



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

Case # 2013.099ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/17/2013	
Type: <i>(Please check one)</i>	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/17/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:				Relationship to Victim:		
Child in custody at time of incident?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Adjudication:	Dependent/Neglected		
If child is in DCS custody, list placement type and name:	██████████ (Medically Fragile)- ██████████ ██████████					
<b>Describe (in detail) circumstances surrounding death/near death:</b>						
<p>According to the resource parents: The resource father wiped the child with a baby wipe and placed the wipe on the table. The resource parent turned around to get something and when turned back towards child, the resource parent saw the child attempting to eat the wipe. The resource parents tried to remove the wipe but could not. The paramedics were called. According the resource parents the child was breathing but struggling. While in the ambulance, the wipe was removed but the child went into cardiac arrest. The child has a history of heart problems, with the most recent surgery occurring on November 15, 2013. The surgery was to inflate the balloon in his heart- temporary replacement until he was old enough for heart surgery. The doctors at ██████████ performed CPR on the child for approximately 80 minutes to no success. The child was pronounced dead at 2:37 p.m.</p>						
<b>If this is a near death certified by a physician, identify physician by name and provide contact information:</b>						
Name of Physician:			Telephone #	( ) -		
Street Address:				City/State/Zip:		
<b>Describe (in detail) interview with family:</b>						
<p>FSW was unable to notified the family while at the hospital due to not having contact information. The parents phone number was disconnected. The FSW was able to notify the family at the family's home at approximately 8:30.</p>						
<b>If child was hospitalized, describe (in detail) DCS involvement during hospitalization:</b>						
<p>The child was hospitalized on November 15, 2013 to place a cath- to inflate the balloon in his heart- a temporary replacement until he was old enough for heart surgery.</p>						
Describe disposition of body (Death):	Held in room until the Medical Examiner picked the child up					
Name of Medical Examiner/Coroner:	██████████ - ██████████	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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Type:	Custodial	Case #:	██████████			
<b>Describe law enforcement or court involvement, if applicable:</b>						
<p>There were no law enforcement prior involvement, but the ██████████ Police arrived at the ██████████ to file a report.</p>						
<b>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):</b>						
<p>██████████ - sibling was placed in a respite home due to an investigation of the resource home.</p>						

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

CS-0635, Rev. 08/13

RD A 2993

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Intake #:		Investigation #:		Date of Report: 1/22/13
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Name: [REDACTED]	Age: 2
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
02/13/2008	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Unfounded
07/06/2009	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Unfounded
04/29/2010	[REDACTED]	Nutritional Neglect/Environmental Neglect/Medical Maltreatment	[REDACTED]	[REDACTED]	Indicated for Medical Maltreatment/Unfounded
03/28/2010	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Dependent/Neglected
/ /					
/ /					
/ /					

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

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

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

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

**Email to: [Child-Fatality-Notification EI-DCS](#)**  
**within forty-eight (48) hours of notification**  
**Include subject line (in RED): CHILD DEATH [secure email] or**  
**CHILD NEAR DEATH [secure email]**



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 11/17/2013 04:12 PM CT  
Track Assigned: Special Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 11/17/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 11/17/2013 07:00 PM  
First Team Leader Assigned: [REDACTED] Date/Time 11/17/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 11/17/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 4 Mos	Neglect Death	Yes	[REDACTED]	Legal Guardian

**Referent(s)**

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS:

Family Case IDs: [REDACTED] & [REDACTED] & [REDACTED]

Open Court Custody Yes, - 06/24-2013, [REDACTED]

Closed Court Custody No

Open CPS - No

Indicated 04/26/2013 # [REDACTED] MDM, perp: [REDACTED] & [REDACTED]

Fatality No

Screened out 0



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

History (not listed above):

Date Case # - Allegation Classification  
04/03/2013 - # [REDACTED] - MDM - Services Required  
04/26/2013 - # [REDACTED] ENN & NUN - Unfounded  
07/07/2009 - # [REDACTED] LOS Unfounded  
05/15/2008 - # [REDACTED] PHA Unfounded  
01/04/2007 - # [REDACTED] LOS Unfounded

DUPLICATE REFERRAL: NO

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

Note: Address, demographics and applicable phone numbers are listed under the oldest child victim, .

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

Reporter states:

\*\*\*\*This child is in DCS's custody.\*\*\*\*

[REDACTED] (11 months) resided with Foster Mother ([REDACTED]) and Foster Father ([REDACTED]). The child was in DCS custody.

Today 11-17-2013 around 2:30pm the child swallowed a baby wipe. The foster father was trying to change the child's diaper while the child was in his lap. He placed the baby wipe on his lap and reached to get a diaper and the child got ahold of the wipe and placed it in his mouth. In an effort to remove the baby wipe from the child's throat, the wipe got further lodged in the child's throat. The child then stopped breathing.

It is not believed that [REDACTED] was in the room when this occurred. LE was contacted and DCS was informed. The child was still breathing in the ambulance. The child was pronounced dead at the hospital. No further information is known or reported at this time.

Known special needs/disabilities: The child was diagnosed with diGeorge syndrome and heart problems. The child also had a G Tube.

Per SDM: (SIU) Investigative Track, P1 [REDACTED], CMI 11/17/2013 @4:41pm

[REDACTED] @ 5:06 p.m. on 11/17/13

A copy of this referral will be sent to : [REDACTED], [REDACTED], [REDACTED], and also [REDACTED], [REDACTED], were also notified.

