



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

Case # 2014.039

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	09/30/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	12/24/2013		
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:	Unknown		
Alleged Perpetrator's Name:	██████████			Relationship to Victim:	██████████	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	██████████		
If child is in DCS custody, list placement type and name:						

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

██████████ was taken to the hospital due to complications with his breathing. ██████████ was diagnosed with pneumonia and placed on a ventilator. ██████████ passed away on 12-24-2013 due to the complications with the pneumonia along with his other health problems.

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

Name of Physician:	██████████	Telephone #	( ) -	
Street Address:	██████████		City/State/Zip:	██████████

**Describe (in detail) interview with family:**

According to the mother, ██████████, ██████████ has a long history of frequent hospitalizations. She stated that he had been in and out of the hospital for the past two or three months due to his seizure disorder and complications from his diagnosis of Cornelia DE Lange Syndrome. She stated that he has been home since November of 2013 and was doing good. She stated that she rushed him to the hospital due to problems with his breathing. She stated that the hospital performed x-rays and observed that his chest was fully congested. The mother stated that he was diagnosed with pneumonia. She stated that they put him on a ventilator and attempted to treat the pneumonia but nothing seemed to work. The mother stated that he passed away on 12-24-2013. The mother stated that there was no autopsy performed on the child.

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

The department started working with the family on 9-30-2013 after the department received a referral alleging Medical Maltreatment against the mother. At the time of the referral, ██████████ was described by the hospital as a medically fragile child. He was diagnosed with Cornelia De Lange Syndrome, seizure disorder, and developmentally delayed. The mother was informed that the child was to go home with a "G tube" (tube that is surgically placed in his gastrointestinal area and it is how the child receives food and medication). The hospital stated that the mother asked if the child could stay in the hospital until he completes his antibiotics. The referent stated that when the hospital refused to keep the child, the child's G-tube was mysteriously broken. The referent stated that the mother reported that the child broke the tube but the hospital believes that this is impossible and that the mother broke the tube to keep the child in the hospital. The mother denied that she broke the child's tube. The mother stated that ██████████ broke the tube when he became agitated and was kicking around in his bed. A Child and Family Team meeting was held with the family. The mother stated that the child's tube had been attached for more than 6 months and it was time to change the tube. During the CFTM, the mother's attorney stated that he had contacted the company that manufactures the tube and they confirmed that the tubing will break if not changed as directed. The mother's attorney also provided statements from other doctors who stated that under certain circumstances the tube can be easily broken. The decision of the meeting was for the child to be released to the mother and for the department to monitor the case. The department has been monitoring the case and working with the family. During the time that the case was being monitored, there were no concerns. This CPSI spoke with one of the nurses who was caring for the child and she stated that ██████████ was doing well considering all of his medical problems. This CPSI conducted a face to face visit with ██████████ on 12-16-2013 and at that time there were no concerns noted. This

Intake #: [REDACTED] Investigation #: [REDACTED] Date of Report: 9/2/2014 Case # 2014-039

CPSI was informed of the child's death on 1-13-2014. The mother reports that the child passed away on 12-24-2013 and was funeralized on 12-26-2013. Due to the child's extensive medical history, no autopsy was performed on the child.

Describe disposition of body (Death):

Name of Medical Examiner/Coroner: 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: Medical Maltreatment Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:  
N/A

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):  
There are no concerns regarding the safety of the victim's sibling, [REDACTED].

