



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 06/16/2014 12:18 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/16/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/17/2014 08:44 AM
 First Team Leader Assigned: [REDACTED] Date/Time 06/16/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 06/16/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 10	Medical Maltreatment	Yes	Unknown Participant [REDACTED] Unknown	None

Preliminary Near Death: [REDACTED]

Referent(s)

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

Referent Address:

Referent Phone Number:

Type of Contact: Facsimile

Notification: None

Narrative: This is a non-custodial child.

TFACTS:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody Yes: 11-9-12 to 1-7-14 [REDACTED], case [REDACTED]

Open CPS - Yes

5/19/14 - Investigation # [REDACTED] - [REDACTED] PHA, CM [REDACTED], Supervisor [REDACTED]

Substantiated Yes



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

8-21-12, [REDACTED] ([REDACTED] unsubstantiated), AP: [REDACTED]

Death No

Screened out No

History (not listed above): Yes

12-9-13, [REDACTED] MDM, Services Recommended and Accepted

11-13-13, [REDACTED] MDM, Services Recommended and Accepted

5-31-12, [REDACTED] MDM, Unsubstantiated

Open: Investigation [REDACTED] /05-21-14/PHA/CM [REDACTED] and Supervisor [REDACTED]

Substantiated: Investigation [REDACTED] /08-21-12/MDM [REDACTED]

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Special Needs or Disabilities: Report reveals medical conditions

Childs current location/is the child safe at this time: [REDACTED]

Perpetrators location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: No

Reporters name/relationship: [REDACTED]
[REDACTED]

On 6/15/14 at 7:35 hours, [REDACTED] and [REDACTED] reported a [REDACTED] memo a [REDACTED], Upon making the scene r/os spoke to the complainant [REDACTED] who stated he woke up because his son [REDACTED] monitor went off that keeps track of his vitals. The complainant [REDACTED] stated his son was unresponsive and he immediately went into action and called 911 and started CPR. [REDACTED] Ambulance unit [REDACTED] and Fire Engine [REDACTED] was on the scene performing CPR on the infant when police arrived. The complainant [REDACTED] stated his son was born a twin and was 3 weeks premature. The complainant [REDACTED] states his wife [REDACTED] miscarried his twin brother. The complainant [REDACTED] stated his son came home from surgery from [REDACTED] on Friday June 13, 2013 from having his testicles removed and having had a circumcision done. The complainant [REDACTED] his son suffered from brain hemorrhage, epilepsy, had a triak in his throat, and had a GI tube (feeding tube) in his left side. The complainant [REDACTED] stated his son has had a total of 8 surgeries. The complainant [REDACTED] stated his son primary care physician is [REDACTED] with [REDACTED] on [REDACTED] Unit [REDACTED] transported the Infant to [REDACTED] in critical condition. [REDACTED] made the scene. A photo was taken of a list of medications the infant was on. No further information.

County group emailed.

Per [REDACTED] Investigation P1, preliminary near death report. The condition of the child is unknown at this time (as the report was a fax). The child was in critical condition yesterday morning (6-15-14 @ 7:35 am). Therefore, this is being submitted as a preliminary near death [REDACTED], TL on 6-16-14 @ 1:45 pm

Notified Child Death Group via email: [REDACTED]
RA [REDACTED] was also copied on the notification email.



**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: [REDACTED] Race: [REDACTED] Age: 24 Yrs

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:**DCS History Search Results:****DCS Intake Search Results:****Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 2 Yrs 10 Mos

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:**DCS History Search Results:****DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 56 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted]

Investigation ID: [Redacted]

Referral Date: 06/16/2014

Assignment Date: 06/16/2014

Street Address:

City/State/Zip:

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains two rows of allegations.

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [Redacted]

Date: 07/02/2014

Team Leader: [Redacted]

Date: 07/13/2014

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:

CPSI was unable to observe [Redacted] because he passed away on 6/16/2014.

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

Death Notes stated that: This patient is a 2 year old AAM with h/o Dandy-Walker malformation, NAT, previous cardiopulmonary arrest. He required 70+ min of CPR before ROSC, needing epinephrine and vasopressin infusion. Over the past 24 hours, he had not responded to any stimulation, with no response to pain, no brainstem reflexes elicited, hypotensive with low BP even on vasopressors. I had an end of life discussion with both parents (with Chaplain [Redacted] present) and the parents agreed to withdraw life-supportive therapies. The vasopressors were stopped and patient was disconnected from the ventilator at 11:46 AM; asystole was



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

Case Name : ██████████

Investigation ID: ██████████

documented and patient was declared to 12:04 PM. Parents have agreed to a full autopsy, without any restrictions. Parents refused any tissue or organ donation. After the patient was declared, I met with the parents several times and continued to support them in their grieving process.

