



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

Case # 2013.133ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/17/2013	
Type: <i>(Please check one)</i>	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	12/17/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	unknown		
Alleged Perpetrator's Name:	██████████			Relationship to Victim:	██████████	
Child in custody at time of incident?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Adjudication:	n/a		
If child is in DCS custody, list placement type and name:	n/a					
Describe <i>(in detail)</i> circumstances surrounding death/near death:						
The child was found dead on the kitchen floor this morning at approximately 6:30 AM by his aunt. She called 911.						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	n/a	Telephone #	( ) -			
Street Address:	n/a	City/State/Zip:	n/a			
Describe <i>(in detail)</i> interview with family:						
██████████ is in the custody of his maternal grandparents. They adopted his mother, ██████████ whereabouts are currently unknown. ██████████ has several medical diagnoses: adreneline insufficiency, seizure disorder, alopecia. He sees a PCP, endocrinologist, and an alopecia specialist. All of his doctor's are at ██████████ He had regular appointments and took medications. The family has been sick for the past 2-3 days with a stomach virus. ██████████ had bee sick for the past 2 days and started vomiting. He often gets dry mouth and will frequently wake up to get a drink in the middle of the night. He usually asks an adult for help. However, last night he did not. There was a cup and tea on the kitchen counter. The aunt found him on the kitchen floor this morning. She thought he was kidding and told him to get up. Then she touched him and realized he was cold and stiff. The aunt then went upstairs and told the grandmother. The grandmother told her to call 911.						
If child was hospitalized, describe <i>(in detail)</i> DCS involvement during hospitalization:						
n/a						
Describe disposition of body <i>(Death)</i> :	Medical Examiner's office					
Name of Medical Examiner/Coroner:	Dr. ██████████	Was autopsy requested?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes			
Type:	n/a	Case #:	n/a			
Describe law enforcement or court involvement, if applicable:						
██████████ SO Detective ██████████ is assigned to the investigation						
Describe <i>(in detail)</i> action taken to ensure safety of other children <i>(list names and ages of surviving children)</i> and/or victim <i>(Near Death)</i> <i>(attach safety plan, if applicable)</i> :						
They will remain in the home. The grandparents, ██████████ and ██████████, have adopted ██████████ and are in the process of adopting ██████████ ██████████ is the child of the aunt, ██████████ ██████████.						

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

Intake #:	██████████	Investigation #:	██████████	Date of Report:	12/22/13
Name:	██████████	Age:	██████████		
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
02/15/2008	██████████	SRPI	██████████	██████████	Services Required
01/17/2011	██████████	DEI & LOS	██████████	██████████	AS/PS
09/11/2013	██████████	Abandonment	██████████	██████████	Services Required
09/14/2009	██████████	LOS	██████████	██████████	Services Required
/ /					
/ /					
/ /					

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

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

Contact Person: ██████████	Telephone Number: ██████████
Case Manager ██████████	Telephone Number: ██████████
Team Leader: ██████████	Telephone Number: ██████████
Team Coordinator: ██████████	Telephone Number: ██████████

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: ██████████**  
**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: 12/17/2013 01:24 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 12/17/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 12/17/2013 03:25 PM  
First Team Leader Assigned: [REDACTED] Date/Time 12/17/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 12/17/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	Other Non-relative

**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:  
Family Case Id: # [REDACTED]  
Open Court Custody: Yes (DCS Full Guardianship) / Child: [REDACTED] / CM: [REDACTED]  
Closed Court Custody No  
Closed Resource Home - # [REDACTED] (closed on 6/4/09)  
Open CPS - No  
Substantiated: # [REDACTED] (DEI/LOS) 1/16/11 (perp: [REDACTED])



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

Fatality No

Screened out Yes (2 - # [REDACTED] /# [REDACTED])

History (not listed above):

ASMT - # [REDACTED] (ABN) 9/8/13 - No Services Needed  
ASMT - # [REDACTED] (LOS) 9/14/09 - Services Required  
ASMT - # [REDACTED] (SRP) 2/15/08 - Services Required

County: [REDACTED]  
Notification: Letter  
School/ Daycare: N/A  
Native American Descent: No  
Directions: None