[REDACTED] 11-17-13 17:22:55 11-17-13 17:23:32 Work cell received  
11-17-13 17:22:55 --- Work email Email Sent



**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: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:**

**Race:** Black/African

**Age:** 1 Yr 4 Mos (Est)

**Address** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

None

**Alleged Perpetrator:** No

**DCS Foster Child:** Yes

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 11/17/2013 Assignment Date: 11/17/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

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. Row 1: 1, [Redacted], [Redacted], Neglect Death, [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted] 12/16/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Based on information gathered during the investigation, there was not enough evidence to substantiate the allegation of Neglect Death. Medical Examiners report stated that the cause of death was "choking" and the manner of death was "accidental". Law Enforcement Detective [Redacted] reported she was waiting for the final report from the Medical Examiner. Detective [Redacted] reported there had been no determination of foul play, neglect or abuse or fault in regards to the families actions when referring to the death of this child therefore, her investigation will be listed as accidental. On December 13, 2013, CPIT agreed that the case will be submitted for closure as Allegation Unfounded Perpetrator Unfounded.

D. Case Workers

Case Worker: [Redacted] Date: 12/16/2013
Team Leader: [Redacted] Date: 12/16/2013

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:

SI [Redacted] was unable to make visual contact with ACV. SI [Redacted] visited [Redacted] due to the death of 10 month old [Redacted]. SI was advised that the child's body had already been pick up from the hospital by staff from the Medical Examiner's Office of autopsy.

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

Preceding the arrest, the patient was dyspneic, was choking. The arrest occurred at home. Pre-hospital course: EM care prior to arrival: Other chest compressions started by EMS in route and removal of a baby wipe



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

Case Name : ██████████

Investigation ID: ██████████

from mouth by EMS by forceps per personnel. The patient has not experienced similar symptoms in the past. The patient has been recently seen by a heart cath by his cardiologist at ██████████. Dad reported that they baby had gotte a baby wipe and put it in his mouth and was choking. He was choking. Patient expired: Time of death 14:27 Pronounced by Dr. ██████████

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

Mr. ██████████ reported ██████████ had just finished a feeding through his g-tube. Mr. ██████████ reported ██████████ was spitting up and he took a huggies baby wipe and cleaned ██████████ mouth. Mr. ██████████ reported that after cleaning ██████████ mouth, he laid the wipe on the changing table and reached over to get a diaper to change ██████████. Mr. ██████████ reported after he got the diaper he observed ██████████ with the wipe in his mouth. Mr. ██████████ reported he attempted to pull the wipe out of ██████████ mouth and ██████████ was turning his head trying to prevent Mr. ██████████ from getting the wipe out of his mouth. Mr. ██████████ reported he was able to catch hold of the wipe and the more he pulled the wipe the farther the wipe went down ██████████ throat. Mr. ██████████ reported he yelled for his wife and she came in and started trying to retrieve the wipe. Mr. ██████████ reported he called 911. Mr. ██████████ reported the paramedics were at the home in less than 5 minutes due to they are located down the street from their home. Mr. ██████████ reported his wife had begun to do Heimlich maneuver on ██████████ until the paramedics arrived at the home. Mr. ██████████ reported when the paramedics arrived he and Mrs. ██████████ were getting ready to take ██████████ down the street to the fire department. Mr. ██████████ reported ██████████ was breathing and had his eyes open when the paramedics left the home with him. Mr. ██████████ reported that the paramedics were able to retrieve the wipe from ██████████ throat before they arrived at the hospital. Mr. ██████████ reported due to ██████████ heart problems he did not survive.

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

Mrs. ██████████ reported Mr. ██████████ was in ██████████ and ██████████ bedroom changing ██████████. Mrs. ██████████ reported Mr. ██████████ called for her to come here and when she got to the bedroom, Mr. ██████████ advised her that ██████████ had a wipe in his mouth and he could not get it out. Mrs. ██████████ reported she could not see the wipe in ██████████ mouth and she began doing the Heimlich maneuver on ██████████. Ms. ██████████ reported Mr. ██████████ called 911. Mrs. ██████████ reported within a few minutes the paramedics arrived. Mrs. ██████████ reported ██████████ was breathing and his eyes were open when he was taken from the home by paramedics. Mrs. ██████████ reported they were going to transport ██████████ to the fire station themselves but by the time they got out the door, paramedics pulled up to the home.

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

Dispatched to residence on a 10 mo. Old BM choking on a baby wipe. Upon arrival met by foster parents in driveway. Mother is giving PT back blows while holding child face down. She states he is still choking and that they were unable to get wipeout of PTS throat. PT handed to TR who attempted back blows as well. PT is somewhat conscious but is taking his last breath. PT flipped over and cannot see into PTS mouth. PT given back blows by 2nd EMTP JH. PT moved to stretcher in unit. PT unconscious now and not breathing. No pulse brachial. CPR started. Decision made ot transport to closest hospital. Attempted ventilation with BVM. PTS has mouth clenched. Enroute finally able to get PTS mouth open and after several attempts were able go retrieve baby wipe with magill forceps from PTS throat. PT transported to ██████████ where staff was waiting. Stayed in ER to assist staff. CPR continued as well as ventilation by BVM until PT intubated. Used 18GA easy IO to start IO in PTS right leg. Aspirates well and flushes well. Unable to get signatures or insurance info due to gravity of situation and treatment at ED.

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:	02/14/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/14/2014
Completed date:	02/14/2014	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: 02/14/2014 10:00 AM      Entered By: [REDACTED]

Closing notification was sent on 2/14/2014 via email to pertinent individuals listed on notification.



