



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

Case # 2014.052

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	03/06/2014
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death: 03/24/2014		
Child's Name:	████████████████████	DOB:	██████████	Person ID:	██████████
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity: Black or African American	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████			
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown	
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:

According to the referent, on 3-5-2014, the parents were attempting to clean the child's nose due to the child being congested and having excess mucus in his nose. The report stated that the father blew in the child's mouth to clear his nasal passages. The father reported that some of the mucus came out. The father reported that the second time that he blew in the child's mouth, the child screamed and a little blood came out of the child's nose. The parents stated that at that point they noticed that the child was having difficulty breathing so they called 911. The father reported that he began to perform CPR on the child until the ambulance arrived. The child was hospitalized from 3-5-2014 until his death on 3-24-2014.

This CPSI spoke with ██████████, Social worker with ██████████ hospital. She stated that ██████████ passed away due to Cardio Respiratory Arrest. She also stated that the child was a medically fragile child and his Chronic Lung disease and the fact that he was born premature contributed to his death. She stated that the medical examiner was notified of the death but did not accept the case. She stated that an autopsy was not performed on the child. This CPSI requested the child's medical records.

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 always had health problems. She stated that he was born premature at 23 weeks. She stated that at the time of his birth, he only weighed a little over one pound. She stated that he stayed in the hospital for the first 3 months of his life. She stated that he was born with a chronic lung disease. She stated that when he finally came home, he was doing pretty good. She stated that the family had a nurse that came out to the home to check on him twice a week. She stated that for the past two weeks, ██████████ has been very congested. She stated that he was on oxygen at home. She stated that he had a lot of congestion in his head and nose area. The mother reported that on 3-5-2014, she and the father were getting him cleaned up. She stated that she and the father had noticed that the child was wheezing and his nose had mucus buildup. She stated that they were trying to clean his nose. She stated that they did not have the bulb that you can use to suction the mucus out of his nose. She stated that the father lightly blew in the child's mouth and a great deal of mucus came out of his nose. She stated that the father has done this several times in the past. She stated that they were cleaning up the mucus from his face and nose. She stated that she had gone into the other room when she heard the child scream and the father told her that his nose was bleeding. According to the father, when he blew in the child's nose the second time, the child screamed and a little blood came out of his nose. The mother stated that at that time, it seemed as if the child's body went limp and he appeared unresponsive. The mother stated that the father called 911 and they were giving him instructions on how to do CPR on the child. She stated that they moved the child from the bed to the living room in order to lay him down on a hard surface. She stated that they continued with the CPR until the ambulance came. She stated that when they got to the hospital, the ambulance personnel stated that he had stopped breathing but they gave him some drops and his heart started back. She stated that he stopped breathing again at the hospital and they gave him some more drops and he started back breathing.

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

The child was hospitalized and placed on a ventilator. The doctors ran tests to check and see if the child had sustained any brain damage due to the lost of oxygen. According to the social worker assigned to the case, [REDACTED], the tests showed that the child had suffered damage to the brain as well as neurological brain damage due to the lost of oxygen. The department monitored the case and made contact with the family each week to check on the child's progress. On May 24, 2014, this CPSI was informed by the mother that [REDACTED] passed away at 5:06am on 3-24-2014.

Describe disposition of body (Death):

Name of Medical Examiner/Coroner: [REDACTED] Was autopsy requested? No Yes

Did CPS open an investigation on this Death/Near Death? No Yes

Was there DCS involvement at the time of Death/Near Death? No Yes

Type: [REDACTED] 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 other children in the home. [REDACTED] is the parent's only child.

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
08/28/2013	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	ASPS
/ /					
/ /					
/ /					
/ /					
/ /					

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]

Intake #:

[REDACTED]

Investigation #:

[REDACTED]

Date of Referral:

03/26/2014

Case # 2014-052

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: 03/06/2014 04:23 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 03/06/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 03/07/2014 10:49 AM
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]	10 Mos	[REDACTED]	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:

Type of Contact: Facsimile

Notification: Letter

Narrative: TFACTS:

Family Case IDs:#[REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated 9-9-2013/#[REDACTED]/DEI/[REDACTED]

Death No

Screened out No



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

History (not listed above): No

SSMS: Nothing found

*According to TFACTS, this child is not in DCS custody.

