



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

A. Investigation

Case Name:
Referral Date: 02/14/2013
Street Address:
City/State/Zip:

Investigation ID:
Assignment Date: 02/14/2013

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 two rows of allegations.

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments:

D. Case Workers

Case Worker:
Team Leader:
Date: 03/22/2013

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:

CPSI observed 14 year old at Hospital in the PICU on 02/14/2013 at 7:45 pm. On 2/4/13 a 14 year old male was being treated for illness, general / malaise. His symptoms started four days ago. Associated symptoms include fever, rhinorhea / congestion, sore throat, cough, difficulty breathing and diarrhea. Fever has been present for four days with a Temp of 102F. Worsening over the past 24 hours.

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

On 2/5/13 14 year old was transferred from the ward for worsening hypoxia who presents with a preceding illness of URI symptoms diarrhea with progressive cough and pneumonia associated with hypoxia. He had acute respiratory failure likely secondary to viral illness. 14 year old previously healthy male critically ill, influenza disease with secondary MRSA sepsis and pneumonia, on ECHO due to respiratory failure, has thrombus, poor perfusion with necrosis of toes and righte finger, purpura



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

of legs, and necrotic areas of his arm.  
 2/15/13 Carduac Diagnoses

CPSI [REDACTED] spoke with [REDACTED] with Medical Examiner's office regarding [REDACTED]. She stated an autopsy was not performed however the Medical Examiner's office was notified of [REDACTED] death from natural causes.

Systolic heart failure, Cardiopulmonary Arrest

shock

VA ECMO

Pulmonary Hemorrhage

Pulmonary Artery Thrombus

Pulmonary / Respiratory Diagnoses

acute resp failure on vent

Infectious Disease / Immune Diagnoses

Influenza B

Gram Positive Cocci Bacterimia

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

Detective [REDACTED] was the original Detective assigned on the near fatality form and after the child died Detective [REDACTED] was assigned. Each detective stated they would interview [REDACTED] regarding [REDACTED] illness.

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

CPSI [REDACTED] interviewed [REDACTED] Social Worker [REDACTED] regarding [REDACTED] care. She stated [REDACTED] came in on Monday February 4, 2013 and he was later admitted the same night. [REDACTED] has been diagnosed with influenza and staph infection. She stated there was some drama in the hospital between the parents and they were asked to visit at different times if they were going to disrupt the hospital.

CPSI [REDACTED] interviewed [REDACTED] regarding his son [REDACTED] medical condition. [REDACTED] stated in 2011 her received custody of his son from his ex-wife [REDACTED]. He stated [REDACTED] went to his mothers house for a family reunion during spring break. They left on Thursday and on Friday she phoned and stated [REDACTED] was sick. On Saturday she phoned and stated [REDACTED] had gotten worse so she took him to the hospital in [REDACTED]. After they were discharged from the hospital in [REDACTED] and the reunion was over they returned to [REDACTED] on Sunday. When they arrived in [REDACTED] she took [REDACTED] to [REDACTED] hospital. [REDACTED] was released from [REDACTED] brought [REDACTED] home and on Monday [REDACTED] took [REDACTED] to [REDACTED] Hospital where he was admitted. Upon his admittance [REDACTED] condition became worse and he was taken to the PICU. [REDACTED] stated he was told that his son has a staph infection and his prognosis is unknown at this time however he feels if [REDACTED] would have done more, [REDACTED] would not be this bad.

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

CPSI [REDACTED] was assigned this referral alleging medical maltreatment of [REDACTED] age 14 by his mother [REDACTED]. CPSI [REDACTED] engaged the family beginning with [REDACTED] observation at the [REDACTED] PICU. CPSI [REDACTED] engaged [REDACTED] regarding his concern for his sons medical condition. CPSI [REDACTED] engaged Medical staff regarding [REDACTED] medical prognosis and future assessments. CPSI [REDACTED] along with [REDACTED] formed the family service team by including both formal and informal supports of the family. CPSI [REDACTED] completed safety and risk assessments using tools such as SDMs, interviews, observations and questions to obtain a better understanding of the family dynamics and the familys strengths and needs. CPSI [REDACTED], established a plan to keep [REDACTED] safe from risk of harm, due to his influenza and staph infection. This plan was implemented February 21, 2013 when [REDACTED] agreed to cooperate with the DCS and Criminal investigations. CPSI [REDACTED] communicated [REDACTED] to track the familys adaptation of the plan and the