Name: [REDACTED]	Age: 7 years old
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
04/02/2012	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Unable to Complete
10/01/2013	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	AUPU
/ /					
/ /					
/ /					
/ /					
/ /					

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: [REDACTED]  
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: 03/07/2014 01:12 PM CT  
 Track Assigned: Investigation Priority Assigned: 2  
 Screened By: [REDACTED]  
 Date Screened: 03/07/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 03/07/2014 03:20 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 03/07/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 03/07/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	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:  
 Family Case ID: # [REDACTED]  
 Open Court Custody/FSS/FCIP No  
 Closed Court Custody No  
 Open CPS - No  
 Substantiated No  
 Awaiting Screening Decision: [REDACTED] NGD/ 3-7-14  
 Child Death No



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

Screened out 0

History ( not listed above):

4/11/12 [REDACTED] - PHA Unable to Complete

1/10/14 [REDACTED] - MDM Allegation Unsubstantiated / Perpetrator Unsubstantiated

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: None

Directions: None

Reporters name/relationship: [REDACTED]

Reporter states:

[REDACTED] (Deceased) and [REDACTED] (7) live with their mother, [REDACTED] (32).

[REDACTED] is not in state custody. [REDACTED] passed away on 12-24-13. [REDACTED] was medically fragile. [REDACTED] was diagnosed with Cornelia Delange Syndrome, Seizure Disorders, and Developmental Delays. [REDACTED] was receiving 24 hour nursing care at home.

The referent states that there was a report made to DCS on 9-30-13 for medical maltreatment, because [REDACTED] spent a lot of time in the hospital. [REDACTED] had a G-tube that was mysteriously broken. The medical staff stated that they thought that [REDACTED] broke the G-tube, because she did not want [REDACTED] to return home. [REDACTED] had to have surgery to replace the tube. [REDACTED] was in the hospital from September until November 2013.

After the surgery, [REDACTED] was released and he returned home in November 2013. Around 12-24-14, [REDACTED] was taken to the hospital and diagnosed with pneumonia. He was placed on a ventilator and then he passed away on 12-24-13. Medical staff stated that [REDACTED] passed away due to complications with pneumonia and his other medical needs.

The DCS caseworker filled out paperwork for child death/near death on 1-13-14 after they were notified of [REDACTED] death.

The referent states that the caseworkers did not have any concerns for [REDACTED] or [REDACTED] well-being during the investigation.

Investigative Track - P1 - Child Death

Override to P2 (incident occurred in Dec. 2013. No additional DCS history found in TFACTS after child death.)

[REDACTED] TC, on 3/7/14 @ 2:27pm

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

[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:                                      32 Yrs  
Address:  
Deceased Date:  
School/ ChildCare Comments:

Alleged Perpetrator:    Yes  
DCS Foster Child:        No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]  
Gender: Male                      Date of Birth: [REDACTED]                      Participant ID: [REDACTED]  
SSN:                                      Race:                                      Black/African                      Age:                                      Deceased  
Address: [REDACTED]  
Deceased Date:                      [REDACTED]  
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: 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:**



**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: 03/07/2014

Assignment Date: 03/07/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/13/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Allegation Unsubstantiated Perpetrator Unsubstantiated

**D. Case Workers**

Case Worker: [REDACTED]

Date: 03/13/2014

Team Leader: [REDACTED]

Date: 03/13/2014

**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:**

[REDACTED] passed away on 12-24-2013.

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

According to the medical records from [REDACTED] hospital, [REDACTED] was a medically fragile child. According to the medical staff and the mother, [REDACTED] was diagnosed with Cornelia DeLange Syndrome, seizure disorder, developmentally delayed, Asthma, and several other medical conditions. It was reported that the child needed around the clock medical care.

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

According to the mother, [REDACTED] was taken to the hospital due to complications with his breathing. She stated that he was diagnosed with pneumonia and placed on a ventilator. [REDACTED] passed away on 12-24-2013 due to complication with pneumonia along with his other serious health problems.



**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:**

According to the referral, [REDACTED] was medically fragile. The child was diagnosed with Cornelia DeLange Syndrome, seizure disorder, and developmental delays. The child was receiving 24 hour nursing care. [REDACTED] was taken to the hospital and diagnosed with pneumonia. [REDACTED] was placed on a ventilator and on 12-24-13, the child passed away due to complications associated with the pneumonia.