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

Reporters name/relationship: [REDACTED]

Reporter states:

On 03/05/2014 at 14:55 hours, Officer [REDACTED] ([REDACTED]) and [REDACTED] ([REDACTED]) responded to a medical call at [REDACTED]. Officers made the scene and observed a m/b infant later identified as [REDACTED] (approximately 6 months old) on the floor of the living room of the residence with the father [REDACTED] performing CPR on the infant. [REDACTED] FD Unit [REDACTED] arrived seconds after officers, and began to medically work on the child. [REDACTED] FD Unit [REDACTED] then transported the child to [REDACTED] in critical condition. The mother [REDACTED] advised that the child was born prematurely, and was kept in a neonatal ICU for the first 3 months of his life. The mother also advised that the child has been diagnosed with chronic lung disease and has been to the doctor/hospital numerous times in the past. The mother advised that she observed the child to be wheezing/having difficulty breathing today, and both the mother and father advised that the child's nose was filled with mucus. The father [REDACTED] advised that he blew in the mouth of the child, to clear out the mucus. The father advised that he has done this numerous times in the past without incident, and that the child has a problem with mucus build up. When the father blew in the child's mouth today, the father advised that blood appeared in the child's nose. The father advised that the child then screamed, and seconds later appeared to be unresponsive. The father then advised that he began CPR, and a family friend called 911. [REDACTED] Lt. [REDACTED] made the scene, and contacted [REDACTED]. Officer [REDACTED] ([REDACTED]) changed locations to [REDACTED] where officers spoke with Dr. [REDACTED] at 1615 hours and was advised that neither the mother [REDACTED], nor the father [REDACTED] were suspected of any child abuse, sexual assault, or child neglect. Dr. [REDACTED] also advised that the child was born prematurely and is diagnosed with chronic lung disease. Dr. [REDACTED] advised at 1615 hours that the child is in extremely critical condition, and that the child has a pulse and heartbeat; but that the child is currently only able to breathe with the help of a machine. The [REDACTED] PD Sex Crimes supervisor was notified of this incident.

Per SDM: P1/Investigation. [REDACTED], CM 2 on 3/6/14 @ 4:40pm.

Child Near Death
Investigative Track - P1
[REDACTED] TC, on 3/6/14 @ 4:50pm

Notified Child Death/Child Near Death Notification Group via Email:
[REDACTED]

Intake notification was provided to [REDACTED] ([REDACTED]) via phone @ 5:00pm - [REDACTED] TC.



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: 20 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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age: 10 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 25 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: 03/06/2014

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			
1	[REDACTED]	[REDACTED]	Lack of Supervision	Unknown [REDACTED] Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
	[REDACTED]	[REDACTED]						04/10/2014
2	[REDACTED]	[REDACTED]	Neglect Death	Unknown [REDACTED] Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
	[REDACTED]	[REDACTED]						04/10/2014

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegations Unsubstantiated Perpetrator Unsubstantiated

D. Case Workers

Case Worker: [REDACTED]

Date: 04/10/2014

Team Leader: [REDACTED]

Date: 04/29/2014

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:

On March 7, 2014, this CPSI conducted the initial face to face contact with [REDACTED] at [REDACTED] hospital in room [REDACTED]. When this CPSI arrived in the room, this CPSI observed two nurses working on the child. This CPSI observed that the child was sedated and was breathing with the help of a ventilator. This CPSI observed that the child was connected to several different medical machines. According to the nurse, the child is stable. She stated that he is breathing with the help of the ventilator and that the ventilator was doing the majority of the work. She stated that she was preparing to take the child down for a CT Scan to see if the child has experienced any brain damage due to being without oxygen for a while before he was brought into the hospital.

