2014 05:46 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED], and [REDACTED]. [REDACTED] stated that she was sad that [REDACTED] died. She stated that she was asleep when her mom and dad called the ambulance and the police came. She did not report seeing anything prior to them coming to the house. CPSI [REDACTED] if anything made her upset at her home and the only thing she reported that what has upset her is the death of her brother, [REDACTED]. CPSI [REDACTED] then spoke with [REDACTED]. He stated that he did not see anything happen to [REDACTED] when he died. He stated that everything was going well in the home at the time. He did not report any safety issues or concerns during that time. He did not report any problems at this time either. CPSI [REDACTED] then spoke with [REDACTED]. She stated that there have not been any problems at home. She stated that she was sad that [REDACTED] died. She stated that she did not see anything that happened before he died because she was sleeping. She stated that other than [REDACTED] dying was the only thing that has happened that she didn't like that has happened at her home. CPSI [REDACTED] then spoke with [REDACTED]. She stated that there have not been any problems in her house with her mom and dad. She stated that she was asleep when her parents had to call the ambulance for [REDACTED]. She did not report any safety issues or concerns during the interview. CPSI [REDACTED] observed the home to be appropriate for the children with no safety hazards or concerns present at this time. All four children had a bed of their own to sleep in.



**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: 01/24/2014

Contact Method:

Contact Time: 02:28 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/24/2014

Completed date: 01/24/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/24/2014 02:28 PM      Entered By: [REDACTED]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.



**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: 12/27/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2014

Completed date: 03/06/2014

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: 03/06/2014 03:33 PM      Entered By: [REDACTED]

Referent letter has been mailed per local protocol.

Judges letter has been mailed per local protocol notifying that an investigation has been initiated.



**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: 12/27/2013 Contact Method: Correspondence  
 Contact Time: 02:48 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 03/06/2014  
 Completed date: 03/06/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,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: 03/06/2014 12:54 PM Entered By: [REDACTED]

CPSI [REDACTED] emailed the [REDACTED] Sheriff Office to notify them of the severe abuse referral. Detective [REDACTED] is the assigned detective on the case.

CPSI [REDACTED] emailed [REDACTED], ADA to notify the District Attorneys Office of the severe abuse referral.

CPSI [REDACTED] emailed [REDACTED] to notify the [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:	12/27/2013	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	05/15/2014
Completed date:	05/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face, Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/15/2014 03:17 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) made a face to face to initiate the investigation.

[REDACTED] were present during this visit.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

I. Interview with the child: CPSI [REDACTED] was unable to interview the child due to being on life support.

II: Interview with the mother: Mrs. [REDACTED] stated that when they found that [REDACTED] was not breathing that they contacted the police and she started to do CPR. She stated that when law enforcement arrived they took over CPR. She stated that when she started to give him CPR, he began to get color back in him. She stated that he was without oxygen for at least 45 minutes because that is how long it took to revive him from when law enforcement arrived until medical personnel found a pulse. She stated that the doctor was going to call his death a [REDACTED], but the doctor found a faint pulse and then [REDACTED] was transferred to [REDACTED]. She stated that the prognosis for [REDACTED] is not good. She stated that [REDACTED] has been sick recently. She stated that he had an ear infection, sinus infection and conjunctivitis. She stated that they took him to Dr. [REDACTED], which is his pediatrician. The practice is located on [REDACTED]. She did not report any other issues or concerns about his health. She advised that [REDACTED] had been seen at Dr. [REDACTED] office since birth.

III: Interview with the father: Mr. [REDACTED] stated that he was in the chair in the living room and he went to the bedroom and found [REDACTED] not breathing. He stated that he found [REDACTED] on his stomach and rolled him over; that is when he found out that he was not breathing. He stated that he yelled for Mrs. [REDACTED] and she did CPR on [REDACTED]. They immediately contacted the police and law enforcement/EMS transported [REDACTED] to [REDACTED] Hospital. They worked on [REDACTED] for about 45 minutes until they were able to get a faint pulse. He stated that there was confusion



**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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about whether [REDACTED] was going to [REDACTED] or [REDACTED] but since [REDACTED] was not stable he went to [REDACTED] first.

IV: Interview with collateral contact: CPSI [REDACTED] spoke with nurses at [REDACTED] Hospital. [REDACTED] received a CT scan and found no trauma. There were no hemorrhages found on the CT scan. The only thing that was discovered was a lack of oxygen. [REDACTED] liver was not functioning properly and he was bleeding internally. [REDACTED] blood was unable to clot which was the reason that he was bleeding internally.

V: CPSI observed [REDACTED] in the hospital. [REDACTED] was on life support and did not have any noticeable signs of abuse or neglect. Both parents were upset about their child as they were deciding to have to take [REDACTED] off of life support.

VI: Next Steps: Follow up with the family

VII: NCPP/FSTM: N/A

VIII: IPA: N/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: 12/27/2013

Contact Method:

Contact Time: 07:34 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2014

Completed date: 03/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/06/2014 12:44 PM Entered By: [REDACTED]

Investigator [REDACTED] is assigned the following P1 referral by Lead Investigator [REDACTED]:

Alleged victims:

[REDACTED]

Alleged Perpetrator:

[REDACTED], birth father  
[REDACTED], birth mother

No previous CPS/DCS history

Reporter stated: The child, [REDACTED] (age 1), is not in state custody. [REDACTED] is currently at [REDACTED] Hospital. He lives in the home with his siblings [REDACTED] (age 10), [REDACTED] (age 8), [REDACTED] (age 7), [REDACTED] (age 4) and his parents [REDACTED]. [REDACTED] may have cerebral palsy.

The [REDACTED] Sheriff's Office received a phone call at the residence at 4:18 A.M. on 12-27-2013 in regards to [REDACTED] being unresponsive at the home. When law enforcement arrived at the home, [REDACTED] was lying on the living room floor. He was unresponsive and blue. The mother was performing mouth to mouth resuscitation. Officers took over as one officer has cardiopulmonary resuscitation (CPR) training. Compressions were started on [REDACTED] by officers. EMS made the scene and [REDACTED] was transported to [REDACTED] Hospital. [REDACTED] was later transported to [REDACTED] Hospital. Medical staff found a faint pulse and blood pressure readings for [REDACTED]. It is believed staff is still working to revive the child and save his life.

When the parent's found [REDACTED] unresponsive, they moved [REDACTED] to their car. They took [REDACTED] to the local volunteer fire station which is three minutes away from the home. There was no one at the fire station, so they brought [REDACTED] back home and called 911.

Apparently [REDACTED] was in his parents' bedroom asleep when he was found unresponsive. [REDACTED] shares a room with the parents. [REDACTED] has a small bed in the room. The parents bed and [REDACTED] bed are perpendicular to each other.



**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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Before the child was found unresponsive, the father was in another room and the mother was on the couch asleep. When the parents got up to go to their room to sleep, they found [REDACTED] face down between the two beds. There were garments between the two beds. The child was face down on the garments. There was a blanket or a pillow up to [REDACTED] face.

When asked about concerns for the familys home, the reporter had none. The reporter said the home looked as if five children live there. The reporter did not know if the parents have criminal history, mental health issues, alcohol and drug issues, or domestic violence issues.

The children were asleep when officers arrived at the home. The older children have not been interviewed by law enforcement. The parents have not been interviewed. The parents got into the ambulance with [REDACTED] Another family member came over to babysit the children. No marks or injuries were observed on any of the children.