Tennessee Department of Children's Services

Case # 2013.114ph

Notice of Child Death/Near Death

Intake #:	[redacted]	**Investigation #:**	[redacted]	**Date of Referral:**	11/04/2013
Type: ***(Please check one)***	☒ **DEATH**	☐ **NEAR DEATH**		**Date of Death/Near Death:**	10/30/2013
Child's Name:	[redacted]	**DOB:**	[redacted]	**Person ID:**	[redacted]
Gender:	☐ **Male** ☒ **Female**	**Race/Ethnicity:**	White (Non Hispanic)	**County/Region:**	[redacted]
Parents' Names:	**Mother:**	[redacted]	**Father:**	[redacted]	
Alleged Perpetrator's Name:	[redacted]	**Relationship to Victim:**	mother/father		
Child in custody at time of incident?	☒ **No**	☐ **Yes**	**Adjudication:**		
If child is in DCS custody, list placement type and name:					

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

[redacted] was taken to [redacted] center on October 30, 2013 in cardiac arrest and acute respiratory failure. [redacted] was found face down at her home by her father who has custody. [redacted] was born premature and had a history of prolonged QT syndrome. According to EMS [redacted] was at her home located at [redacted] and was playing in her bedroom on the floor. The father went in to check on her and she was lying on the bed clammy and warm to the touch. the father states that the child had not been alone for more than 10 minutes. CPR was being preformed by the mother when EMS arrived. Dr. [redacted] at [redacted] Medical Center attempted to do CPR on the child for approximately 15 minutes, the child was still unresponsive. Child was sent to [redacted] for an autopsy, DCS was not notified of the death until 11/4/2013. law enforcement was not contacted and had no knowledge of the childs death when DCS called to get a police report. No report was completed and no suspicious death due to the child's medical condition.

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

Name of Physician:	Dr. [redacted]	**Telephone #**	[redacted]
Street Address:	[redacted]	**City/State/Zip:**	[redacted]

Describe *(in detail)*interview with family:

P/C to the family residence. Father and mother have left the city at this time and will contact this TL upon their return.

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

NONE

Describe disposition of body *(Death)*:				
Name of Medical Examiner/Coroner:	Dr [redacted]	**Was autopsy requested?**	☐ **No**	☒ **Yes**
Did CPS open an investigation on this Death/Near Death?	☒ **No**	☒ **Yes**		
Was there DCS involvement at the time of Death/Near Death?	☒ **No**	☐ **Yes**		
Type:		**Case #:**		

Describe law enforcement or court involvement, if applicable:

NONE

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)*:

[redacted] is the only child that resides at the father address, The department is attempting to locate the family when they return to offer services.

Case # 2013-114ph

Intake #: [redacted]	Investigation #: [redacted]	Date of Referral: 11/04/2013

Name: [redacted]	**Age:** 4
Name:	**Age:**
Name:	**Age:**
Name:	**Age:**
Name:	**Age:**

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
05/04/2005	[redacted]	NUN	[redacted]	[redacted]	unfounded
03/05/2006	[redacted]	LOS	[redacted]	[redacted]	unfounded
1/25/2007	[redacted]	NUN	[redacted]		unfounded
4/11/2007	[redacted]	SRPI	[redacted]	[redacted]	unfounded
06/17/2007/	[redacted]	DEC	[redacted]	[redacted]	unfounded
3//01/2013	[redacted]	DEC/NUN	[redacted]	[redacted]	services recommended and accepted
/ /					

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: [redacted]	**Telephone Number:** [redacted]
Case Manager:	**Telephone Number:** ( ) -
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]

Case # 2013.114ph

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 11/04/2013 01:03 PM CT

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 11/04/2013

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 11/05/2013 10:04 AM

First Team Leader Assigned: [redacted] Date/Time 04/15/2014 12:00 AM

First Case Manager [redacted] Date/Time 04/15/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	4 Yrs	Neglect Death	Yes	[redacted]	Birth Father
[redacted]	4 Yrs	Neglect Death	Yes	[redacted]	Birth Mother

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address: [redacted]

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS:

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated 3/5/06, #[redacted] PHA, perp: [redacted]
Indicated 8-28-07, #[redacted] SRPI, PHA, perp: [redacted]

Fatality No

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

Screened out 3

5-4-05 - #[redacted] - NUN Unfounded
3-5-06 - #[redacted] LOS Unfounded
1-25-07 - #[redacted] NUN- Unfounded
4-11-07 - #[redacted] SRPI Unfounded
6-17-07 - #[redacted] DEC - Unfounded
3-1-13 - #[redacted] DEC-NUN - Services Recommended and Accepted

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

Reporters name/relationship: [redacted]/[redacted] [redacted] [redacted] [redacted]

This child is not in DCS custody.