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



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

Case Name : ██████████

Investigation ID: ██████████

According to ██████████, Social Worker at ██████████ Hospital, ██████████ was a medically fragile child. She stated that his Chronic Lung disease and the fact that he was born premature contributed to his death. She stated that the medical examiner was notified of the death but did not accept the case.

According to the child's medical records, the cause of death was cardiorespiratory arrest in an ex-23 week premature infant resulting in cerebral anoxia.

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

The alleged perpetrator was listed as unknown, therefore there is no alleged perpetrator statement regarding the allegations. According to the hospital, the child's cause of death was due to cardiac arrest and the child's previous medical problems. There was no sign of abuse or neglect that contributed to the child's death.

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

According to the referent, ██████████ presented to the hospital in cardio-respiratory arrest. The referent stated that the mother reported that the child has been suffering from shortness of breath and congestion. The referent stated that the mother and father blew into the child's mouth in an attempt to clear his nasal congestion. The referent stated that when the parents blew into the child's mouth, the child started crying and then appeared to stop breathing. 911 was contacted and the child was transported to ██████████ hospital and placed in the neonatal intensive care unit.

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

After completing the investigation, this investigator observed that there is no evidence to substantiate the allegations of Lack of Supervision and Neglect Death. During the initial face to face with the child, this investigator observed that the child was sedated and was breathing with the help of a ventilator. According to the nurses, the ventilator was doing the majority of the work.

According to the mother, ██████████ has always had health problems. She stated that he was born premature at 23 weeks. She stated that at the time of his birth, he only weighed a little over one pound. She stated that he stayed in the hospital for the first 3 months of his life. She stated that he was born with a chronic lung disease. The parents report that on the day the child was transported to the hospital, they were trying to clear the child's nose. The mother stated that the father blew into the child's mouth, as he has done several times in the past, to clear his nose. She stated that when he blew into the child's nose, the child screamed and it appeared that the child stopped breathing. The parents report that 911 was called and they began to do CPR on the child. ██████████ was admitted into the hospital and placed on a ventilator. On May 24, 2014, ██████████ passed away. According to ██████████ Social Worker at ██████████ Hospital, ██████████ was a medically fragile child. She stated that his Chronic Lung disease and the fact that he was born premature contributed to his death. She stated that the medical examiner was notified of the death but did not accept the case.

According to the medical records, the cause of death was cardiorespiratory arrest in an ex-23 week premature infant resulting in cerebral anoxia. No autopsy was 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: 06/16/2014

Contact Method:

Contact Time: 08:39 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/16/2014

Completed date: 06/16/2014

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/16/2014 08:39 AM Entered By: [REDACTED]

This CPS/CPIT investigation has been finished by Investigator [REDACTED]. I have completed my review of this case and all investigative tasks have been complete

On 03/10/2014, the case was presented to the CPIT Team and they made a collective decision and the allegation of physical abuse was signed off on and classified as handle as appropriate. A classified [REDACTED] will be sent to Juvenile Court for notification to the Judge and to the DA. This case is approved to be closed. Case reviewed and approved by RID, [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:	05/19/2014	Contact Method:	
Contact Time:	02:50 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/19/2014
Completed date:	05/19/2014	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: 05/19/2014 02:54 PM Entered By: [REDACTED]

The department received this referral due to allegations of Lack of Supervision and Neglect Death regarding 6 month old [REDACTED]. The alleged perpetrator was listed as unknown. According to the referent, [REDACTED] presented to the hospital in cardio-respiratory arrest. The referent stated that the mother reported that the child has been suffering from shortness of breath and congestion. The referent stated that the mother and father blew into the child's mouth in an attempt to clear his nasal congestion. The referent stated that when the parents blew into the child's mouth, the child started crying and then appeared to stop breathing. 911 was contacted and the child was transported to [REDACTED] hospital and placed in the neonatal intensive care unit.