Reporters name/relationship: [REDACTED]

Reporter states:

[REDACTED] (8), [REDACTED] (6), [REDACTED] (4) [REDACTED] (2) reside in the home with their grandparents [REDACTED] and [REDACTED] Aunt is [REDACTED]

At 6:30am, LE received a call of an 8 year old not breathing. When EMS arrived, they determined that the child, [REDACTED] was deceased. [REDACTED] aunt [REDACTED] found him in the kitchen / dining room area lying face down. The aunt notified the grandmother; the grandmother came downstairs and told the aunt to call 911. The family waited for EMS arrival.

[REDACTED] has a history of Adrenal Insufficiency Syndrome and seizures secondary to the adrenal syndrome. [REDACTED] was last seen alive between midnight and 1:30 am on 12/17/13. For the past several days, [REDACTED] has had flu-like symptoms.

DCS has already responded to the scene.

There were no circumstances around the death that suggest that [REDACTED] death was caused by abuse. The adults in the home have been interviewed. [REDACTED] had no injuries. The autopsy began at 1:00 pm on 12/17/13. The other children in the home have been interviewed. The adults are currently in the home and there have been no past reports of abuse or fatalities at this home in the past. No other adults in the home have a criminal history nor do they have A&D, mental health or domestic violence history.

Per SDM: Investigative Track, P1 - CHILD DEATH  
[REDACTED] TC, on 12/17/13 @ 2:27pm

Notified Child Death/Child Near Death Notification Group via Email:

[REDACTED]  
RA - [REDACTED]



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 5 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 7 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 9 Yrs

Address: [REDACTED], [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 59 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 56 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 3 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

Gender: Date of Birth: Participant ID: [REDACTED]

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 12/17/2013 Assignment Date: 12/17/2013
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], [Redacted], Neglect Death, Unknown Participant, Unknown, [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted], 04/30/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case came to the attention of the Department on 12/17/13 with allegations of Neglect Death for [Redacted] (8). The alleged perpetrator is Unknown. Upon further investigation it was determined that there is a lack of evidence to support the allegation. The final autopsy shows [Redacted] died from his history of autoimmune polyendocrinopathy, candidiasis and ectodermal dystrophy (gene mutation) as well as Influenza A. This case is closed as Allegations Unsubstantiated. Perpetrator Unsubstantiated.

D. Case Workers

Case Worker: [Redacted] Date: 04/30/2014
Team Leader: [Redacted] Date: 05/01/2014

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:

CPSI [Redacted] met with both [Redacted] and [Redacted]. There are three other children in the home and [Redacted] and [Redacted] adopted [Redacted] and [Redacted] and is in the process of adopting [Redacted]. The deceased son (grandson) is of the adoptive daughter. [Redacted] is another adoptive daughter of [Redacted] and [Redacted] who is currently living in the home (she is going through a divorce). [Redacted] daughter is also in the home and her name is [Redacted]. It was reported that [Redacted] had Adrenaline Insufficiency and recently had a stomach virus that had him and the rest of the family sick and vomiting. Dr. [Redacted] was [Redacted] Pediatric Doctor and Dr. [Redacted] was his Endocrinologist. [Redacted] was last seen between 12:30 AM and 1:30 AM. He was found on the kitchen floor downstairs. It was mentioned that the medication that [Redacted] was on would make him have dry mouth, so it was normal for him to go downstairs to get water or juice during the night. It was [Redacted] that found him on the floor.



**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]

[REDACTED] is in the custody of his maternal grandparents. They adopted his mother, [REDACTED] whereabouts are currently unknown. [REDACTED] has several medical diagnoses: adrenaline insufficiency, seizure disorder, alopecia. He sees a PCP, endocrinologist, and an alopecia specialist. All of his doctors are at [REDACTED]. He had regular appointments and took medications. The family has been sick for the past 2-3 days with a stomach virus. [REDACTED] had been sick for the past 2 days and started vomiting. He often gets dry mouth and will frequently wake up to get a drink in the middle of the night. He usually asks an adult for help. However, last night he did not. There was a cup and tea on the kitchen counter. The aunt found him on the kitchen floor this morning. She thought he was kidding and told him to get up. Then she touched him and realized he was cold and stiff. The aunt then went upstairs and told the grandmother. The grandmother told her to call 911.