**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: 02/14/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/14/2014

Completed date: 02/14/2014

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: 02/14/2014 08:58 AM      Entered By: [REDACTED]

SI [REDACTED] debriefed the case for closure with Mr. [REDACTED], [REDACTED] Director. Mr. [REDACTED] was advised that based on information gathered during the investigation, there was insufficient evidence to substantiate the allegation of Neglect Death. Mr. [REDACTED] was advised that the Department had received a copy of the autopsy reported and the autopsy report ruled that the child's death was accidental death.



**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: 02/13/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/14/2014

Completed date: 02/14/2014

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: 02/14/2014 08:49 AM      Entered By: [REDACTED]

SI [REDACTED] called Mr. [REDACTED] to debrief the case for closure. SI did not get an answer. SI left a message including a contact number requesting a return telephone call.

SI [REDACTED] called Mr. [REDACTED] to debrief the case for closure and did not get an answer. SI left a message including a contact number requesting a return telephone call.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/11/2014	Contact Method:	
Contact Time:	07:26 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/11/2014
Completed date:	02/11/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/11/2014 08:38 AM      Entered By: [REDACTED]  
 Case was reviewed by IC [REDACTED] and Director [REDACTED]. Case is approved for closure.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 01/28/2014 Contact Method:  
Contact Time: 12:46 PM Contact Duration: Less than 15  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 01/30/2014  
Completed date: 01/30/2014 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: 01/30/2014 10:22 PM Entered By: [REDACTED]

SI [REDACTED] received a copy of the autopsy report completed by the Tennessee Department of Health Office of the Chief Medical Examiner. The report stated the following: (Typed verbatim)

Report of Investigation By County Medical Examiner

[REDACTED] County Medical Examiner: [REDACTED] M.D. State Number: [REDACTED]

State Medical Examiner: [REDACTED] D.O.

Judicial District Number [REDACTED] Case Number: [REDACTED]

District Attorney: [REDACTED]

1. Name of Decedent 2. Age 3. Race 4. Sex  
[REDACTED] 10 Months Black Male

5. Address  
[REDACTED]

6. Date of Death 7. Type of Death 8. Investigating Agency/Complaint#:  
11/17/2013 2:27 PM Accident [REDACTED]

9. Place of Death  
[REDACTED]

10. Narrative Summary

Reportedly this 11 month old male black, identified as [REDACTED], was witnessed to become unresponsive after choking on a baby wipe [REDACTED] responded to the scene located at [REDACTED] and transported the descendent to [REDACTED] in [REDACTED]. After all life-saving efforts were exhausted, death was pronounced at 1427 hours by Dr. [REDACTED]. The office was notified of the death at 1555 hours by Officer [REDACTED] who stated the above information. Jurisdiction for the death was accepted by the Medical Examiners Office. The



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

decedent was transported to the [REDACTED] Forensic Center for further examination and final disposition to the funeral home.

[REDACTED], Investigator  
 11/17/2013

Report Of Autopsy Examination

Pathological Diagnosis

1. Cardiovascular system:
  - A. Cardiomegaly.
  - B. Status post-surgical intervention.
- II. Congested and edematous lungs.
- III. Small for age.

Cause of Death: Choking

Summary and Interpretation:

This male black infant was reportedly witnessed to become unresponsive, after choking with a baby wipe. He was transported to the hospital where he was pronounced dead shortly after. There was past medical history of Di George syndrome and repair of interrupted aortic arch type B2 with aberrant right subclavian artery and a large posterior malaligned ventricular septal defect and hypoplastic left ventricular outflow tract (LVOT).

At postmortem examination, there is no evidence of recent external traumatic injuries. Internal examination reveals an enlarged heart, with prior surgical intervention and congestion to the lungs. Cultures are non contributory. Blood culture is positive for mixed organism, consistent with contamination. Toxicology analysis and vitreous electrolytes are non contributory. In my opinion, this death resulted from choking. The manner of death is accident.



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: 01/06/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/06/2014

Completed date: 01/06/2014

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: 01/06/2014 09:09 AM      Entered By: [REDACTED]

There were no SIU history found concerning the alleged victim [REDACTED] and no SIU history concerning the alleged perpetrator [REDACTED]. There were also no SIU history 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:	12/20/2013	Contact Method:	
Contact Time:	07:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/20/2013
Completed date:	12/20/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/20/2013 07:56 AM Entered By: [REDACTED]

On November 17, 2013, SI [REDACTED] received a P-1 referral alleging Neglect Death. The alleged victim is 11 month old [REDACTED] and the alleged perpetrator is the resource father, [REDACTED]. ACV was placed in the resource home of [REDACTED] and [REDACTED] on 6/24/13. SI responded to [REDACTED] on 11/17/13 upon receiving a referral stating the ACV swallowed a baby wipe. SI [REDACTED] interviewed Mr. [REDACTED] /Alleged Perpetrator. Mr. [REDACTED] reports that he wiped the ACV's mouth with a baby wipe and placed the baby wipe on the table. AP states that he turned around to get something and when he turned back toward the ACV, he saw the ACV attempting to eat the wipe. AP reported that he was unable to remove the baby wipe from the ACV's mouth. AP reported that paramedics were called. AP reports that the ACV was struggling to breathe. It was reported that while in the ambulance, the wipe was removed from the ACV's mouth but the ACV went into cardiac arrest. Per the medical report the doctors at [REDACTED] Hospital performed CPR on the child for approximately 80 minutes with no success. The ACV was pronounced dead at on 11/17/13 at 2:37 P.M. according to medical record.