DCS Policy defines Lack of Supervision as a failure to provide adequate supervision by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or the Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills). Lack of Supervision is also defined as any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

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

After completing the investigation, this investigator observed that there is no evidence to substantiate the allegations of Lack of Supervision and Neglect Death. During the initial face to face with the child, this investigator observed that the child was sedated and was breathing with the help of a ventilator. According to the nurses that were in the room working on the child, he was breathing with the help of the ventilator and that the ventilator was doing the majority of the work. According to the mother, [REDACTED] has always had health problems. She stated that he was born premature at 23 weeks. She stated that at the time of his birth, he only weighed a little over one pound. She stated that he stayed in the hospital for the first 3 months of his life. She stated that he was born with a chronic lung disease. The parents report that on the day the child was transported to the hospital, they were trying to clear the child's nose. The mother stated that the father blew into the child's mouth, as he has done several times in the past, to clear his nose. She stated that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

when he blew into the child's nose, the child screamed and it appeared that the child stopped breathing. The parents report that 911 was called and they began to do CPR on the child. [REDACTED] was admitted into the hospital and placed on a ventilator. On May 24, 2014, [REDACTED] passed away. According to [REDACTED], Social Worker at [REDACTED] Hospital, [REDACTED] was a medically fragile child. She stated that his Chronic Lung disease and the fact that he was born premature contributed to his death. She stated that the medical examiner was notified of the death but did not accept the case. According to the medical records, the cause of death was cardiorespiratory arrest in an ex-23 week premature infant resulting in cerebral anoxia. No autopsy was performed on the child.

This investigator along with [REDACTED] [REDACTED] Care Unit assisted the family with grief counseling and information on grief support groups.

Due to the fact that there is insufficient evidence to substantiate the allegations of Lack of Supervision and Neglect Death as defined by DCS Policy, this case is being classified as Allegations 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: 05/19/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2014

Completed date: 05/19/2014

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: 05/19/2014 02:50 PM Entered By: [REDACTED]

This investigator mailed information on grief counseling and support groups in the [REDACTED] area to the 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: 05/19/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2014

Completed date: 05/19/2014

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: 05/19/2014 01:39 PM Entered By: [REDACTED]

This investigator received the medical records on [REDACTED] from [REDACTED] hospital. According to the medical records, [REDACTED] presented to [REDACTED] hospital on 3-5-2014 in full cardiac arrest. The medical records stated that CPR was attempted on the patient several times at the home, in the ambulance, and at the hospital. The medical records state that [REDACTED] passed away on 3-24-2014. According to the medical records, the cause of death was cardiorespiratory arrest in an ex-23 week premature infant resulting in cerebral anoxia. No autopsy was performed on the child. 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: 05/14/2014 Contact Method:
 Contact Time: 10:56 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): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2014 10:59 AM Entered By: [REDACTED]

LI staffed case with Investigator for follow up. Investigator is still waiting on medical records. Investigator has followed up with ROI Department at [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: 05/02/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2014

Completed date: 05/06/2014

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: 05/06/2014 09:26 AM Entered By: [REDACTED]

This investigator contacted the Release of Information department at [REDACTED] hospital to check on the status of the medical records requested on [REDACTED]. This investigator left a message requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/01/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2014

Completed date: 05/19/2014

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: 05/19/2014 03:29 PM Entered By: [REDACTED]

This investigator contacted the file room to see if the file on the family has been located. This investigator was informed that the file still has not been located.