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

None

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

On 6/15/14 at 7:35 hours, Officer ██████████) and ██████████) reported a ██████████ memo at ██████████), Upon making the scene r/os spoke to the complainant ██████████ who stated he woke up because his son ██████████) monitor went off that keeps track of his vitals. The complainant ██████████ stated his son was unresponsive and he immediately went into action and called 911 and started CPR. ██████████ Ambulance unit ██████████ and Fire Engine ██████████ was on the scene performing CPR on the infant when police arrived. The complainant ██████████ stated his son was born a twin and was 3 weeks premature. The complainant ██████████ states his wife ██████████) miscarried his twin brother. The complainant ██████████ stated his son came home from surgery from ██████████ on Friday June 13, 2013 from having his testicles removed and having had a circumcision done. The complainant ██████████ his son suffered from brain hemorrhage, epilepsy, had a triak in his throat, and had a GI tube (feeding tube) in his left side. The complainant ██████████ stated his son has had a total of 8 surgeries. The complainant ██████████ stated his son primary care physician is ██████████ with ██████████ Clinic on ██████████ Unit ██████████ transported the Infant to ██████████ in critical condition. Lt ██████████ made the scene. A photo was taken of a list of medications the infant was on. No further information.

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

DCS Policy defines a situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment does not pertain to elective health care or treatment. It applies to procedures or treatment that a physician or other health, medical professional deems medically necessary. Medical neglect may rise to the level of severe child abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

██████████ passed away on 6/16/2014 from cardiac arrest, respiratory failure. CPSI have been unable to meet with the family due to their refusal to meet with the department. Medical records which included the PICU Attending Death Note which stated that: This patient is a 2 year old AAM with h/o Dandy-Walker malformation, NAT, previous cardiopulmonary arrest. He required 70+ min of CPR before ROSC, needing epinephrine and vasopressin infusion. Over the past 24 hours, he had not responded to any stimulation, with no response to pain, no brainstem reflexes elicited, hypotensive with low BP even on vasopressors. I had an end of life discussion with both parents (with Chaplain ██████████ present) and the parents agreed to withdraw life-supportive therapies. The vasopressors were stopped and patient was disconnected from the ventilator at 11:46 AM; asystole was documented and patient was declared to 12:04 PM. Parents have agreed to a full autopsy, without any restrictions. Parents refused any tissue or organ donation. After the patient was declared, I met with the parents several times and continued to support them in their grieving process.

Although the medical records state that the parents agreed to a full autopsy. No autopsy was done on ██████████ CPSI ██████████ spoke with the Medical Examiners Office who stated they didn't have his body. This investigation has been completed. The parents are not being cooperative with CPSI and have refused to speak with the department and there are no other children in the home. The case is being classified as Allegation Unsubstantiated and Perpetrator Unsubstantiated.



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]

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: 07/31/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/05/2014

Completed date: 08/05/2014

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: 08/05/2014 10:48 AM Entered By: [REDACTED]

This case was submitted for review on 6-24-14. The 740 has been completed and will be forwarded to Juvenile Court Judge and DA for classification. The medical records have been placed in the case file. The case has been reviewed for closure by the Regional Investigative Director. Closure approved by Regional Investigative Director, [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: 07/24/2014

Contact Method: Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2014

Completed date: 07/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/24/2014 04:07 PM Entered By: [REDACTED]

CPSI spoke with Dr. [REDACTED] regarding [REDACTED]. Dr. [REDACTED] stated that [REDACTED] was a child with a very bizarre genetic condition. Dr. [REDACTED] stated that [REDACTED] didn't have a named symptom and his case was medically complex. Dr. [REDACTED] stated that she never got a sense of abuse with this family while working with them previously. Dr. [REDACTED] stated that she feels no matter what happened with this case in regards to preventive methods she didn't think it would have been a change in the outcome. CPSI asked Dr. [REDACTED] about life expectancy of cases like [REDACTED] and she informed CPSI that she couldn't say because this was truly a bizarre case that a number of physicians were involved in and they didn't know exactly what was wrong with [REDACTED]. Dr. [REDACTED] went on to say again, she didn't have any concerns in regards to abuse with this family and that [REDACTED] had a medically complex condition. CPSI thanked Dr. [REDACTED] and concluded the phone call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/24/2014

Contact Method: Correspondence

Contact Time: 09:15 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2014

Completed date: 07/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/24/2014 09:30 AM Entered By: [REDACTED]

CPSI emailed Dr. [REDACTED] regarding [REDACTED] and asked that she provide CPSI with feedback regarding [REDACTED] and his medical issues he had before passing away.