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

There is no evidence to support the allegation of Neglect Death as defined by DCS Policy. The department has been working with the family and monitoring the child's care since 9-30-2013. [REDACTED] was described by medical staff at [REDACTED] hospital as medically fragile. He was diagnosed with Cornelia DeLang Syndrome, seizure disorder, Asthma, and other medical problems. [REDACTED] had a history of frequent hospitalizations. [REDACTED] received 24 hour nursing care when he was not in the hospital. According to the medical records, [REDACTED] passed away on 12-24-2013 due to complications from pneumonia. According to the medical records, an autopsy was not performed on the child.

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: 05/14/2014

Contact Method:

Contact Time: 09:37 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2014

Completed date: 05/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2014 09:38 AM Entered By: [REDACTED]

Case reviewed by Central Office staff and 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: 03/13/2014 Contact Method:  
 Contact Time: 03:50 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 03/13/2014  
 Completed date: 03/13/2014 Completed By: [REDACTED]  
 Purpose(s): 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: 03/13/2014 04:03 PM Entered By: [REDACTED]

The department received this referral on 3-7-14 due to an allegation of Neglect Death. According to the referral, [REDACTED] was medically fragile. The child was diagnosed with Cornelia DeLange Syndrome, seizure disorder, and developmental delays. The child was receiving 24 hour nursing care. [REDACTED] was taken to the hospital and diagnosed with pneumonia. [REDACTED] was placed on a ventilator and on 12-24-13, the child passed away due to complications associated with the pneumonia.

During a home visit with the family on 1-13-2014, this CPSI was informed by the birth mother, [REDACTED], that [REDACTED] had passed away on 12-24-2013 due to complications from pneumonia. According to the mother, [REDACTED] was rushed to the hospital due to problems with his breathing. The mother stated that [REDACTED] died from complications of pneumonia. According to the mother, they rushed [REDACTED] to the hospital when he started having problems breathing. She stated that they took x-rays and his chest was congested and they diagnosed him with pneumonia. She stated that they put him on the ventilator and hoped that he would be able to bounce back from this like he has done in the past, but he never recovered. According to the mother, the hospital did not do an autopsy. This CPSI verified that an autopsy was not conducted on the child. She stated that the pneumonia along with all of the child's other illnesses was too much on his body and he could not fight back. This CPSI had been working with the family since 9-30-2013 due to an allegation of medical maltreatment against the birth mother that was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated.

During the time that this CPSI was working with the family, this CPSI observed that the child was very ill. The child was receiving around the clock nursing care in the home when he was not hospitalized.

On 1-13-14, this CPSI completed and submitted the Child Death/Near Death paperwork. This CPSI also gave the family information for grief counseling services.

**NEGLECT DEATH:**

DCS Policy defines any child death that is the result of the caretakers failure to meet childcare responsibilities.

There is no evidence to support the allegation of Neglect Death as defined by DCS Policy, therefore this case is being classified as Allegation Unsubstantiated/Perpetrator 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:	03/10/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/10/2014
Completed date:	04/10/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 04/10/2014 09:58 AM      Entered By: [REDACTED]

This referral was presented in morning CPIT and before the DA.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2014

Contact Method:

Contact Time: 01:12 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/13/2014

Completed date: 03/13/2014

Completed By: [REDACTED]

Purpose(s): 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: 03/13/2014 03:10 PM Entered By: [REDACTED]

The department received this referral on 3-7-2014 due to an allegation of Neglect Death against the birth mother, [REDACTED] in regards to [REDACTED]. According to the referral, [REDACTED] (Deceased) and [REDACTED] (7) live with their mother, [REDACTED] (32).

[REDACTED] is not in state custody. [REDACTED] passed away on 12-24-13. [REDACTED] was medically fragile. [REDACTED] was diagnosed with Cornelia Delange Syndrome, Seizure Disorders, and Developmental Delays. [REDACTED] was receiving 24 hour nursing care at home.