Reporter states: [redacted] (4) resides with her father, [redacted]. There is also a 5 year old brother, Unknown name. It is unknown if this 5 year old child lives with the Father or Mother. [redacted] is the mother of [redacted].

[redacted] was taken to the Emergency Room by EMS in full cardiac arrest. [redacted] had some prior heart problems (unknown type) and was being treated by Dr. [redacted] at [redacted] Hospital for those issues. [redacted] was home with her Father at the time of the incident. She was playing and [redacted] was cooking. It is reported that one of the parents (it is unknown if it was the Father or Mother) found the child unresponsive and [redacted] started CPR on [redacted] and 911 was called. When [redacted] arrived at the Emergency Room, EMS had failed to revive her. She was intubated and CPR was continued for a lengthy period of time, but it was unsuccessful. [redacted] was pronounced dead on Thursday, October 30, 2013. It is currently unknown what the cause of death was, the medical examiner will be conducting an autopsy.

At this time, it is unknown where the 5 year old is, or if he lives with the Mother or Father. It is unknown if there are currently any safety concerns for this child.

Special needs/disabilities: [redacted] had a prolonged ST arrhythmia (Long QT Syndrome)

TFACTS shows that the 5 year old brother is possibly [redacted].

Child-Fatality-Notification EI-DCS was emailed. RA [redacted] and [redacted] were copied on the email as well.

County group emailed.
Per SDM: Investigative Track, P1, [redacted], TL on 11-4-13 @ 2:22 pm

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

Participant(s)

Name: [redacted]

Gender: Female | Date of Birth: | Partipant 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: Unknown Participant [redacted] Unknown

Gender: Male | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: | Age: 5 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: [redacted] | Race: Unable to | Age: 4 Yrs

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [redacted]

Gender: Male | Date of Birth: | Partipant 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:

Case # 2013.114ph

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: 11/04/2013

Assignment Date: 04/15/2014

Street Adress: [redacted],

City/State/Zip: [redacted]

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted] / [redacted]	Neglect Death	[redacted]	[redacted] / [redacted]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 04/15/2014
2	[redacted]	[redacted] / [redacted]	Neglect Death	[redacted]		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 04/15/2014

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [redacted]

Date: 04/15/2014

Team Leader: [redacted]

Date: 04/15/2014

E. Investigation Summary

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

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

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

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

Tennessee Department of Children's Services

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

Case Name : [redacted] **Investigation ID:** [redacted]

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

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

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

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/24/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	04/15/2014
Completed date:	04/15/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 10:03 AM Entered By: [redacted]

Central Office staff visiting [redacted] in order to discuss what could have been done differently with the [redacted] case. The barrier that was discussed was the fact that the child was buried prior to the department receiving the referral. The referral was not made in a timely manner due to the fact that the full time social worker in the ER was on leave. The Social worker that was taking her place states that she did not realize that the department needed to be called.

Central office staff asked that this TL gather information from [redacted] as to what medication that the child was placed on the day that she went to the walk in clinic.
P/C to [redacted], they state that they have spoken to their legal attorney and have been advised that nothing can be released to the department based on legal actions that may involve the family.
This case will be closed as unfounded due to the autopsy reading that the child had Long QT syndrome and death was 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:	01/23/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 12:05 PM Entered By: [redacted]

Phone Call
1/23/2014
Safety, Permanence, Well-being

Phone Call to [redacted] District Attorneys Office . [redacted] states that the autopsy report that we thought was not ordered was in fact sent to her on 1/14/2014 and she will forward a copy to me this morning. Autposy report enclosed in the file.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	01/16/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted].

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 12:04 PM Entered By: [redacted]

Phone Call
1/16/2014
Safety, Permanence, Well-being

Phone call from [redacted] Chief of police, he had been contacted by [redacted] asking questions about [redacted]. Apparently, they had just been informed of the childs death. [redacted] explained that this was the first that he was hearing of this childs death and that he was contacting me to see if anyone had responded to the home the day of the incident. I explained to [redacted] that I had spoken to the father but that we had not been able to do a face to face with the child due to her being buried prior to us getting the referral.
[redacted] will be sending the EMS run report via fax to the DCS office and it will be enclosed in the record.

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:	01/10/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 12:02 PM Entered By: [redacted]

Notation
1/10/2014
Safety, Permanence, Well-being

Child Death Review Meeting at [redacted] County Health Department. Dr. [redacted] does not have the death certificate on this date. This case will possibly be discussed at the next review.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	12/03/2013	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 12:01 PM Entered By: [redacted]

Phone call
12/3/2013
Safety, Permanence, Well-being

Phone call to Dr. [redacted] [redacted] at the [redacted] Health Department to see if she has received a death certificate on [redacted]. Dr. [redacted] explained that she would only have the certificate if it is a child death that we are reviewing at the Child Death Review Team we are scheduled to meet on January 10, 2014 at the [redacted] Health Department.