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**Child Protective Service Investigation Summary**  
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Case Name : [REDACTED]

Investigation ID: [REDACTED]

familys current well-being. [REDACTED] stated [REDACTED] died on March 10, 2013. The final risk level for the [REDACTED] family is low due to [REDACTED] dying as a result to the complications of his staph infection.

In accordance with DCS Polices this case is being unfounded for the medical maltreatment of [REDACTED] by his mother [REDACTED]. The evidence obtained in the course of the investigation supports that [REDACTED] took [REDACTED] to the hospital in [REDACTED] and [REDACTED] and each time [REDACTED] was released from the hospital. It wasnt until [REDACTED] was taken to [REDACTED] hospital was he admitted and diagnosed with a medical condition, [REDACTED] later died as a result of complications to his illness.

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: 07/30/2013

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2013

Completed date: 07/30/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/30/2013 05:38 PM      Entered By: [REDACTED]

LI approves classification and case 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: Completed

Contact Date: 07/30/2013

Contact Method: Phone Call

Contact Time: 12:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2013

Completed date: 07/30/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Medical Exam

Contact Sub Type:

**Children Concerning**

[REDACTED]

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

Narrative Type: Original      Entry Date/Time: 07/30/2013 12:59 PM      Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] with Medical Examiner's office regarding [REDACTED]. She stated an autopsy was not performed however the Medical Examiner's office was notified of [REDACTED] death from natural causes.



**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: 07/25/2013 Contact Method:  
 Contact Time: 03:05 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/25/2013  
 Completed date: 07/25/2013 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: 07/25/2013 03:06 PM Entered By: [REDACTED]

"Daily notice of referral pursuant to 37-105 sent to Juv. Ct, Law Enforcement as applicable"

CASE NAME: [REDACTED]

CASE MANAGER: [REDACTED]

TFACTS HIST: Yes

DATE: 02/14/2013

Referral Sent LE/DA/CAC

DATE: 02/14/2013

Referral or Notification of Report of Harm to Juvenile Court

DATE: 02/14/2013

Referent Notification Letter Sent/or Call to Referent

DATE: 02/14/2013

Hippa Form 0699

DATE: 02/21/2013

MRS Brochure reviewed and signed Form 0699

DATE: 02/21/2013

Release of Information form 0668

DATE: 02/21/2013



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Parents Bill of Rights Viewed and signed Form 0699  
 DATE: 02/21/2013

Native American Heritage Veto Verification

DATE: 02/21/2013

Discussion of Allegations and investigation process

DATE: 02/21/2013

Document Home visit

DATE: 02/21/2013

Document Photographs taken

DATE: N/A

Document Background check and results

DATE: 02/14/2013

Document SDM / LEVEL/ Recommendations / Services

DATE: 02/21/2013 / low / None / None

IPA

DATE: N/A

PSG request / Name of Provider/ Contact information

DATE: N/A

Document CANS/FFA

DATE: N/A

Document CPIT/CART / When/ Recommendations / Review

DATE: Not CPIT criteria

Document TEIS /HUGS Referral

DATE: N/A

Good Faith Attempts

DATE: N/A

740 Mailed by TL Juvenile Court

DATE: 07/25/2013

Document Perp Letter A

DATE: N/A

Correspondence

DATE: 02/22/2013



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Notation: 02/14/2013 P1 assigned at 6pm on [REDACTED]

Notation: 02/14/2013 ACV at 8:27 pm [REDACTED] PICU

Notation: 02/14/2013 TC [REDACTED] [REDACTED] [REDACTED] and [REDACTED] at [REDACTED] regarding [REDACTED]

Notation: 02/14/2013 TC to Detective [REDACTED]

Notation: 02/15/2013 Text from Detective [REDACTED]