SI [REDACTED] spoke with [REDACTED], [REDACTED] Police Department. Detective [REDACTED] reports that she received a copy of a notarized letter from the Regional Forensic Medical Center regarding the verification of the death of ACV, [REDACTED]. Per the report, the cause of death is listed as "choking" and the manner of death is listed as "accidental".

Based on information gathered during the investigation, there was insufficient evidence to substantiate the allegation of Neglect Death. On December 13, 2013, CPIT agreed that the case will be submitted for closure as Allegation Unfounded Perpetrator Unfounded.

DCS policy defines Neglect 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 resulting from direct action or the child's caretaker or the consequence of the child's caretakers failure to stop another person's direct action that resulted in a death of a child. Child fatalities are always treated as severe child abuse. Any child death that is the result of the caretakers failure to meet childcare responsibilities.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/19/2013

Contact Method:

Contact Time: 09:58 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/19/2013

Completed date: 12/19/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/19/2013 10:37 AM      Entered By: [REDACTED]

Autopsy Request

IC [REDACTED] contacted Ms. [REDACTED] and requested assistance with obtaining a copy of the autopsy report for [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/17/2013

Contact Method:

Contact Time: 05:21 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/17/2013

Completed date: 12/17/2013

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: 12/17/2013 05:22 PM      Entered By: [REDACTED]

Administrative Review

Lead Investigator [REDACTED] staffed case for closure with Investigator [REDACTED] on December 17, 2013. Allegation of Neglect Death at the [REDACTED] resource home of [REDACTED] and [REDACTED]. AP was changing the ACV (11 months). AP turned away and when he looked at the ACV, the ACV had gotten a baby wipe and put the wipe in his mouth. The AP attempted to get the wipe out of the ACV's mouth. The paramedics were called. The paramedics retrieved the baby wipe from the ACV's mouth, however the ACV died. Case was convene CPIT and disposition as AUPU. Case was coordinated with law enforcement. Law enforcement closed their case. The incident was ruled "accidental." The allegation does not rise to the level of Neglect Death. The case is to be submitted for closure as unsubstantiated.



**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: 12/17/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/06/2014

Completed date: 01/06/2014

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: 01/06/2014 09:13 AM      Entered By: [REDACTED]

SI received a copy of the Resource Family Home Study. See SIU file for hard copy.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/13/2013	Contact Method:	
Contact Time:	01:08 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/06/2014
Completed date:	01/06/2014	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: 01/06/2014 10:13 AM      Entered By: [REDACTED]  
 SI [REDACTED] received the DCS To Handle and Return Coversheet dated 12/13/2013 stating ruled accidental by ME signed [REDACTED]



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/11/2013	Contact Method:	
Contact Time:	05:52 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/06/2014
Completed date:	01/06/2014	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: 01/06/2014 10:08 AM      Entered By: [REDACTED]  
 TL [REDACTED] sent the DCS To Handle and Return Coversheet to [REDACTED] at the [REDACTED] CAC.



**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: 12/03/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/06/2014

Completed date: 01/06/2014

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: 01/06/2014 09:20 AM      Entered By: [REDACTED]

SI [REDACTED] received a DCS To Handle and Return as appropriate. Form stamped CPIT meeting 11/19/13.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/22/2013

Contact Method: Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/04/2014

Completed date: 02/04/2014

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: 02/04/2014 10:14 AM Entered By: [REDACTED]

SI [REDACTED] spoke with Ms. [REDACTED] via telephone. Ms. [REDACTED] is the [REDACTED] worker for [REDACTED] and [REDACTED]. Ms. [REDACTED] reported [REDACTED] had numerous health problems from birth. Ms. [REDACTED] reported [REDACTED] had heart surgery on Friday November 15, 2013 and came home on Saturday November 16, 2013. Ms. [REDACTED] reported that the [REDACTED] are very good people and great foster parents. Ms. [REDACTED] reported they did not have any concern for the [REDACTED] 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: 11/22/2013

Contact Method: Phone Call

Contact Time: 10:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/06/2013

Completed date: 12/06/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/06/2013 09:34 AM      Entered By: [REDACTED]

On November 22, 2013, SI [REDACTED] received a phone call from [REDACTED] Detective [REDACTED]. Detective [REDACTED] reported she was sending SI [REDACTED] a copy of a notarized letter from the [REDACTED] Forensic Medical Center regarding verification of death from [REDACTED]. Detective [REDACTED] reported that the letter states that the cause of death was "choking" and the manner was "accidental".

Detective [REDACTED] reported that at this point in the investigation, she was waiting for the final report from the Medical Examiner. Detective [REDACTED] reported there had been no determination of foul play, neglect or abuse or fault in regards to the families actions when referring to the death of this child therefore, her investigation will be listed as accidental.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2013	Contact Method:	
Contact Time:	07:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2013
Completed date:	11/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/19/2013 07:08 AM      Entered By: [REDACTED]

Children are in DCS custody. Release of Information/HIPAA, Native American Heritage Veto Verification, Notification of Equal Access to Programs and Services, and Acknowledgement of Receipt of Client's Rights Handbook should be in the FSW file. Copies were not obtained for the SIU file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/18/2013	Contact Method:	
Contact Time:	03:10 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2013
Completed date:	11/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/19/2013 02:22 PM      Entered By: [REDACTED]

[REDACTED] Fire Department Report

On November 18, 2013, SI [REDACTED] received a copy of the [REDACTED] Fire Department report from their response to the [REDACTED] home on November 17, 2013. The report stated the following: (typed verbatim)

CMS Condition: choking Episode

CMS Transport Reasons: Patient was transported for the care of a specialist or for availability of equipment

Patient was transported to the nearest facility for care of symptoms, complaints, or both

Amb. Conditions Indicator: Patient was unconscious or in shock

Patient was transported in an emergency situation

Ambulance service was medically necessary

Transportation was to the nearest facility

## Scene Information

Description: Residence. PT Being held by foster mom in driveway while she gave back blows to PT.