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: 07/24/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2014

Completed date: 07/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/24/2014 09:29 AM Entered By: [REDACTED]

CPSI contacted [REDACTED] and informed her that CPSI needed to speak with Dr. [REDACTED] regarding [REDACTED] and that CPSI was needing feedback from Dr. [REDACTED] regarding [REDACTED] and his medical issues he dealt with before he passed away. Ms [REDACTED] stated that she was familiar with the case and Dr. [REDACTED] was at one heavily involved in the case. Ms [REDACTED] informed CPSI that she could email Dr. [REDACTED] and she would follow up with CPSI regarding [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: 06/27/2014

Contact Method:

Contact Time: 10:50 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/27/2014

Completed date: 06/27/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/27/2014 10:58 AM Entered By: [REDACTED]

DCS Policy defines a situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment does not pertain to elective health care or treatment. It applies to procedures or treatment that a physician or other health, medical professional deems medically necessary. Medical neglect may rise to the level of severe child abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

[REDACTED] passed away on 6/16/2014 from cardiac arrest, respiratory failure. CPSI have been unable to meet with the family due to their refusal to meet with the department. Medical records which included the PICU Attending Death Note which stated that: This patient is a 2 year old AAM with h/o Dandy-Walker malformation, NAT, previous cardiopulmonary arrest. He required 70+ min of CPR before ROSC, needing epinephrine and vasopressin infusion. Over the past 24 hours, he had not responded to any stimulation, with no response to pain, no brainstem reflexes elicited, hypotensive with low BP even on vasopressors. I had an end of life discussion with both parents (with Chaplain [REDACTED] present) and the parents agreed to withdraw life-supportive therapies. The vasopressors were stopped and patient was disconnected from the ventilator at 11:46 AM; asystole was documented and patient was declared to 12:04 PM. Parents have agreed to a full autopsy, without any restrictions. Parents refused any tissue or organ donation. After the patient was declared, I met with the parents several times and continued to support them in their grieving process.

Although the medical records state that the parents agreed to a full autopsy. No autopsy was done on [REDACTED] CPSI [REDACTED] spoke with the Medical Examiners Office who stated they didn't have his body. This investigation has been completed. The parents are not being cooperative with CPSI and have refused to speak with the department and there are no other children in the home. The case is being classified as Allegation Unsubstantiated and 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: 06/25/2014

Contact Method:

Contact Time: 12:40 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/25/2014 12:51 PM Entered By: [REDACTED]

CPSI completed background checks on Ms [REDACTED] and Mr. [REDACTED]. [REDACTED] website was down therefore CPSI was unable to complete those checks. There were no offenses found on the sex offender registry, meth offender registry or the tennessee felony offender registry. All background checks are placed in the case 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: 06/24/2014

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 11:26 AM Entered By: [REDACTED]

CPSI called Mrs. [REDACTED] to inform her that CPSI was assigned the case with the family and that CPSI would like to schedule a time to meet with her and Mr. [REDACTED]. Mrs. [REDACTED] informed CPSI that CPSI would need to contact her attorney, Mr. [REDACTED] and then Mr. [REDACTED] got on the phone and was very upset stating that he has told DCS and CPSI informed Mr. [REDACTED] that CPSI hasn't spoken with the family so CPSI didn't know anything about an attorney. Mr. [REDACTED] then gave the phone back to Mrs. [REDACTED] and ordered her to provide CPSI with their attorney information, in which CPSI was informed the family attorney is [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:	06/20/2014	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/24/2014
Completed date:	06/24/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/24/2014 10:40 AM Entered By: [REDACTED]