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:

Contact Time: 09:00 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): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2014 10:58 AM Entered By: [REDACTED]

LI staffed case with Investigator. Investigator advised medical records have been requested through [REDACTED] There will be no autopsy for the case as one wasn't completed on the deceased child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2014

Contact Method: Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2014

Completed date: 05/14/2014

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: 05/14/2014 11:01 AM Entered By: [REDACTED]

This investigator returned a call to the mother to give her information on grief counseling as she requested. The mother stated that she has Tncare insurance and this investigator instructed her to contact the number on the back of her insurance card and request information on grief counseling. This investigator also informed her of the grief counseling that is provided through Methodist health care. This investigator instructed the mother to contact this investigator if she has any problems getting the grief counseling. The mother stated that the counseling will only be for her because the father stated that he does not want to participate in 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: 03/31/2014

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2014

Completed date: 05/06/2014

Completed By: [REDACTED]

Purpose(s): 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: 05/06/2014 09:30 AM Entered By: [REDACTED]

This investigator contacted the mother and father to see how they were doing and to discuss grief counseling. The mother stated that it was very hard after the services. She stated that she is doing better but she has her moments. This investigator asked the mother about grief counseling. The mother stated that she will talk to the father to see what they wanted to do. This investigator asked the mother to contact this investigator when she makes a decision about the counseling services.



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: 03/27/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 05/06/2014

Completed date: 05/06/2014

Completed By: [REDACTED]

Purpose(s): 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: 05/06/2014 09:38 AM Entered By: [REDACTED]

This investigator conducted a home visit with the family. This investigator spoke with the mother. She stated that the child's funeral will be on tomorrow, 3-28-2014 at 12:00 noon at [REDACTED] Church at [REDACTED]. The mother stated that she misses the child a lot. She stated that she was glad for the time that they were able to share but it is hard. She stated that it has really been difficult on the father. This discussed grief counseling with the mother and informed her about the different agencies in the city that provide grief counseling programs. This investigator instructed the mother to think about the counseling and when she is ready to contact this investigator.



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: 03/26/2014

Contact Method: Attempted Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2014

Completed date: 05/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/19/2014 02:23 PM Entered By: [REDACTED]

The alleged perpetrator was listed as unknown, therefore there is no alleged perpetrator statement regarding the allegations. According to the hospital, the child's cause of death was due to cardiac arrest and the child's previous medical problems. There was no sign of abuse or neglect that contributed to the child's death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/26/2014

Contact Method: Phone Call

Contact Time: 08:50 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/23/2014

Completed date: 04/23/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/23/2014 05:36 PM Entered By: [REDACTED]

This CPSI spoke with [REDACTED], Social worker at [REDACTED] hospital. She stated that [REDACTED] passed away due to Cardio Respiratory Arrest. She also stated that the child was a medically fragile child. She stated that his Chronic Lung disease and the fact that he was born premature contributed to his death. She stated that the medical examiner was notified of the death but did not accept the case. She stated that an autopsy was not performed on the child. This CPSI requested the child's medical 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: 03/24/2014

Contact Method: Attempted Phone Call

Contact Time: 12:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/24/2014

Completed date: 03/24/2014

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: 03/24/2014 04:08 PM Entered By: [REDACTED]

This CPSI contacted [REDACTED], social worker at [REDACTED] and left a message requesting contact to discuss the case and get information on the child's death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/24/2014

Contact Method:

Contact Time: 12:28 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/24/2014

Completed date: 03/24/2014

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: 03/24/2014 12:29 PM Entered By: [REDACTED]

This CPSI requested complete medical records on [REDACTED] from [REDACTED] Medical records department. This CPSI faxed the request.



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: 03/24/2014

Contact Method:

Contact Time: 08:52 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/24/2014

Completed date: 03/24/2014

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: 03/24/2014 12:08 PM Entered By: [REDACTED]

This CPSI informed IL [REDACTED] that the child had passed away on this morning. This CPSI was instructed to get the child's complete medical records for the child, get information pertaining to the cause of death from the medical staff, find out if an autopsy will be conducted or not, and to complete the fatality report.



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: 03/24/2014

Contact Method: Phone Call

Contact Time: 08:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/24/2014

Completed date: 03/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/24/2014 12:05 PM Entered By: [REDACTED]

This CPSI contacted the mother to check on the status of the child. This CPSI was informed by the mother that the child, [REDACTED] passed away on this morning, March 24, 2014 at 5:06 am. According to the mother, he was not able to overcome from the initial incident that brought him to the hospital. She stated that due to him being born premature and having been diagnosed with chronic lung disease, his body was not able to recover. This CPSI informed the mother that this CPSI would be by the home later this week to speak with her and to discuss grief counseling for her and the birth father.