Notation: 02/15/2013 Medical records received from [REDACTED] Hospital on [REDACTED]

Notation: 02/15/2013 near death fatality sent to appropriate department

Notation: 02/15/2013 TC-P at [REDACTED]

Notation: 02/19/2013 TC P at [REDACTED] at 12:51 pm for home visit at [REDACTED] 3:30 PM

Notation: 02/20/2013 TC Parent at [REDACTED] at 3:14 pm HV rescheduled

Notation: 02/21/2013 HV [REDACTED]

Notation: 02/22/2013 Request for medical records from [REDACTED] Hospital

Notation: 02/22/2013 Request for medical records from [REDACTED] Hospital

Notation: 02/22/2013 signed documents mailed to [REDACTED]

Notation: 02/22/2013 TC to Detective [REDACTED] regarding the status of his perpetrator interview

Notation: 03/06/2013 Case discussion with Detective [REDACTED]

Notation: 03/10/2013 TC from parent child deceased

Notation: 03/21/2013 case conference

Notation: 04/18/2013 case conference

Notation: 05/31/2013 case conference

Notation: 07/25/2013 case submitted 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: Completed

Contact Date: 07/25/2013

Contact Method:

Contact Time: 03:03 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/25/2013

Completed date: 07/25/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/25/2013 03:03 PM Entered By: [REDACTED]

CPSI [REDACTED] was assigned this referral alleging medical maltreatment of [REDACTED] age 14 by his mother [REDACTED]. CPSI [REDACTED] engaged the family beginning with [REDACTED] observation at the [REDACTED] PICU. CPSI [REDACTED] engaged [REDACTED] regarding his concern for his sons medical condition. CPSI [REDACTED] engaged Medical staff regarding [REDACTED] medical prognosis and future assessments. CPSI [REDACTED] along with [REDACTED] formed the family service team by including both formal and informal supports of the family. CPSI [REDACTED] completed safety and risk assessments using tools such as SDMs, interviews, observations and questions to obtain a better understanding of the family dynamics and the familys strengths and needs. CPSI [REDACTED] [REDACTED] established a plan to keep [REDACTED] safe from risk of harm, due to his influenza and staph infection. This plan was implemented February 21, 2013 when [REDACTED] agreed to cooperate with the DCS and Criminal investigations. CPSI [REDACTED] communicated [REDACTED] to track the familys adaptation of the plan and the familys current well-being. [REDACTED] stated [REDACTED] died on March 10, 2013. The final risk level for the [REDACTED] family is low due to [REDACTED] dying as a result to the complications of his staph infection.

In accordance with DCS Polices this case is being unfounded for the medical maltreatment of [REDACTED] by his mother [REDACTED]. The evidence obtained in the course of the investigation supports that [REDACTED] took [REDACTED] to the hospital in [REDACTED] and [REDACTED] and each time [REDACTED] was released from the hospital. It wasnt until [REDACTED] was taken to [REDACTED] hospital was he admitted and diagnosed with a medical condition, [REDACTED] later died as a result of complications to his illness.

Narrative Type: Addendum 1 Entry Date/Time: 07/30/2013 01:09 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the medical examiners office whom stated [REDACTED] did not receive an autopsy due to his death being classified as natural.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/31/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/31/2013

Completed date: 05/31/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/31/2013 12:30 PM      Entered By: [REDACTED]

Case Conference Held-see notebook



**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: 04/18/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/18/2013 04:27 PM      Entered By: [REDACTED]

Case Conference held-see notebook



**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: 04/18/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/18/2013 04:27 PM      Entered By: [REDACTED]

Case Conference held-see notebook



**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: 03/21/2013

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/22/2013

Completed date: 03/22/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/22/2013 05:32 PM      Entered By: [REDACTED]

Case Conference held-see notebook



**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: 03/10/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2013

Completed date: 07/30/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2013 01:07 PM Entered By: [REDACTED]

[REDACTED] phoned and stated his son has passed and invited CPSI [REDACTED] to the funeral once arrangements have been made.