CPSI obtained records from Sgt. [REDACTED] who obtained all medical records on [REDACTED] from [REDACTED] Hospital. The records consist of all of [REDACTED] time spent at [REDACTED] from 2012 to 2014 with the last admit date being 6/15/2014. The records state that the patient presents with full arrest. The onset was just prior to arrival. The course/duration of symptoms is constant. Risk factors consist of recent surgery and dev. delay. trach/g tube. Additional history: History obtained after resuscitation: pt w/dandy walker, seizure disorder, development delay, with trach, and g tube and he is followed by Dr. [REDACTED] as well. He had a BIH and circ performed on Wednesday. Mom stated hat she thinks his belly has been a little distended since surgery. This AM he wasn't himself she thinks she fed him about 0645. He was breathing fast and she thought he was in pain. She tried to suction out his trach but did not get any thing out. She also said there was some dried blood from his mouth. She tried supplemental O2 as well. She gave him lortab b/c she thought he was in pain, patient vomited and went limp. She called 911 and he was limp per mom she states the paramedics took the trach out to suction him, but she couldn't see him well. She did not herself see the trach being replaced. The paramedics did not tell me that they removed the trach. They told me that he was in arrest when they arrived. They started CPR and during transport they attempted IO several times, finally it was placed in his left humerus. He received epi dose x 4, 1 dose bicarb, he was shocked x3 (and they state he was in v fib). We did not know pt had a trach until he arrived.

Dr. [REDACTED] notes stated:

Pt was in full arrest upon arrival. His clothes were covered in vomit, he was cyanotic, he had so spontaneous movement or respiratory effort. Pupils fixed, non reactive. He was difficult to bag, and there was no chest rise. When I looked under his clothes and trach ties, I noticed his trach was completely out and pointed to left. I was able to replace this with another trach easily and he was easy to bag w/O2. He pinked up and within a short time he had cardiac activity, the initial ABG was obtained about 10 min after the trach was replaced. Initial PH 6.6/PCP@122, BE -21, K>9. He received several epi doses here until he had a heart beat. Dr. [REDACTED] attempted IO in right tibia, it stopped working. I placed IO in left tibia w/o difficulty and it continued to work well while in ED. His left humeral IO was removed as his shoulder area was swollen and full., he received bicarb bolus once in the ED. He had good cardiac activity on US of chest. He was placed on epi drip, heat lamps were used. He was given albuterol neb for elevated K. A repeat ABG drawn about 30 min after 1st shows improvement of acidosis and K. 6.9/60 PCO2. K 7.0. There had been no change in his physical exam. I have tried to explain to mother that he probably has significant injury to his brain given his lab results and lack of any response. She has not shown much emotion, she mentioned that he has



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

done this in the past and recovered and thinks this is just a set back. I did use the words "braindead" and not responding to anything here. I have explained that he will be in the ICU and they will do tests to see if there is any brain activity and that if there is none, then he most likely will be taken off the vent, etc. at time of leaving to go to PICU, he has functioning IO and 2 peripheral IVs, he has been given abx as well.

Narrative Type: Addendum 1 Entry Date/Time: 06/27/2014 11:11 AM Entered By: [REDACTED]

PICU Attending Death Note stated that:

This patient is a 2 year old AAM with h/o Dandy-Walker malformation, NAT, previous cardiopulmonary arrest. He required 70+ min of CPR before ROSC, needing epinephrine and vasopressin infusion. Over the past 24 hours, he had not responded to any stimulation, with no response to pain, no brainstem reflexes elicited, hypotensive with low BP even on vasopressors. I had an end of life discussion with both parents (with Chaplain [REDACTED] present) and the parents agreed to withdraw life-supportive therapies. The vasopressors were stopped and patient was disconnected from the ventilator at 11:46 AM; asystole was documented and patient was declared to 12:04 PM. Parents have agreed to a full autopsy, without any restrictions. Parents refused any tissue or organ donation. After the patient was declared, I met with the parents several times and continued to support them in their grieving process.



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: 06/18/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 02:53 PM Entered By: [REDACTED]

This family has previous DCS/CPS history. On 5/17/12 there was an investigation with allegations of Medical Maltreatment which was classified as Allegations Unsubstantiated and Perpetrator Unsubstantiated. On 8/17/12 there was an investigation with allegations of medical maltreatment which was classified as Allegations Substantiated and Perpetrator Substantiated and on the allegations of Lack of Supervision the case was classified as Allegations Unsubstantiated and Perpetrator Unsubstantiated. On 11/6/13 there was an Assessment with allegations of Medical Maltreatment which was classified as Services Recommended and Accepted. On 11/27/13 there was an Assessment with allegations of Medical Maltreatment which was classified as Services Recommended and Accepted. On 5/19/14 there was an Investigation with allegations of Physical Abuse which was classified as Allegations Unsubstantiated and 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: 06/18/2014

Contact Method: Phone Call

Contact Time: 11:20 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 09:48 AM Entered By: [REDACTED]

This CPSI spoke with Mrs. [REDACTED] who told this CPSI that she and Mr. [REDACTED] are still not ready for a visit from this CPSI. Mrs. [REDACTED] told this CPSI that [REDACTED] was officially pronounced deceased on Monday, 6/16/14 after being taken off the respirator. This CPSI gave her condolence to Mrs. [REDACTED] and the call was ended.