First Agency Unit on Scene? Yes

Other EMS: Truck 3

Chief Complaint (Category: Choking)

Change in Responsiveness, Breathing Problem. Cardiac Arrest, Airway obstruction

## History of Present Illness

Dispatched to residence on a 10 mo. Old BM choking on a baby wipe. Upon arrival met by foster parents in driveway. Mother is giving PT back blows while holding child face down. She states he is still choking and that they were unable to get wipeout of PTS throat. PT handed to TR who attempted back blows as well. PT is somewhat conscious but is taking his last breath. PT flipped over and cannot see into PTS mouth. PT given back blows by 2nd EMTP JH. PT moved to stretcher in unit. PT unconscious now and not breathing. No pulse brachial. CPR started. Decision made ot transport to closest hospital. Attempted ventilation with BVM. PTS has mouth clenched. Enroute finally able to get PTS mouth open and after several attempts were able go retrieve baby wipe with magill forceps from PTS throat. PT transported to [REDACTED] ED where staff was waiting. Stayed in ER to assist staff. CPR continued as well as ventilation by BVM until PT intubated. Used 18GA easy IO to start IO in PTS right leg. Aspirates well and flushes well. Unable to get signatures or insurance info due to gravity of situation and treatment at ED. TR



**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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Hard copy of report placed in SIU case file.



Tennessee Department of Children's Services  
Case Recording Summary

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	11/18/2013	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	██████████	Recorded For:	
Location:	Hospital	Created Date:	11/19/2013
Completed date:	11/19/2013	Completed By:	██████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/19/2013 02:05 PM      Entered By: ██████████

On November 18, 2013, SI ██████ visited ██████ to inquire about information concerning the circumstances surrounding ██████ death. SI ██████ requested to speak with the attending physician Dr. ██████. SI was advised by the charge nurse ██████ that ██████ ER doctors are contracted out to different doctors. Nurse ██████ reported Dr. ██████ was the doctor who pronounced ██████ expiring and he was not at the hospital today 11/18/13. Nurse ██████ reported that she or Dr. ██████ can only report information that is documented in the medical report that was provided to SI ██████. Nurse ██████ reported that the autopsy report will best tell the circumstances surrounding the child's death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/18/2013	Contact Method:	
Contact Time:	01:45 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2013
Completed date:	11/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/19/2013 02:01 PM      Entered By: [REDACTED]

[REDACTED] medical report

On November 18, 2013, SI [REDACTED] received a copy of [REDACTED] hospital report from [REDACTED] dated November 17, 2013. Information for medical report typed verbatim.

Chief Complaint: Respiratory Distress

Information from page 1 of 4

Diagnosis: Respiratory Arrest; Cardiac Arrest; DiGeorges Syndrome

Presentation: 11/17

13:24 Method of Arrival: [REDACTED] Fire Dept.,

13:24 Acuity: ESI 1.

13:25 Presenting complaint: EMS states: respiratory arrest. Acuity: ESI 1.

Care prior to arrival: See EMS report. Compressions began prior to arrival.

14:06 Method of arrival: Ambulance.

Historical:

Allergies: No known drugs allergies;

Home Meds:

1. unable to obtain at this time for
2. Enalapril Oral for
3. Calcium Carbonate Oral for
4. Prevacid Oral for
5. Aspirin oral for
6. Calcitriol oral for

PMHx: djorns syndrome; lung problems; failed swallowing test;

CAD; DiGeorges Syndrome;

PSHx: multiple heart surgeries; peg tube; heart cath; cardiac surgeries;



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Immunization history: Childhood immunizations are up to date.

Hospitalizations: has had heart surgeries in the past and recent heart cath on Friday.  
 The history from nurses notes was reviewed: and I agree with what is documented.

Screening:

14:23 Abuse screen: Denies threats or abuse. Nutritional screening:

Difficulty chewing / swallowing? Yes. Tuberculosis screening: No symptoms or risk factors identified

Assessment:

13:20 Cardiac rhythm is PEA.

13:20 Pedi assessment: Patient is PEG tube.

13:20 General: pt arrived by [REDACTED] Fire from home. Father reports that pt got choked on diaper wipe and into respiratory distress. In route to hospital, EMS was able to remove foreign body from airway.

Information from page 2 of 4

Diagnosis: Respiratory Arrest; Cardiac Arrest; DiGeorges Syndrome

Pt the went into cardiac arrest and CPR started in route. CPR continued upon arrival to hospital.

13:20 General: pt is at pink mark on braslow tape for 6-7 kg.

13:21 General: applied defibrillator pads and connected to lifepack.

13:25 General: CPR assessment: unresponsive.

13:29 General: CPR stopped for pulse and rhythm check. No pulse, PEA on monitor. CPR resumed, positive pulse with compressions.

13:30 General: Right tibia IO infiltrated.

13:30 General: father states that pts normal O2 sat is 92-97%RA.

13:40 General: CPR stopped for pulse check. No pulse, PEA on monitor.

13:45 General: CPR stopped for pulse and rhythm check. No pulse, asystole on monitor. CPR resumed.