**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: 03/06/2013

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2013

Completed date: 07/30/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2013 01:05 PM Entered By: [REDACTED]

CPSI [REDACTED] phoned Detective [REDACTED] regarding the course of the investigation, it was determined that [REDACTED] took her son to two different hospitals and where he was released each time. Detective [REDACTED] stated he doesn't feel that any charges will be filed against [REDACTED] for neglect.



**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: 02/22/2013 Contact Method: Phone Call  
 Contact Time: 09:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/30/2013  
 Completed date: 07/30/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2013 01:02 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted Detective [REDACTED] regarding his interview with [REDACTED]. Detective [REDACTED] stated he hasn't spoken with [REDACTED] and he is still waiting on the medical records from [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: 02/21/2013 Contact Method: Face To Face  
 Contact Time: 05:30 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/25/2013  
 Completed date: 07/25/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/25/2013 03:08 PM Entered By: [REDACTED]

**PARENT INTERVIEW:**

NAME: [REDACTED]

DOB: [REDACTED]

SSN: [REDACTED]

DATE: 02/21/2013

LOCATION: [REDACTED]

Purpose: Parent interview

Content: Purpose: Family Constellation:

[REDACTED], father, PI, DOB: [REDACTED], SSN: [REDACTED]

[REDACTED], ACV, DOB: [REDACTED], SSN: [REDACTED]

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. 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.

CPSI [REDACTED] inquired about safety/permanence/well-being needs: [REDACTED] stated she feels she is able to address safety/permanence/well-being needs without services in the home. CPSI [REDACTED] has made the following assessment:

Safety: [REDACTED] is currently in the [REDACTED] PICU. He is being treated for an infection.

Well-being: N/A



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Permanence: N/A

CPSI [REDACTED] interviewed [REDACTED] regarding his son [REDACTED] medical condition. [REDACTED] stated in 2011 her received custody of his son from his ex-wife [REDACTED]. He stated [REDACTED] went to his mothers house for a family reunion during spring break. They left on Thursday and on Friday she phoned and stated [REDACTED] was sick. On Saturday she phoned and stated [REDACTED] had gotten worse so she took him to the hospital in [REDACTED]. After they were discharged from the hospital in [REDACTED] and the reunion was over they returned to [REDACTED] on Sunday. When they arrived in [REDACTED] she took [REDACTED] to [REDACTED] hospital. [REDACTED] was released from [REDACTED] [REDACTED] brought [REDACTED] home and on Monday [REDACTED] took [REDACTED] to [REDACTED] Hospital where he was admitted. Upon his admittance [REDACTED] condition became worse and he was taken to the PICU. [REDACTED] stated he was told that his son has a staph infection and his prognosis is unknown at this time however he feels if [REDACTED] would have done more, [REDACTED] would not be this bad.



**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: 02/15/2013

Contact Method:

Contact Time: 08:44 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/15/2013

Completed date: 02/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/15/2013 08:46 PM Entered By: [REDACTED]

CPSI [REDACTED] searched TFACTS and discovered a prior case involving the family on 02/19/2010 for physical abuse which was unfounded against [REDACTED] the mother of [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: 02/15/2013 Contact Method: Phone Call  
 Contact Time: 09:56 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/25/2013  
 Completed date: 07/25/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2013 03:09 PM Entered By: [REDACTED]

**COLLATERAL CONTACT**

NAME: [REDACTED] [REDACTED] [REDACTED]

DOB:

SSN:

DATE: 02/15/2013

LOCATION: Telephone

Purpose: Collateral interview

Content: CPSI [REDACTED] interviewed [REDACTED] [REDACTED] [REDACTED] regarding [REDACTED] care. She stated [REDACTED] came in on Monday February 4, 2013 and he was later admitted the same night. [REDACTED] has been diagnosed with influenza and staph infection. She stated there was some drama in the hospital between the parents and they were asked to visit at different times if they were going to disrupt the hospital.

Observation / Assessment: N/A

Plan: 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: 02/15/2013 Contact Method: Phone Call  
 Contact Time: 08:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/25/2013  
 Completed date: 07/25/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2013 01:45 PM Entered By: [REDACTED]

Detective [REDACTED] was the original Detective assigned on the near fatality form and after the child died Detective [REDACTED] was assigned. Each detective stated they would interview [REDACTED] regarding [REDACTED] illness.