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

The Autopsy report was received on 3/26/14. The Final Anatomic Diagnosis is as follows: 1. Clinical history of autoimmune polyendocrinopathy, candidiasis, and ectodermal dystrophy (AIRE-1 gene mutation). II. Influenza A infection. A copy of the autopsy can be found in the hard file.

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

None

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

Reporter states: [REDACTED] (8), [REDACTED] (6), [REDACTED] (4) and [REDACTED] (2) reside in the home with their grandparents [REDACTED] and [REDACTED] Aunt is [REDACTED]

At 6:30am, LE received a call of an 8 year old not breathing. When EMS arrived, they determined that the child, [REDACTED] was deceased. [REDACTED] aunt [REDACTED] found him in the kitchen / dining room area lying face down. The aunt notified the grandmother; the grandmother came downstairs and told the aunt to call 911. The family waited for EMS arrival.

[REDACTED] has a history of Adrenal Insufficiency Syndrome and seizures secondary to the adrenal syndrome. [REDACTED] was last seen alive between midnight and 1:30 am on 12/17/13. For the past several days, [REDACTED] has had flu-like symptoms.

DCS has already responded to the scene.

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

No other evidence was found to support the allegations.

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: 10/20/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/20/2014

Completed date: 10/20/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/20/2014 09:26 AM Entered By: [REDACTED]

This case has been reviewed by Investigative Coordinator [REDACTED] Regional Investigations Director [REDACTED] and Deputy Director of Investigations [REDACTED]. Permission was obtained for this case to be closed.



**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: 10/16/2014

Contact Method:

Contact Time: 12:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/16/2014

Completed date: 10/16/2014

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: 10/16/2014 11:10 AM Entered By: [REDACTED]

This case came to the attention of the Department on 12/17/13 with allegations of Neglect Death for [REDACTED] (8). The alleged perpetrator is Unknown.

The family had the following Department of Childrens Services (DCS) history:

The first referral came to the attention of the Department on 08.27.09 with an allegations of lack of supervision for [REDACTED] (newborn). The alleged perpetrator is the birth mother, [REDACTED] [REDACTED] is currently incarcerated. [REDACTED] was placed with the maternal grandparents, [REDACTED]

The second referral came to the attention of the Department on 12/10/10 with allegations of drug exposed child and lack of supervision for [REDACTED] (newborn). After further investigation, it was learned the mother had lost custody of her 2 prior children, hears voices in her head, is extremely mentally unstable and unmediated. In addition, she had three prenatal visits and lives at [REDACTED]. The mother admitted to smoking crack/cocaine and marijuana during her pregnancy. The mother did not name the baby, hold her baby or ask to see her baby after delivery. Due to serious concern for the immediate safety of the child, she was placed in states custody on 12/10/10.

The third referral came to the attention of the Department on 7/29/13 with allegations of abandonment for [REDACTED] (newborn). The alleged perpetrator is the birth mother, [REDACTED] continued to clearly state that she wanted to put the baby up for adoption; the father made the same statement. She completed a Surrender and the revocation period has passes; the father is alleged and completed a waiver.

Child Protective Services Investigators (CPSI) [REDACTED] met with [REDACTED] at the family home. [REDACTED] reported they are the grandparents and custodians of [REDACTED] (8) [REDACTED] (6). [REDACTED] Also living in the home is their adult daughter, [REDACTED] [REDACTED] and her 2 year old daughter, [REDACTED]. They reported [REDACTED] had several medical diagnoses: adrenaline insufficiency, seizure disorder, alopecia. [REDACTED] saw his Primary Care Physician, an endocrinologist, and an alopecia specialist all at [REDACTED]. [REDACTED] had regular appointments and took his medications as prescribed. The family has been sick for the past 2-3 days with a stomach virus. [REDACTED] had been sick for the past 2 days and had begun vomiting. [REDACTED] often gets dry mouth and will frequently wake up to get a drink in the middle of the night. [REDACTED] usually asks an adult for help. However, last night [REDACTED] did not. There was a cup and tea on the kitchen counter. [REDACTED] found [REDACTED] on the kitchen floor this morning at approximately 6:



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

30 am. [REDACTED] stated she thought [REDACTED] was kidding and told him to get up. Then she touched [REDACTED] and realized he was cold and stiff. [REDACTED] reported she then went upstairs and told the grandmother. The grandmother told her to call 911.