The referent states that there was a report made to DCS on 9-30-13 for medical maltreatment, because [REDACTED] spent a lot of time in the hospital. [REDACTED] had a G-tube that was mysteriously broken. The medical staff stated that they thought that [REDACTED] broke the G-tube, because she did not want [REDACTED] to return home. [REDACTED] had to have surgery to replace the tube. [REDACTED] was in the hospital from September until November 2013.

After the surgery, [REDACTED] was released and he returned home in November 2013. Around 12-24-14, [REDACTED] was taken to the hospital and diagnosed with pneumonia. He was placed on a ventilator and then he passed away on 12-24-13. Medical staff stated that [REDACTED] passed away due to complications with pneumonia and his other medical needs.

The DCS caseworker filled out paperwork for child death/near death on 1-13-14 after they were notified of [REDACTED] death.

The referent states that the caseworkers did not have any concerns for [REDACTED] or [REDACTED] well-being during the investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/07/2014	Contact Method:	
Contact Time:	01:12 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/09/2014
Completed date:	04/09/2014	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: 04/09/2014 04:08 PM      Entered By: [REDACTED]

LI received referral and assigned it to Investigator on the above date. Investigator was advised of tasks to prompt investigation. Investigator will go out and assess and report assessment back to LI. Referent letter mailed to referent on 03/07/2014. Judge and DA notified according to policy.



**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: 01/15/2014

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/10/2014

Completed date: 04/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/10/2014 09:56 AM      Entered By: [REDACTED]

This CPSI contacted the mother on the telephone and informed her that this CPSI was putting informaton on grief counseling in the mail for her and the family. The mother stated that she does want to get some help for her daughter. This CPSI informed the mother that if she needed any other resources to contact this CPSI.



**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: 01/14/2014

Contact Method:

Contact Time: 09:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/10/2014

Completed date: 04/10/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/10/2014 09:54 AM      Entered By: [REDACTED]

This CPSI went to [REDACTED] hospital medical records department and received medical records on the child. This CPSI observed from the medical records that the child died due to respiratory failure. This CPSI observed that it was noted that no autopsy was done on the child. According to the medical records, the child's long history of health problems along with the pneumonia contributed to his death.

A hard copy of the medical records will be placed in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2014

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/10/2014

Completed date: 04/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/10/2014 09:51 AM      Entered By: [REDACTED]

This CPSI spoke with the hospital social worker, [REDACTED] who worked with the family during the child's stay at the hospital and when the child passed away. According to the nurse, [REDACTED] has always been a very sick child. She stated that he had a long history of frequent hospitalizations as well as home nurses that cared for him around the clock when he was at home. She stated that no autopsy was performed on the child and the principal diagnosis was respiratory failure. She stated that they assisted the mother with end-of-life care. She also stated that their [REDACTED] care program will provide counseling services for the family. She stated that their program works with hospice patients and continue to work with their family when the patient dies. She stated that when the child contracted the pneumonia, it was too much for his body along with his other health problems.



**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: 01/13/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/10/2014

Completed date: 04/10/2014

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: 04/10/2014 09:35 AM      Entered By: [REDACTED]

This CPSI completed and submitted the Notice of Child Death/Near Death paperwork on [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: 01/13/2014

Contact Method: Face To Face

Contact Time: 08:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/10/2014

Completed date: 04/10/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/10/2014 09:33 AM      Entered By: [REDACTED]

After the mother left to take [REDACTED] to school, this CPSI spoke with the maternal grandmother, [REDACTED]. Ms. [REDACTED] stated that the mother was devastated when [REDACTED] died. She stated that the mother had devoted her entire life to taking care of [REDACTED] and she did a great job. Ms. [REDACTED] stated that she has been staying with the mother to support her and [REDACTED]. The maternal grandmother stated that she hopes they both get some counseling.