**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: 02/14/2013

Contact Method: Face To Face

Contact Time: 07:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/15/2013

Completed date: 02/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

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

Narrative Type: Original Entry Date/Time: 02/15/2013 08:44 PM Entered By: [REDACTED]

CPSI [REDACTED] observed 14 year old [REDACTED] at [REDACTED] Hospital in the PICU on 02/14/2013 at 7:45 pm. On 2/4/13 a 14 year old male [REDACTED] was being treated for illness, general / malaise. His symptoms started four days ago. Associated symptoms include fever, rhinorhea / congestion, sore throat, cough, difficulty breathing and diarrhea. Fever has been present for four days with a Temp of 102F. Worsening over the past 24 hours.

On 2/5/13 14 year old [REDACTED] was transferred from the ward for worsening hypoxia who presents with a preceding illness of URI symptoms diarrhea with progressive cough and pneumonia associated with hypoxia. He had acute respiratory failure likely secondary to viral illness.

14 year old previously healthy male critically ill, influenza disease with secondary MRSA sepsis and pneumonia, on ECHO due to respiratory failure, has thrombus, poor perfusion with necrosis of toes and righte finger, purpura of legs, and necrotic areas of his arm.

2/15/13 Cardiac Diagnoses

Systolic heart failure, Cardiopulmonary Arrest  
shock

VA ECMO

Pulmonary Hemorrhage

Pulmonary Artery Thrombus

Pulmonary / Respiratory Diagnoses

acute resp failure on vent

Infectious Disease / Immune Diagnoses

Influenza B

Gram Positive Cocci Bacteremia



**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: 02/14/2013 Contact Method:  
 Contact Time: 06:30 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 02/15/2013  
 Completed date: 02/15/2013 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: 02/15/2013 07:27 PM Entered By: [REDACTED]

On 02/14/2013 at 6:30 pm CPS [REDACTED] was assigned the [REDACTED] investigation for medical maltreatment. The referral stated:  
 TFACTS: Yes

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: Yes (1)

Prior INV/ASMT of Neglect: No

Screen Outs: Yes (1)

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: None Given

Reporters name/relationship: [REDACTED] \* Incident: [REDACTED]

Reporter states: [REDACTED] (14 years) lives with his father ([REDACTED]). The father is a detective with the [REDACTED]  
 [REDACTED] Police Department ([REDACTED]).

[REDACTED] has visitation with his mother (Unknown). The reporter is unaware how often [REDACTED] has visitation with his mother.

The reporter does not have addresses for the family. [REDACTED] can be found at [REDACTED] Hospital ([REDACTED]) in the critical care unit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] went into [REDACTED] Hospital on February 5, 2013 after returning home from a trip with his mother. [REDACTED] and his mother had gone to [REDACTED] and [REDACTED] had fallen ill on the way to [REDACTED] on January 31, 2013 to the reporters understanding.

[REDACTED] was diagnosed with the flu, pneumonia and some other type of virus. While on the trip and when he returned to his father he had a fever of 104 degrees. [REDACTED] did not receive any medical treatment while in his mothers care. The father took him immediately to [REDACTED] Hospital on February 5, 2013 after he returned to the fathers home. Since he has been at the hospital, [REDACTED] heart has failed three times and he has had to be revived each time.

Detective [REDACTED] ([REDACTED] department) and Officer [REDACTED] with [REDACTED] Police Department ([REDACTED]) were called to [REDACTED] Hospital by the father to make a report about the mother not caring for [REDACTED] medical conditions when [REDACTED] was in her care. The report was taken on February 14, 2013. [REDACTED] is currently in stable, but critical condition.

Detective [REDACTED] (office: [REDACTED] and cell [REDACTED]) needs the Department of Childrens Services to contact him prior to contacting the mother or father concerning this case. Detective [REDACTED] has the address information for the mother and fathers homes.