13:55 General: CPR stopped for rhythm and pulse check. No pulse, ssystole on monitor. CPR resumed.

13:57 General: [REDACTED] Pedi-Flight team at bed side.

14:09 General: CPR stopped for pulse and rhythm check. No pulse, asystole on monitor. CPR resumed.

14:37 General: Notified [REDACTED] PD of pt expiring.

14:40 General: Notified [REDACTED] with answering service for DONORS of pt expiring.

14:54 General: [REDACTED] Police officers x2 arrive to ER.

15:02 General: received call back from [REDACTED] with DONORS. Pt declined due to age.

16:08 General: Per [REDACTED] Police, pt is to be medical examiners case.

16:10 General: pt is in Foster Care. Social worker for pt is [REDACTED]. Contact numbers are [REDACTED] and [REDACTED].

Information from page 4 of 4

Outcome:

14:29 Outcome patient expired

14:29 Patient expired: Time of death 14:27 Pronounced by Dr. [REDACTED]

17:38 Patient expired: Body released to ME

17:39 Patient left the ED.

Information form page 1 of 5

Diagnosis: Respiratory Arrest; Cardiac Arrest; DiGeorges Syndrome

HPI:

15:15 This 11 months old African American male presents to ER via [REDACTED] Fire Dept. with complaints of Respiratory Arrest.

15:15 Preceding the arrest, the patient was dyspneic, was choking. The arrest occurred at home. Pre-hospital course: EM care prior to arrival: Other chest compressions started by EMS in route and removal of a baby wipe from mouth by EMS by forceps per personnel. The patient has not experienced similar symptoms in the past. The patient has been recently seen by a heart cath by his cardiologist at [REDACTED] Dad reported that they baby had gotte a baby wipe and put it in his mouth and was choking. He was choking

Hard copy or medical report placed in SIU file.



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

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/18/2013	Contact Method:	Attempted Phone Call
Contact Time:	09:59 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2013
Completed date:	11/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/19/2013 01:51 PM      Entered By: [REDACTED]

SI [REDACTED] called [REDACTED], [REDACTED] worker via telephone and did not get an answer. SI [REDACTED] left a message including a contact number requesting a return phone call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/18/2013	Contact Method:	Phone Call
Contact Time:	08:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2013
Completed date:	11/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/19/2013 01:50 PM Entered By: [REDACTED]

On November 18, 2013, SI [REDACTED] spoke with FSW [REDACTED] via telephone. CM [REDACTED] is [REDACTED] and [REDACTED] DCS Family Service Worker. CM [REDACTED] reported that [REDACTED] and [REDACTED] both were diagnosed with DiGeorge syndrome. CM [REDACTED] reported [REDACTED] diagnosis was more severe than [REDACTED]. CM [REDACTED] had undergone heart surgery on Friday, November 15, 2013 and was discharged home on Saturday, November 16, 2013. CM [REDACTED] reported [REDACTED] had heart problems and his lungs collapsed shortly after he was born. CM [REDACTED] reported [REDACTED] also could not swallow.

CM [REDACTED] reported the [REDACTED] was affected by the child's death. CM [REDACTED] reported she did not receive much information about what happened while at the hospital. CM [REDACTED] reported what little information she received was from [REDACTED] Police Officer. Ms. [REDACTED] reported she was not sure if the child was in the foster dad's lap or on the changing table. CM [REDACTED] reported she just knows that it was stated at the hospital that the child got the wipe off the changing table.

CM [REDACTED] reported Mr. [REDACTED] and Mrs. [REDACTED] are very good foster parents. CM [REDACTED] reported the [REDACTED] has been great with the kids and makes sure they attended all the kids' appointments. CM [REDACTED] reported the [REDACTED] have never missed any of the children's appointments.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/18/2013	Contact Method:	Correspondence
Contact Time:	08:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2013
Completed date:	11/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/19/2013 07:12 AM      Entered By: [REDACTED]

CPIT members including Law Enforcement and DA was notified and a copy of the 680 was submitted.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2013

Contact Method: Face To Face

Contact Time: 02:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 11/19/2013

Completed date: 11/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2013 02:20 PM Entered By: [REDACTED]

On November 18, 2013, SI [REDACTED] visited the home of Mr. [REDACTED] and Mrs. [REDACTED] to inquire about the brand of wipes [REDACTED] swallowed. SI observed huggie wipes in the kids bedroom. Mr. and Mrs. [REDACTED] reported once Mr. [REDACTED] called 911, they grabbed the kids and started out the door to take the child to the fire department. Mr. and Mrs. [REDACTED] reported once they got outside, the paramedics pulled up at their house. Mr. and Mrs. [REDACTED] reported Mr. [REDACTED] was in the room caring for [REDACTED] and she was caring for [REDACTED] and [REDACTED] in the living room. Mr. and Mrs. [REDACTED] reported [REDACTED] always kept his hand in his mouth but he did not like for anyone else to touch him mouth. Mr. and Mrs. [REDACTED] reported they have not had an issue with [REDACTED] putting anything in his mouth in the pass. SI [REDACTED] advised Mr. and Mrs. [REDACTED] that if they needed grief counseling, SI [REDACTED] or CM [REDACTED] would gladly assist them in anyway necessary in arranging counseling services.

Mr. [REDACTED] advised SI [REDACTED] that Commissioner [REDACTED] called him personally today thanking them for caring for the children and stated he hope they continue to foster DCS kids. Mr. [REDACTED] reported he really appreciated the phone call and also appreciate all the compassion he and his wife have received from the Department.