**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:	01/13/2014	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:	04/10/2014
Completed date:	04/10/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/10/2014 09:30 AM Entered By: [REDACTED]

This CPSI conducted a home visit with the family to check on their progress since the last home visit on 12-16-2013. After the mother invited this CPSI into the home, the mother informed this CPSI that [REDACTED] died on 12-24-2013. The mother stated that so much has been going on that she did not think to contact this CPSI regarding the child's death. According to the mother, when [REDACTED] was discharged from the hospital in November, he had been doing pretty good. She stated that on 12-20-2013, she noticed that [REDACTED] was having problems breathing so she called an ambulance and they rushed the child to [REDACTED] hospital. The mother stated that the hospital ran tests and performed x-rays on the child. She stated that [REDACTED] was diagnosed with pneumonia. She stated that they placed the child on a ventilator and tried to treat the pneumonia. According to the mother, none of the medication and treatments seemed to work on the child. She stated that [REDACTED] passed away on 12-24-2013. The mother reported that the hospital did not do an autopsy on the child because of his long history of serious illness. She stated that the pneumonia along with all of the child's other illnesses was too much on his body and he could not fight back. This CPSI asked the mother how she and [REDACTED] have been doing since the death. The mother stated that [REDACTED] is not taking it well and today is her first day back to school. She stated that she sits in his room all the time crying. This CPSI discussed counseling for the child and the mother. The mother stated that she is preparing to move because she can no longer live in the house. She stated that it is too many memories in the home.

This CPSI spoke with [REDACTED] alone before the mother took her to school. This CPSI asked the child how she has been doing. [REDACTED] stated that she really misses her brother. She stated that he was her best friend and only brother. She stated that the house does not seem right without him there. This CPSI informed the child that this CPSI would assist her mother with counseling for the both of them. This CPSI did not observe any marks or bruises on the child during this visit. She did not disclose any abuse or neglect in the home. This CPSI observed that the child was appropriately dressed in school uniform.

Narrative Type: Addendum 1 Entry Date/Time: 04/10/2014 03:57 PM Entered By: [REDACTED]

4-10-2014

This CPSI conducted a follow up home visit with the family. The mother, [REDACTED] and her daughter, [REDACTED] were present during the home visit. This CPSI asked the mother how she and [REDACTED] have been doing. The mother informed this



**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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CPSI that the death of [REDACTED] is still very hard for her. She stated that she has not been able to eat much and her sleep pattern has changed. The mother also stated that [REDACTED] is doing better now. She stated that [REDACTED] was acting out in school and at home. This CPSI asked the mother if she has utilized any of the grief counseling resources this CPSI provided for the family. The mother stated that her medical doctor gave her the name of a counselor and she has an appointment next week. The mother stated that she has contacted [REDACTED] summer camp to enroll [REDACTED] in their program. This CPSI informed the mother that it is important and helpful to utilize counseling services for herself and her child.

This CPSI asked the mother if she still plans to move. The mother stated that at this time, she does not have the money to move. She stated that she has started back working at Macy's and she is saving her money. The mother stated that she is still receiving a lot of support from her father and other family members.

This CPSI spoke with [REDACTED] as she was sitting on the floor coloring. [REDACTED] stated that she is doing good but she still misses [REDACTED]. This CPSI asked her how she is doing in school. [REDACTED] stated that she is doing better. She stated that her grades are good and she has not gotten into trouble at school. She stated that since she is doing better in school she gets to help the teacher more. This CPSI encouraged the child to continue to do well in school and at home. This CPSI did not observe any marks or bruises on the child during this visit.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 9/30/13 4:32 PM

Date of Assessment: 1/9/14 12:00 AM

Assessment Type: Closing

Number of Children in the Household: 2

**Section 1: Immediate Harm Factors**

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
  - Death of a child due to abuse or neglect.
  - Care taker fears that s/he will maltreat the child.
  - Threat to cause harm or retaliate against the child.
  - Excessive discipline or physical force.
  - Drug-affected infant/child.
  - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

**If no immediate harm factors are observed, proceed to Section 3**

#### Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

#### Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): \_\_\_\_\_

#### Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Section 3: Safety Decision**

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
  - All children placed.
  - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

**Children Removed**

**Children Not Removed**

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_