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: 05/06/2014

Completed date: 05/06/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2014 09:40 AM Entered By: [REDACTED]

This referral was presented in morning CPIT and before the ADA. The referral was stamped DCS to handle as appropriate.



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: 03/08/2014

Contact Method: Phone Call

Contact Time: 12:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/08/2014

Completed date: 03/08/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/08/2014 12:41 PM Entered By: [REDACTED]

This CPSI contacted the mother on the telephone to check on the status of the child. According to the mother, the child is still stable. She stated that the doctors plan to run an MRI on Monday. She stated that the CT Scan showed that the child has suffered brain damage and that is the reason they want to run an MRI to check some other things.



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: 03/08/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/19/2014

Completed date: 05/19/2014

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: 05/19/2014 03:22 PM Entered By: [REDACTED]

This investigator requested the old file on the family from the file room in order to review the file. This investigator was informed that the file could not be located.



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:	03/08/2014	Contact Method:	
Contact Time:	10:00 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):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/14/2014 10:53 AM Entered By: [REDACTED]

Case staffed with Investigator. Investigator advised of outcome from making contact with the family. The mother advised that the child was sleeping in the bed with her. It was reported that the child sleeps on a pillow. The mother reported waking up a finding the child dead. Investigator was advised of next steps.



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: 03/08/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/06/2014

Completed date: 05/06/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2014 08:52 AM Entered By: [REDACTED]

This investigator completed the initial SDM assessment on the family. The score was conditionally safe due to the family's previous history with the department. This investigator observed that in September 2013 there was an allegation of drug exposed infant against the birth mother. This investigator observed that the allegation was substantiated. According to the history, the mother tested positive for marijuana at the birth of the child.

No other history was observed on the mother.

This investigator completed a JSSI background check, meth offender check, felony check, and sex offender check on the mother, [REDACTED], and the birth father, [REDACTED]. No records were observed on the mother. This investigator observed a minor traffic charge on the father. No other charges were observed on the father.



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: Phone Call

Contact Time: 04:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/08/2014

Completed date: 03/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/08/2014 12:39 PM Entered By: [REDACTED]

This CPSI spoke with [REDACTED], social worker at [REDACTED] hospital. According to Ms. [REDACTED] Dr. [REDACTED] and her team are not currently assigned to this case because there is no evidence of abuse or neglect. She stated that according to the doctors, the child is in extremely critical condition. She stated that the child has a heartbeat and pulse, but the child is only breathing with the help of a ventilator machine. Ms. [REDACTED] stated that the doctors are currently running xrays and tests to ensure that there are no signs of abuse or neglect and to see if the child has any brain damage. Ms. [REDACTED] stated that it will be Monday, 3-10-2014, before she can provide a consultation to the department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	03/07/2014	Contact Method:	Correspondence
Contact Time:	03:15 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	03/08/2014
Completed date:	03/08/2014	Completed By:	[REDACTED]
Purpose(s):	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: 03/08/2014 12:36 PM Entered By: [REDACTED]