SSMS: [REDACTED]: negative \*\* [REDACTED]: negative

Per SDM: Investigative Track/ Priority 1.  
 \*near death fatality\*

P1 on 2/14/13 @ 5:18pm by [REDACTED] TL- \*near death fatality\*

Event [20]Alert Started (1405), Status: [20]Alert Started, [REDACTED]  
 Event [07]Group Started (1405/9282), Status: [07]Group Started, [REDACTED]:Mobile  
 Event [80]Send Started (1405/9550), Status: [80]Message issued, [REDACTED] ([REDACTED]): xx yy [REDACTED]

[REDACTED] responded on 2/14/13 at 5:53pm [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: 02/14/2013

Contact Method: Phone Call

Contact Time: 06:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/15/2013

Completed date: 02/15/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/15/2013 08:48 PM      Entered By: [REDACTED]

CPIT convened Detective [REDACTED] assigned.



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 02/14/2013 04:43 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 02/14/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 02/15/2013 08:52 AM  
First Team Leader Assigned: [REDACTED] Date/Time 02/14/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 02/14/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	14 Yrs	Medical Maltreatment	No	Unknown Participant [REDACTED], Unknown	Birth Mother

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
Referent Address:  
Referent Phone Number: [REDACTED]  
Type of Contact: I-3 Phone  
Notification: None  
Narrative: TFACTS: Yes  
Open Court Custody/FSS/FCIP: No  
Prior INV/ASMT of Abuse: Yes (1)  
Prior INV/ASMT of Neglect: No  
Screen Outs: Yes (1)  
DUPLICATE REFERRAL: No  
County: [REDACTED]  
Notification: None  
School/ Daycare: Unknown  
Native American Descent: No



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

Directions: None Given

Reporters name/relationship: [REDACTED] Incident: [REDACTED]

Reporter states: [REDACTED] (14 years) lives with his father ([REDACTED]). The father is a detective with the [REDACTED] Police Department ([REDACTED]).

[REDACTED] has visitation with his mother (Unknown). The reporter is unaware how often [REDACTED] has visitation with his mother.

The reporter does not have addresses for the family. [REDACTED] can be found at [REDACTED] Hospital ([REDACTED]) in the critical care unit.

[REDACTED] went into [REDACTED] Hospital on February 5, 2013 after returning home from a trip with his mother. [REDACTED] and his mother had gone to [REDACTED] and [REDACTED] had fallen ill on the way to [REDACTED] on January 31, 2013 to the reporters understanding.

[REDACTED] was diagnosed with the flu, pneumonia and some other type of virus. While on the trip and when he returned to his father he had a fever of 104 degrees. [REDACTED] did not receive any medical treatment while in his mothers care. The father took him immediately to [REDACTED] Hospital on February 5, 2013 after he returned to the fathers home. Since he has been at the hospital, [REDACTED] heart has failed three times and he has had to be revived each time.

Detective [REDACTED] ([REDACTED] department) and Officer [REDACTED] with [REDACTED] Police Department ([REDACTED]) were called to [REDACTED] Hospital by the father to make a report about the mother not caring for [REDACTED] medical conditions when [REDACTED] was in her care. The report was taken on February 14, 2013. [REDACTED] is currently in stable, but critical condition.

Detective [REDACTED] (office: [REDACTED] and cell: [REDACTED]) needs the Department of Childrens Services to contact him prior to contacting the mother or father concerning this case. Detective [REDACTED] has the address information for the mother and fathers homes.

SSMS: [REDACTED]: negative \*\* [REDACTED]: negative

Per SDM: Investigative Track/ Priority 1.  
\*near death fatality\*

P1 on 2/14/13 @ 5:18pm by [REDACTED] TL- \*near death fatality\*

Event [20]Alert Started (1405), Status: [20]Alert Started, [REDACTED]  
Event [07]Group Started (1405/9282), Status: [07]Group Started, [REDACTED]:Mobile  
Event [80]Send Started (1405/9550), Status: [80]Message issued, [REDACTED], [REDACTED]:Mobile([REDACTED]):  
xx yy [REDACTED]

[REDACTED] responded on 2/14/13 at 5:53pm [REDACTED]



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**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: Black/African

Age: 14 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED], Unknown

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**