CPSI [REDACTED] and [REDACTED] Sheriffs Department [REDACTED] met with [REDACTED] privately and individually, in an empty room.

[REDACTED] reported he is 6 years old and lives with [REDACTED] and [REDACTED]. [REDACTED] stated that he sleeps by himself but shares a room with [REDACTED]. He and [REDACTED] have their own beds. [REDACTED] stated that [REDACTED] went downstairs to the kitchen to get something to drink. He said that [REDACTED] was in the kitchen dead. He said that he knew that [REDACTED] was dead because [REDACTED] was going downstairs to get a drink and she saw him on the floor. [REDACTED] told his mother. He said that his mother was patting him. [REDACTED] told [REDACTED] to call the ambulance. He said that he was crying for [REDACTED]. Before they went to bed their dinner for that night was [REDACTED]. [REDACTED] said that [REDACTED] didn't eat anything; he was sick and has been throwing up. His mother helped when he threw up and said that he threw up in his room.

[REDACTED] stated that she has been in the home for 4 months because of going through a divorce. [REDACTED] daughters name is [REDACTED] and she is 2 years old. [REDACTED] reported that [REDACTED] has just been sick (stomach bug). [REDACTED] stated that [REDACTED] takes medication that gives him dry mouth and causes him to drink often. [REDACTED] said that she found [REDACTED] lying on the floor around 6:30 this morning. [REDACTED] said that earlier through the week the family had been sick with a stomach bug. [REDACTED] had not been able to keep anything down and hadn't been feeling good since Friday and a couple of days ago he started vomiting. [REDACTED] and [REDACTED] were vomiting as well.

[REDACTED] reported she is 4 years old. She said that she isn't in school. [REDACTED] informed CPSI that [REDACTED] was at the doctor because he is really sick. She said that she is ready for Christmas. [REDACTED] was difficult to understand.

The following assisted in the investigation: CPSI [REDACTED] and [REDACTED] SO [REDACTED] and [REDACTED] SO Lieutenant [REDACTED]

Policy for Neglect/Near Death states:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.
4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.

On 4/30/14, the Child Protective Investigation Team met for a Classification Meeting: This case was presented to Child Protective Investigative Team for classification. It was determined that the case is Unsubstantiated for Neglect Death for an Unknown Perpetrator. It appears the parents were appropriate and followed doctors' recommendations for [REDACTED]. Although the family (including [REDACTED] had been sick, [REDACTED] was taking medication to help him fight off the illness.

The Autopsy report was received on 3/26/14. The Final Anatomic Diagnosis is as follows: 1. Clinical history of autoimmune polyendocrinopathy, candidiasis, and ectodermal dystrophy (AIRE-1 gene mutation). II. Influenza A infection.

This case will be closed and classified as Unsubstantiated for the allegation of Child Neglect 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: 04/30/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/30/2014

Completed date: 04/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2014 10:57 AM Entered By: [REDACTED]

Closing Summary: This case came to the attention of the Department on 12/17/13 with allegations of Neglect Death for [REDACTED] (8). The alleged perpetrator is Unknown. Upon further investigation it was determined that there is a lack of evidence to support the allegation. The final autopsy shows [REDACTED] died from his history of autoimmune polyendocrinopathy, candidiasis and ectodermal dystrophy (gene mutation) as well as Influenza A. This case is closed as Allegations Unsubstantiated. Perpetrator Unsubstantiated.