Mr. [REDACTED] reported he had also spoken with [REDACTED] parents. Mr. [REDACTED] reported that [REDACTED] father stated they were sorry [REDACTED] passed away and they knew that their children were well cared for. Mr. [REDACTED] reported he was thankful that the parents were not upset with him and Mrs. [REDACTED]. Mr. [REDACTED] reported he advised the parents that he was very sorry about [REDACTED] death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/17/2013

Contact Method: Face To Face

Contact Time: 10:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 11/19/2013

Completed date: 11/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/19/2013 01:47 PM      Entered By: [REDACTED]

SI [REDACTED] made face to face contact with 2-year-old [REDACTED] at the home of Mr. [REDACTED] and Mrs. [REDACTED]. SI [REDACTED] was able to observe [REDACTED] in the living room playing with his toys. [REDACTED] was wearing a brown pajama set. [REDACTED] was observed to have no visible marks or bruises. SI was unable to interview [REDACTED] due to he was not age appropriate for an interview.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/17/2013

Contact Method: Face To Face

Contact Time: 09:50 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/19/2013

Completed date: 11/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2013 01:46 PM Entered By: [REDACTED]

On November 17, 2013, SI [REDACTED] visited the home of Mr. [REDACTED] and Mrs. [REDACTED] at [REDACTED] in [REDACTED] TN for a face to face visit with 2-year-old [REDACTED]. SI apologized for the late visit. SI [REDACTED] explained to Mr. and Mrs. [REDACTED] that SI needed to complete a welfare check by making visual eye contact with [REDACTED]. Mr. and Mrs. [REDACTED] stated they understood and welcomed SI into their home. Mr. and Mrs. [REDACTED] reported that Mr. and Mrs. [REDACTED] are wonderful people. Mr. and Mrs. [REDACTED] reported they have known the [REDACTED] for many years. Mr. and Mrs. [REDACTED] reported they attended path training with the [REDACTED]. Mr. and Mrs. [REDACTED] reported they knew the [REDACTED] before they moved to [REDACTED]. Mr. and Mrs. [REDACTED] reported they have written in their Living Will that if anything happens to them, the [REDACTED] are to care for their kids.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/17/2013	Contact Method:	
Contact Time:	09:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2013
Completed date:	11/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/19/2013 07:16 AM      Entered By: [REDACTED]

SI [REDACTED] completed a walk through of the home. The home was observed to be clean and in order. The children's room were clean and age appropriate. There was no safety concerns observed throughout the home. SI [REDACTED] observed medication lock boxes appropriately stored out of the reach of the children. There were working toilets, hot and cold water and personal hygiene items observed in the home. SI observed different types of meats and vegetables in the refrigerator and freezer and can goods stored in the pantry There were no safety concerns identified in the in 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:	11/17/2013	Contact Method:	Face To Face
Contact Time:	09:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/04/2014
Completed date:	02/04/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Other Child Living in the Home Interview/Observation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/04/2014 09:22 AM      Entered By: [REDACTED]

SI [REDACTED] observed 18-month-old [REDACTED] in his crib asleep on his back. [REDACTED] was wearing a blue sleeper and looked to be healthy and well nourished. [REDACTED] body was warm and he moved his body when touched by SI [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/17/2013

Contact Method:

Contact Time: 08:25 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/19/2013

Completed date: 11/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/19/2013 07:11 AM      Entered By: [REDACTED]

SI [REDACTED] advised Mr. [REDACTED] and Mrs. [REDACTED] that their Foster Parent Advocate could be present during the interview at their request. Mr. and Mrs. [REDACTED] reported they did not need their advocate and sign the form agreeing to speak with SI [REDACTED] without their FPA.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/17/2013

Contact Method: Face To Face

Contact Time: 08:25 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 11/19/2013

Completed date: 11/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2013 01:30 PM Entered By: [REDACTED]

On November 17, 2013, SI [REDACTED] visited the home of Mr. [REDACTED] and Mrs. [REDACTED]. Mr. and Mrs. [REDACTED] live at their home at [REDACTED] in [REDACTED]. SI [REDACTED] gave a brief introduction and explained that the visit was a welfare check on the minor children and to assess the safety of the home environment due to the incident with [REDACTED]. SI [REDACTED] apologized for the late visit. Mr. [REDACTED] advised SI [REDACTED] that they had been advised that someone from DCS would possibly be visiting the home. Mr. [REDACTED] invited SI [REDACTED] into the home as he reported he knew the Department has policies they needed to follow. Mr. [REDACTED] reported [REDACTED] was in a respite home with [REDACTED] and [REDACTED] until DCS finish their investigation. SI [REDACTED] was able to observe 18 month old [REDACTED]. Mr. [REDACTED] reported his wife; Mrs. [REDACTED] had already laid down for the night but was no sleep. Mr. [REDACTED] advised SI [REDACTED] that he would get Mrs. [REDACTED] up. SI [REDACTED] advised Mr. [REDACTED] that she would talk with him first and then he could get Ms. [REDACTED].