This CPSI made contact with the parents, [REDACTED] and [REDACTED] in the break room of the hospital. This CPSI explained the referral and the investigation process to the parents. This CPSI explained and assisted the mother with completing the Client's Rights handbook form, HIPAA form, Title VI form, and the Native American verification form. This CPSI asked the mother about the incident that brought the family to the hospital and about the child's medical condition. According to the mother, [REDACTED] has always had health problems. She stated that he was born premature at 23 weeks. She stated that at the time of his birth, he only weighed a little over one pound. She stated that he stayed in the hospital for the first 3 months of his life. She stated that he was born with a chronic lung disease. She stated that when he finally came home, he was doing pretty good. She stated that the family had a nurse that came out to the home to check on him twice a week. She stated that for the past two weeks, [REDACTED] has been very congested. She stated that he was on oxygen at home. She stated that he had a lot of congestion in his head and nose area. The mother reported that on 3-5-2014, she and the father were getting him cleaned up. She stated that she and the father had noticed that the child was wheezing and his nose had mucus buildup. She stated that they were trying to clean his nose. She stated that they did not have the bulb that you can use to suction the mucus out of his nose. She stated that the father lightly blew in the child's mouth and a great deal of mucus came out of his nose. She stated that the father has done this several times in the past. She stated that they were cleaning up the mucus from his face and nose. She stated that she had gone into the other room when she heard the child scream and the father told her that his nose was bleeding. According to the father, when he blew in the child's nose the second time, the child screamed and a little blood came out of his nose. The mother stated that at that time, it seemed as if the child's body went limp and he appeared unresponsive. The mother stated that the father called 911 and they were giving him instructions on how to do CPR on the child. She stated that they moved the child from the bed to the living room in order to lay him down on a hard surface. She stated that they continued with the CPR until the ambulance came. She stated that when they got to the hospital, the ambulance personnel stated that he had stopped breathing but they gave him some drops and his heart started back. She stated that he stopped breathing again at the hospital and they gave him some more drops and he started back breathing. The mother reports that he is currently on a ventilator and they are running tests to see if there is any brain activity or if he suffered any brain damage. According to the mother, the doctors stated that they will be running tests before they can give them any information on if the child will survive or not.

The mother and father reported that are not married, but they both take care of the child. The mother stated that she



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

has a strong support system in her family members.

Narrative Type: Created In Error Entry Date/Time: 03/10/2014 03:38 PM Entered By: [REDACTED]

wrong contact type selected



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:	Face To Face
Contact Time:	03:15 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	03/10/2014
Completed date:	03/10/2014	Completed By:	[REDACTED]
Purpose(s):	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: 03/10/2014 03:39 PM Entered By: [REDACTED]

This CPSI made contact with the parents, [REDACTED] and [REDACTED] in the break room of the hospital. This CPSI explained the referral and the investigation process to the parents. This CPSI explained and assisted the mother with completing the Client's Rights handbook form, HIPAA form, Title VI form, and the Native American verification form. This CPSI asked the mother about the incident that brought the family to the hospital and about the child's medical condition. According to the mother, [REDACTED] has always had health problems. She stated that he was born premature at 23 weeks. She stated that at the time of his birth, he only weighed a little over one pound. She stated that he stayed in the hospital for the first 3 months of his life. She stated that he was born with a chronic lung disease. She stated that when he finally came home, he was doing pretty good. She stated that the family had a nurse that came out to the home to check on him twice a week. She stated that for the past two weeks, [REDACTED] has been very congested. She stated that he was on oxygen at home. She stated that he had a lot of congestion in his head and nose area. The mother reported that on 3-5-2014, she and the father were getting him cleaned up. She stated that she and the father had noticed that the child was wheezing and his nose had mucus buildup. She stated that they were trying to clean his nose. She stated that they did not have the bulb that you can use to suction the mucus out of his nose. She stated that the father lightly blew in the child's mouth and a great deal of mucus came out of his nose. She stated that the father has done this several times in the past. She stated that they were cleaning up the mucus from his face and nose. She stated that she had gone into the other room when she heard the child scream and the father told her that his nose was bleeding. According to the father, when he blew in the child's nose the second time, the child screamed and a little blood came out of his nose. The mother stated that at that time, it seemed as if the child's body went limp and he appeared unresponsive. The mother stated that the father called 911 and they were giving him instructions on how to do CPR on the child. She stated that they moved the child from the bed to the living room in order to lay him down on a hard surface. She stated that they continued with the CPR until the ambulance came. She stated that when they got to the hospital, the ambulance personnel stated that he had stopped breathing but they gave him some drops and his heart started back. She stated that he stopped breathing again at the hospital and they gave him some more drops and he started back breathing. The mother reports that he is currently on a ventilator and they are running tests to see if there is any brain activity or if he suffered any brain damage. According to the mother, the doctors stated that they will be running tests before they can give them any information on if the child will survive or not.