740: A copy of the Classification and Summary will be submitted to TL [REDACTED] for review. Upon approval, a copy is then sent by TL [REDACTED] to the Juvenile Court Judge.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2014

Contact Method: Face To Face

Contact Time: 11:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/30/2014

Completed date: 04/30/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/30/2014 10:52 AM      Entered By: [REDACTED]

CPIT

4/30/14 CPIT Classification Meeting: This case was presented to Child Protective Investigative Team for classification. It was determined that the case is Unsubstantiated for Neglect Death for an Unknown Perpetrator. It appears the parents were appropriate and followed doctors recommendations for [REDACTED]. Although the family (including [REDACTED] had been sick, [REDACTED] was taking medication to help him fight off the illness.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/28/2014

Contact Method: Phone Call

Contact Time: 02:44 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/30/2014

Completed date: 04/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2014 10:53 AM Entered By: [REDACTED]

4/28/14 2:44 pm. TC to [REDACTED] [REDACTED] is taking two types of cortisones. When [REDACTED] was sick the doctor prescribed additional cortisone to help [REDACTED] fight the infection/sickness. [REDACTED] last dose was the Sunday before he died. [REDACTED] medications were filled at Walgreens. It is unknown by Lt. [REDACTED] the Department, and medical records if [REDACTED] received the flu shot his year or not.

Narrative Type: Addendum 1 Entry Date/Time: 04/30/2014 10:54 AM Entered By: [REDACTED]

Medical records from the PCP and Endocrinologist were obtained and can be found in the hard 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: 04/25/2014

Contact Method: Phone Call

Contact Time: 11:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/25/2014

Completed date: 04/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/25/2014 11:25 AM Entered By: [REDACTED]

4/25/14 11:20 am. TC to [REDACTED], Detective [REDACTED] SO, to discuss the case. Det. [REDACTED] reported he found the grandmother difficult to talk to as well. He should be able to get a list of medicine from his file or the Forensic File. He does not know if [REDACTED] received the flu shot but he knows the household was/had been sick. [REDACTED] was on a type of medication to boost his immune system if he was exposed to an illness. [REDACTED] had also received a shot to help him as well the day before.

The Autopsy report was received on 3/26/14. The Final Anatomic Diagnosis is as follows: 1. Clinical history of autoimmune polyendocrinopathy, candidiasis, and ectodermal dystrophy (AIRE-1 gene mutation). II. Influenza A infection. A copy of the autopsy can be found in the hard file.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/25/2014 Contact Method: Face To Face  
 Contact Time: 09:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: School Created Date: 04/25/2014  
 Completed date: 04/25/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Persons Living in Home Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/25/2014 11:07 AM Entered By: [REDACTED]

4/25/14 9:00 am FF with [REDACTED] CPSI [REDACTED] met with [REDACTED] privately, in an empty room. [REDACTED] reported the following: He is 6 y/o and he is in MS. [REDACTED] class. He likes his school and his teacher. There is nothing he would change about his school or teacher. He lives with his mom [REDACTED] dad [REDACTED] and sister [REDACTED]. He had a big brother, [REDACTED] but he died in the kitchen. [REDACTED] was pouring a glass of tea, he put the tea on the table and [REDACTED] fell on the kitchen floor. He likes playing games at home. He likes his mom and dad. He likes that his mom fixes him supper and his dad is lazy. He does not know why his dad is lazy. There is nothing he would change about his home, mom or dad. He has food to eat and he feels safe at home (CPSI explained what safe was). He does not know what medicine is. There is nothing he is not allowed to drink at home. When he gets into trouble (for getting into stuff) he gets a spanking with a paddle or a belt on his clothed bottom. The spankings do not leave a mark/bruise/bleed. He does not know what stuff he gets into. His wishes are to have a cake, games (blocks is his favorite) and a whole bunch of games. CPSI attempted to see if he saw a counselor/therapist but only reported he went to get the mail. [REDACTED] appears to have speech problems.