SI [REDACTED] asked Mr. [REDACTED] what happened with [REDACTED]. Mr. [REDACTED] reported [REDACTED] had just finished a feeding through his g-tube. Mr. [REDACTED] reported [REDACTED] was spitting up and he took a huggies baby wipe and cleaned [REDACTED] mouth. Mr. [REDACTED] reported that after cleaning [REDACTED] mouth, he laid the wipe on the changing table and reached over to get a diaper to change [REDACTED]. Mr. [REDACTED] reported after he got the diaper he observed [REDACTED] with the wipe in his mouth. Mr. [REDACTED] reported he attempted to pull the wipe out of [REDACTED] mouth and [REDACTED] was turning his head trying to prevent Mr. [REDACTED] from getting the wipe out of his mouth. Mr. [REDACTED] reported he was able to catch hold of the wipe and the more he pulled the wipe the farther the wipe went down [REDACTED] throat. Mr. [REDACTED] reported he yelled for his wife and she came in and started trying to retrieve the wipe. Mr. [REDACTED] reported he called 911. Mr. [REDACTED] reported the paramedics were at the home in less than 5 minutes due to they are located down the street from their home. Mr. [REDACTED] reported his wife had begun to do Heimlich maneuver on [REDACTED] until the paramedics arrived at the home. Mr. [REDACTED] reported when the paramedics arrived he and Mrs. [REDACTED] were getting ready to take [REDACTED] down the street to the fire department. Mr. [REDACTED] reported [REDACTED] was breathing and had his eyes open when the paramedics left the home with him. Mr. [REDACTED] reported that the paramedics were able to retrieve the wipe from [REDACTED] throat before they arrived at the hospital. Mr. [REDACTED] reported due to [REDACTED] heart problems he did not survive. Mr. [REDACTED] reported he had tried to contact [REDACTED] parents but the parents did not have minutes on their phone.

Mr. [REDACTED] provided SI [REDACTED] with the respite parents contact information including their address and telephone number.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/17/2013

Contact Method: Face To Face

Contact Time: 07:35 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/19/2013

Completed date: 11/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

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

Narrative Type: Original      Entry Date/Time: 11/19/2013 07:21 AM      Entered By: [REDACTED]

SI [REDACTED] was unable to make visual contact with ACV. SI [REDACTED] visited [REDACTED] Hospital in [REDACTED] due to the death of 10 month old [REDACTED]. SI was advised that the child's body had already been pick up from the hospital.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/17/2013

Contact Method: Phone Call

Contact Time: 06:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/19/2013

Completed date: 11/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/19/2013 07:07 AM      Entered By: [REDACTED]

SI [REDACTED] spoke with the referent and there was no additional information reported.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/17/2013	Contact Method:	
Contact Time:	04:12 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/19/2013
Completed date:	11/19/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/19/2013 07:05 AM      Entered By: [REDACTED]

Central Intake received the following referral at 4:12 PM on 11/17/13. The investigation was assigned to SIU Investigator [REDACTED] with a Priority 1 response on November 18, 2013. The referral stated the following:

[REDACTED] (11 months) resided with Foster Mother ([REDACTED]) and Foster Father ([REDACTED]). The child was in DCS custody.

Today 11-17-2013 around 2:30pm the child swallowed a baby wipe. The foster father was trying to change the child's diaper while the child was in his lap. He placed the baby wipe on his lap and reached to get a diaper and the child got ahold of the wipe and placed it in his mouth. In an effort to remove the baby wipe from the child's throat, the wipe got further lodged in the child's throat. The child then stopped breathing.

It is not believed that [REDACTED] was in the room when this occurred. LE was contacted and DCS was informed. The child was still breathing in the ambulance. The child was pronounced dead at the hospital. No further information is known or reported at this time.

Known special needs/disabilities: The child was diagnosed with diGeorge syndrome and heart problems. The child also had a G Tube.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/17/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 11/19/2013

Completed date: 11/19/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2013 01:41 PM Entered By: [REDACTED]

On November 17, 2013, SI [REDACTED] met face to face with Mrs. [REDACTED] at her home in [REDACTED]. SI gave a brief introduction and explained that the visit was a welfare check on the minor children and to assess the safety of the home environment due to the incident with [REDACTED]. SI [REDACTED] apologized for the late visit. SI [REDACTED] advised Mrs. [REDACTED] that SI could come back tomorrow if she did not feel like talking now. Mrs. [REDACTED] reported she was ok to talk now. Mrs. [REDACTED] reported Mr. [REDACTED] was in [REDACTED] and [REDACTED] bedroom changing [REDACTED]. Mrs. [REDACTED] reported Mr. [REDACTED] called for her to come here and when she got to the bedroom, Mr. [REDACTED] advised her that [REDACTED] had a wipe in his mouth and he could not get it out. Mrs. [REDACTED] reported she could not see the wipe in [REDACTED] mouth and she began doing the Heimlich maneuver on [REDACTED]. Ms. [REDACTED] reported Mr. [REDACTED] called 911. Mrs. [REDACTED] reported within a few minutes the paramedics arrived. Mrs. [REDACTED] reported [REDACTED] was breathing and his eyes were open when he was taken from the home by paramedics. Mrs. [REDACTED] reported they were going to transport [REDACTED] to the fire station themselves but by the time they got out the door, paramedics pulled up to the home.

Ms. [REDACTED] gave SI [REDACTED] a tour of the home. SI [REDACTED] was able to take a picture of [REDACTED] changing table and the shelf beside his bed where Mr. [REDACTED] was changing him. SI [REDACTED] observed the home to be clean and in order. The childrens bedroom was clean and child friendly. SI did not observe any safety concerns throughout the home. SI observed the medication locked behind double locks, the toilet in the home flushed and there was hot and cold running water. There was lots of food in the pantry, refrigerator and freezer.

Narrative Type: Addendum 1 Entry Date/Time: 02/04/2014 09:11 AM Entered By: [REDACTED]

Correction: This face to face was made 11/17/2013 at 9:00 PM and not 9:00 AM.