The mother and father reported that are not married, but they both take care of the child. The mother stated that she



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

has a strong support system in her family members.



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: Face To Face

Contact Time: 03:05 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/08/2014

Completed date: 03/08/2014

Completed By: [REDACTED]

Purpose(s): 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: 03/08/2014 12:18 PM Entered By: [REDACTED]

This CPSI conducted the initial face to face contact with [REDACTED] at [REDACTED] hospital in room [REDACTED]. When this CPSI arrived in the room, this CPSI observed two nurses working on the child. This CPSI observed that the child was sedated and was breathing with the help of a ventilator. This CPSI observed that the child was connected to several different medical machines. According to the nurse, the child is stable. She stated that he is breathing with the help of the ventilator and that the ventilator was doing the majority of the work. She stated that she was preparing to take the child down for a CT Scan to see if the child has experienced any brain damage due to being without oxygen for a while before he was brought into the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/07/2014	Contact Method:	
Contact Time:	10:00 AM	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 03:59 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 03/06/2014. Judge and DA notified according to policy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

Case Recording Details

Recording ID: ██████████

Status: Completed

Contact Date: 03/06/2014

Contact Method:

Contact Time: 04:23 PM

Contact Duration: Less than 30

Entered By: ██████████

Recorded For:

Location:

Created Date: 03/08/2014

Completed date: 03/08/2014

Completed By: ██████████

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: 03/08/2014 12:11 PM Entered By: ██████████

The department received this referral due to an allegation of Lack of Supervision. The victim is 6 month old ██████████ and the alleged perpetrator is listed as unknown. According to the referral, On 03/05/2014 at 14:55 hours, Officer ██████████ and ██████████ responded to a medical call at ██████████. Officers made the scene and observed a m/b infant later identified as ██████████ (approximately 6 months old) on the floor of the living room of the residence with the father ██████████ performing CPR on the infant. ██████████ FD Unit 36 arrived seconds after officers, and began to medically work on the child. ██████████ FD Unit ██████████ then transported the child to ██████████ in critical condition. The mother ██████████ advised that the child was born prematurely, and was kept in a neonatal ICU for the first 3 months of his life. The mother also advised that the child has been diagnosed with chronic lung disease and has been to the doctor/hospital numerous times in the past. The mother advised that she observed the child to be wheezing/having difficulty breathing today, and both the mother and father advised that the child's nose was filled with mucus. The father ██████████ advised that he blew in the mouth of the child, to clear out the mucus. The father advised that he has done this numerous times in the past without incident, and that the child has a problem with mucus build up. When the father blew in the child's mouth today, the father advised that blood appeared in the child's nose. The father advised that the child then screamed, and seconds later appeared to be unresponsive. The father then advised that he began CPR, and a family friend called 911. ██████████ Lt. ██████████ made the scene, and contacted Felony Response. Officer ██████████ (██████████) changed locations to ██████████ where officers spoke with Dr. ██████████ at 1615 hours and was advised that neither the mother ██████████ nor the father ██████████ were suspected of any child abuse, sexual assault, or child neglect. Dr. ██████████ also advised that the child was born prematurely and is diagnosed with chronic lung disease. Dr. ██████████ advised at 1615 hours that the child is in extremely critical condition, and that the child has a pulse and heartbeat; but that the child is currently only able to breathe with the help of a machine.



Tennessee Department of Children's Services
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Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 3/6/14 4:23 PM

Date of Assessment: 3/8/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

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.



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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): The child is currently in the hospital.

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.



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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: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 3/6/14 4:23 PM

Date of Assessment: 3/27/14 12:00 AM

Assessment Type: Closing

Number of Children in the Household: 1

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.
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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.



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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:

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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.



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- 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.
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