CPSI did not see [REDACTED] because she is not in school and [REDACTED] asked for CPSI to leave her alone and would not schedule a HV.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/23/2014 Contact Method: Attempted Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: School Created Date: 04/25/2014  
 Completed date: 04/25/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Persons Living in Home Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/25/2014 10:27 AM Entered By: [REDACTED]

4/23/14 2:00 pm. Attempted FF with [REDACTED]. The secretary informed CPSI [REDACTED] was absent today and it is unusual that [REDACTED] is not at school.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/21/2014 Contact Method: Phone Call  
 Contact Time: 11:30 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 04/25/2014  
 Completed date: 04/25/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/25/2014 11:22 AM Entered By: [REDACTED]

CPSI staffed this case with IL [REDACTED]. CPSI [REDACTED] will obtain the following information: What medications were [REDACTED] taking? Get Pharmacy records. What special plans were in place if [REDACTED] was sick? Did [REDACTED] get the flu shot? Get PCP and endocrinologist records.

4/21/14 11:15 am. Dr. [REDACTED] at [REDACTED] A release must be sent to [REDACTED] to get medical records. Under CAPTA (Child Abuse Prevent and Treatment Act) I have the right to obtain child specific medical records as it pertains to a child abuse investigation [REDACTED] Medical records were received and can be found in the hard file.

TC to [REDACTED] and left a message asking for a return call. They need a record release. Medical records were received and can be found in the hard file.

TC to [REDACTED] and left a VM asking for a return call. [REDACTED] was not cooperative. She reported the child died and he cannot even die in piece. They are trying to deal with his death and they are using their church as support. She requested CPSI leave her alone.

CPSI staffed this case with IL [REDACTED] CPSI will see the children at school.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/14/2014 Contact Method:  
 Contact Time: 10:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 05/01/2014  
 Completed date: 05/01/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/01/2014 06:44 PM Entered By: [REDACTED]

ACV: [REDACTED]  
 Adoptive Parents: [REDACTED] (also the maternal grandparents)  
 Date of Referral: 12/17/13  
 Allegations: Neglect Death  
 Perp: Unknown  
 Siblings: [REDACTED]  
 Victims/Interview date:  
 Last seen: 12/17/13  
 LEA: [REDACTED]

Case Status: [REDACTED] was a 8 y/o male. [REDACTED] is in the custody of his maternal grandparents. They adopted his mother, [REDACTED] whereabouts are currently unknown. [REDACTED] has several medical diagnoses: adrenaline insufficiency, seizure disorder, alopecia. He sees a PCP, endocrinologist, and an alopecia specialist. All of his doctors are at [REDACTED]. He had regular appointments and took medications. The family has been sick for the past 2-3 days with a stomach virus. [REDACTED] had bee sick for the past 2 days and started vomiting. He often gets dry mouth and will frequently wake up to get a drink in the middle of the night. He usually asks an adult for help. However, last night he did not. There was a cup and tea on the kitchen counter. The aunt found him on the kitchen floor this morning. She thought he was kidding and told him to get up. Then she touched him and realized he was cold and stiff. The aunt then went upstairs and told the grandmother. The grandmother told her to call 911.

Plan: CPSI needs to obtain a list of [REDACTED] medications and verify he was UTD on his immunizations, obtain what plan was in place for [REDACTED] when he was sick, obtain pharmacy records, PCP and endrocronolist records.



**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: 02/20/2014

Contact Method: Correspondence

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/27/2014

Completed date: 02/27/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/27/2014 07:35 AM      Entered By: [REDACTED]

**MISCELLANEOUS INFORMATION:**

CPSI [REDACTED] received the preliminary autopsy report from Lt. [REDACTED] on 2/20/2014 and CPSI is still awaiting PCP records from [REDACTED] doctor office.



**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: 12/18/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/27/2014

Completed date: 02/27/2014

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: 02/27/2014 07:31 AM

Entered By: [REDACTED]

**FAMILY COMPOSITION:**

Child: [REDACTED]

DOB: [REDACTED]

SS#: [REDACTED]

Race: White

Adoptive Mother: [REDACTED]

DOB: [REDACTED]

SS#: [REDACTED]

Race: White

Adoptive [REDACTED]

DOB: [REDACTED]

SS#: [REDACTED]

Race: White

Addresses: [REDACTED]

SDM:

SDM: The SDM, Safety Assessment was completed on this date and notes no immediate harm factors at this time. The children appear safe.