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:	11/08/2013	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 11:59 AM Entered By: [redacted]

Phone Call
11/8/2013
Safety, Permanence, Well-being

Phone call to Mr. [redacted] he states that he has not gone back to the home since his daughter passed away, services were explained to Mr. [redacted] and he states that at this time he is not in need of services and that he just needs to grieve through this process. Mr. [redacted] states that at the time of [redacted] death that he and she were the only ones living in the home and he will not be returning to the home at this time.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	11/05/2013	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 11:57 AM Entered By: [redacted]

Phone Call
11/5/2013
Safety, Permanence, Well-being

Phone Call back to [redacted] at [redacted] Police he still has no information concerning this child.

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:	11/05/2013	Contact Method:	Attempted Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/15/2014
Completed date:	04/15/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 12:39 PM Entered By: [redacted]

This case is a child death case. Case was not called in until several weeks after that child had passed away. Child had already been burried by the time the referral was 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:	11/04/2013	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 11:53 AM Entered By: [redacted]

Notation
11/4/2013
Safety, Permanence, Well-being

TFACTS records check. There is past history on the family. [redacted] was indicated in case number [redacted] for SRPI, PHA, there is also history of screen outs with the family. 5/4/2005 # [redacted] NUN-Unfounded, , 3/5/2006 # [redacted] LOS Unfounded, 1/25/2007 # [redacted] NUN unfounded, 4/11/2007 # [redacted] SRPI Unfounded, 6/17/2007 [redacted] DEC Unfounded, 3/1/13 # [redacted] DEC-NUN Services recommended and accepted. An address check was also performed on a previous case and the mother was residing at [redacted] Detective [redacted] was contacted and given this address. Detective [redacted] states that he will have [redacted] police go to this residence in search of [redacted].
P/C from Detective [redacted] there is no answer at the address listed above.

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:	11/04/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 11:55 AM Entered By: [redacted]

Phone Call
11/04/2013
Safety, Permanence, Well-being

2013 Phone call to the District Attorneys Office, [redacted] at the DAs office states that they have not received any information about child death and the DA would be the one to sign off on the autopsy.
Home visit conducted by CM [redacted] to [redacted] On November 5, 2013 no one is at 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:	11/04/2013	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 11:51 AM Entered By: [redacted]

Phone Call
11/4/2013
Safety, Permanence, Well-being

Phone call to Detective [redacted] to see if [redacted] Sheriffs Department was dispatched to the home located at [redacted]. Detective [redacted] put this TL on hold and returned stating that they did not respond to the above address and that he has not been notified of a child death in the county.

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:	11/04/2013	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 11:49 AM Entered By: [redacted]

Phone Call
11/4/2013
Safety, Permanence, Well-being

Phone call back to [redacted] Medical Center [redacted] expressed that she was on leave and upon her return she noticed that DCS was not notified that there was a child death on October 30, 2013. [redacted] did explain that she could not get me the childs medical record but that she could access information only from the incident and the emergency room visit.

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:	11/04/2013	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

[redacted].

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2014 11:46 AM Entered By: [redacted]

Case Summary
11/4/2013
Safety, Permanence, Well-being

DCS received a referral on November 4, 2013 concerning a 4 year old death, [redacted]. The referral states that the [redacted] was taken to [redacted] Medical Center by EMS from her fathers home located at [redacted] The child resides with her father [redacted] at the above listed address, the mother is [redacted] and her address is unknown. It was reported to EMS that the mother was in the home at the time of the incident and that she performed CPR on the child. [redacted] was pronounced deceased on Thursday October 20, 2013 after the hospital failed to revive the child.
Information received from [redacted] Medical Center by TL [redacted] states that the child had recently been to [redacted] Urget Care for a cough and fever the child does have a history of Long QT syndrome.
P/C to Dr. [redacted], [redacted] is not a patient at [redacted] Clinic, but her system does show that she is a patient at [redacted] has a cardiologist at [redacted] by the name of Dr. [redacted] Records could not be accessed by Dr. [redacted] Dr. [redacted] did take the tiem to explain what Long QT syndrome was and its affects. It is a rare inherited heart disease which often makes the heart beat have a delay. Long QT may cause sudden death in young adults or child based on my conversation with Dr. [redacted] sudden death is common due to the rhythm of the heart beat changing and the person going into cardiac arrest./ [redacted] Medical center had diagnosed the child as being in full cardiac arrest when she arrives at the hospital and based on the EMS information they received.
DCS was not notified of the childs death until November 4, 2013 at which time the child had been buried. A phone call to the father number [redacted] was made and the lady stated that the family just wanted to be left alone.
A call was made to the mothers number [redacted] which is disconnected. Phone Call to [redacted] police Department, [redacted] Chief [redacted] states that his officers were not notified about a child death in the city of [redacted] and had not received any information as it relates to this child.