FFA: The Family Functional Assessment was completed and a copy has been placed in the file. The document has been placed on the network drive.

**REFERRAL AND REFERRANT:**

[REDACTED] (8), [REDACTED] (6), [REDACTED] (4) and [REDACTED] (2) reside in the home with their grandparents [REDACTED] and [REDACTED] Aunt is [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

At 6:30am, LE received a call of an 8 year old not breathing. When EMS arrived, they determined that the child, [REDACTED] was deceased. [REDACTED] aunt ([REDACTED]) found him in the kitchen / dining room area lying face down. The aunt notified the grandmother; the grandmother came downstairs and told the aunt to call 911. The family waited for EMS arrival.

[REDACTED] has a history of Adrenal Insufficiency Syndrome and seizures secondary to the adrenal syndrome. [REDACTED] was last seen alive between midnight and 1:30 am on 12/17/13. For the past several days, [REDACTED] has had flu-like symptoms.

DCS has already responded to the scene.

There were no circumstances around the death that suggest that [REDACTED] death was caused by abuse. The adults in the home have been interviewed. [REDACTED] had no injuries. The autopsy began at 1:00 pm on 12/17/13. The other children in the home have been interviewed. The adults are currently in the home and there have been no past reports of abuse or fatalities at this home in the past. No other adults in the home have a criminal history nor do they have A&D, mental health or domestic violence history.

CPS Central Intake received this report on 12/17/2013 at 1:24 PM CT and assigned a P1 response. The case was assigned to this CPSI on 12/17/2013 with the response due on 12/18/2013.

**CASE ASSIGNMENT:**

This case came to the attention of the Department on 12/17/2013 and was assigned to CPSI [REDACTED] on 12/17/2013 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorneys Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff) as requested per Juvenile Court Judge [REDACTED]

**BACKGROUND:**

Tennessee Bureau of Investigation Sex Offender Registry search on [REDACTED] and [REDACTED] CPSI [REDACTED] searched the database and found no record. A copy of such finding is contained within the hard file.

Tennessee Bureau of Investigation Meth Offender Registry search on [REDACTED] and [REDACTED] CPSI [REDACTED] searched the database and found no record. A copy of such finding is contained within the hard file.

Tennessee Felony Offender search on [REDACTED] and [REDACTED] CPS [REDACTED] searched the database and found no record. A copy of such finding is contained within the hard file.

Tennessee Department of Health Abuse Registry search on [REDACTED] and [REDACTED] CPSI [REDACTED] searched the database and found no record. A copy of such finding is contained within the hard file.

Background Check: A request was submitted to General Sessions Court regarding a background check on the family.

Background Check Results: The results are no record in JIMS.

TFACTS History Search: This CPSI verified the familys history of involvement with DCS through a search of TFACTS on this date the following history was noted: Previous history on the biological mother



**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: Face To Face  
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/27/2014  
 Completed date: 02/27/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Other Persons Living in Home Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/27/2014 07:35 AM Entered By: [REDACTED]

**COLLATERAL:**

FF with [REDACTED] is 6 years old and lives with [REDACTED] stated that he sleeps by himself but shares a room with [REDACTED]. He and [REDACTED] have their own beds. [REDACTED] stated that [REDACTED] went downstairs to the kitchen to get something to drink. He said that [REDACTED] was in the kitchen dead. He said that he knew that [REDACTED] was dead because [REDACTED] was going downstairs to get a drink and she saw him on the floor. [REDACTED] told his mother. He said that his mother was patting him. [REDACTED] told [REDACTED] to call the ambulance. He said that he was crying for [REDACTED]. Before they went to bed their dinner for that night was Krystals. [REDACTED] said that [REDACTED] didn't eat anything; he was sick and has been throwing up. His mother helped when he threw up and said that he threw up in his room.

FF with [REDACTED] CPSI [REDACTED] met with [REDACTED] in the family home. She stated that she has been in the home for 4 months because of going through a divorce. [REDACTED] daughters name is [REDACTED] and she is 2 years old. [REDACTED] reported that [REDACTED] has just been sick (stomach bug). [REDACTED] stated that [REDACTED] takes medication that gives him dry mouth and causes him to drink often. [REDACTED] said that she found [REDACTED] lying on the floor around 6:30 this morning. [REDACTED] said that earlier through the week the family had been sick with a stomach bug. [REDACTED] had not been able to keep anything down and hadn't been feeling good since Friday and a couple of days ago he started vomiting. [REDACTED] and [REDACTED] were vomiting as well.

FF with [REDACTED] CPSI [REDACTED] met with [REDACTED] in the family home. [REDACTED] said that she is 4 years old. While CPSI was interviewing her, she was sitting at the table eating cereal. She said that she isn't in school. [REDACTED] informed CPSI that [REDACTED] was at the doctor because he is really sick. She said that she is ready for Christmas. [REDACTED] was difficult to understand.



**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: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/26/2014

Completed date: 01/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/26/2014 10:36 PM Entered By: [REDACTED]

[REDACTED] is in the custody of his maternal grandparents. They adopted his mother, [REDACTED] [REDACTED] whereabouts are currently unknown. [REDACTED] has several medical diagnoses: adreneline insufficiency, seizure disorder, alopecia. He sees a PCP, endocrinologist, and an alopecia specialist. All of his doctor's are at [REDACTED]. He had regular appointments and took medications. The family has been sick for the past 2-3 days with a stomach virus. [REDACTED] had been sick for the past 2 days and started vomiting. He often gets dry mouth and will frequently wake up to get a drink in the middle of the night. He usually asks an adult for help. However, last night he did not. There was a cup and tea on the kitchen counter. The aunt found him on the kitchen floor this morning. She thought he was kidding and told him to get up. Then she touched him and realized he was cold and stiff. The aunt then went upstairs and told the grandmother. The grandmother told her to call 911.



**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: Face To Face

Contact Time: 08:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/27/2014

Completed date: 02/27/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/27/2014 07:32 AM Entered By: [REDACTED]

WORKER/CHILD FACE TO FACE CONTACT FOR CPS:

Content:

[REDACTED] is in the custody of his maternal grandparents. They adopted his mother, [REDACTED] [REDACTED] whereabouts are currently unknown. [REDACTED] has several medical diagnoses: adrenal insufficiency, seizure disorder, alopecia. He sees a PCP, endocrinologist, and an alopecia specialist. All of his doctors are at [REDACTED]. He had regular appointments and took medications. The family has been sick for the past 2-3 days with a stomach virus. [REDACTED] had been sick for the past 2 days and started vomiting. He often gets dry mouth and will frequently wake up to get a drink in the middle of the night. He usually asks an adult for help. However, last night he did not. There was a cup and tea on the kitchen counter. The aunt found him on the kitchen floor this morning. She thought he was kidding and told him to get up. Then she touched him and realized he was cold and stiff. The aunt then went upstairs and told the grandmother. The grandmother told her to call 911.



**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: Face To Face  
 Contact Time: 08:00 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/27/2014  
 Completed date: 02/27/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/27/2014 07:33 AM Entered By: [REDACTED]

WORKER/PARENT FACE TO FACE CONTACT FOR CPS:

Content:

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

CPSI [REDACTED] met with both [REDACTED]. There are three other children in the home and [REDACTED] adopted [REDACTED] and [REDACTED] and is in the process of adopting [REDACTED]. The deceased son (grandson) is of the adoptive daughter. [REDACTED] is another adoptive daughter of [REDACTED] and [REDACTED] who is currently living in the home (she is going through a divorce). [REDACTED] daughter is also in the home and her name is [REDACTED]. It was reported that [REDACTED] had Adrenaline Insufficiency and recently had a stomach virus that had him and the rest of the family sick and vomiting. Dr. [REDACTED] was [REDACTED] Pediatric Doctor and Dr. [REDACTED] was his Endocrinologist. [REDACTED] was last seen between 12:30 AM and 1:30 AM. He was found on the kitchen floor downstairs. It was mentioned that the medication that [REDACTED] was on would make him have dry mouth, so it was normal for him to go downstairs to get water or juice during the night. It was [REDACTED] that found him on the floor.