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:	06/17/2014	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/18/2014
Completed date:	06/18/2014	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: 06/18/2014 10:43 AM Entered By: [REDACTED]

A P (1) referral was called in to [REDACTED] Intake on (6-16-14), at (12:18) p.m. Case assigned to [REDACTED] on (6-16-14) with the allegation of (MMM) in regard to ([REDACTED]), age (2) years. The alleged perpetrator is Unknown.

Response is due on (6--17-14); (12:18) p.m. The referent letter was mailed on (6-16-14). Juvenile Court (Judge) and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and 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: 06/17/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/18/2014

Completed date: 06/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/18/2014 02:36 PM Entered By: [REDACTED]

CPSI spoke with Sgt. [REDACTED] with [REDACTED] who stated that he was initially assigned the case however; since [REDACTED] passed away more than likely homicide will be picking the case up. Sgt. [REDACTED] stated that he spoke with Dr. [REDACTED] who had seen the patient previously (last year) but she hadn't seen him any this year and during this last visit at the hospital. Dr. [REDACTED] informed Sgt. [REDACTED] that she was surprised that he lived this long and that he was "medical nightmare".



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: 06/17/2014

Contact Method: Phone Call

Contact Time: 12:03 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 09:47 AM Entered By: [REDACTED]

This CPSI received a return call from [REDACTED] at the [REDACTED] office stating that [REDACTED] body had not been brought to the [REDACTED] office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/17/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	06/25/2014
Completed date:	06/25/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/25/2014 01:03 PM Entered By: [REDACTED]

CPSI [REDACTED] faxed request for Autopsy to the [REDACTED] Medical Examiner. A copy of the request is placed in the place 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: 06/17/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/18/2014

Completed date: 06/18/2014

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: 06/18/2014 10:58 AM Entered By: [REDACTED]

Contact has been made with the [REDACTED] office 6-17-14, [REDACTED] who verified that the child was not transported to their office. The parents, Mr. [REDACTED] and Mrs. [REDACTED] have no other children in the home. The parents have stated that it wasn't a good time for them to meet with DCS due to their son's passing. There are no other children in the home.

Follow up with the parents to arrange a visit and have releases signed. Inquire if [REDACTED] was taken directly to the funeral home since [REDACTED] informed CPSI we would need to contact the parents in regards to [REDACTED]. Request medical records from [REDACTED]. CPSI is to follow up with Dr. [REDACTED] as a collateral, she has seen the child [REDACTED] in the past. Follow up with [REDACTED] PD inquire on status of their case.



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:	06/17/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/18/2014
Completed date:	06/18/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/18/2014 02:28 PM Entered By: [REDACTED]

CPSI was assigned this referral with allegations of Medical Maltreatment. The victim is listed as [REDACTED] (2 years old) and the alleged perpetrator is listed as Unknown. The referral states that:

On 6/15/14 at 7:35 hours, Officer [REDACTED] and [REDACTED] reported a [REDACTED] memo at [REDACTED] [REDACTED], Upon making the scene r/os spoke to the complainant [REDACTED] who stated he woke up because his son [REDACTED] monitor went off that keeps track of his vitals. The complainant [REDACTED] stated his son was unresponsive and he immediately went into action and called 911 and started CPR. [REDACTED] Ambulance unit [REDACTED] and Fire Engine [REDACTED] was on the scene performing CPR on the infant when police arrived. The complainant [REDACTED] stated his son was born a twin and was 3 weeks premature. The complainant [REDACTED] states his wife ([REDACTED]) miscarried his twin brother. The complainant [REDACTED] stated his son came home from surgery from [REDACTED] on Friday June 13, 2013 from having his testicles removed and having had a circumcision done. The complainant [REDACTED] his son suffered from brain hemorrhage, epilepsy, had a triak in his throat, and had a GI tube (feeding tube) in his left side. The complainant [REDACTED] stated his son has had a total of 8 surgeries. The complainant [REDACTED] stated his son primary care physician is [REDACTED] with [REDACTED] Clinic on [REDACTED] Unit [REDACTED] transported the Infant to [REDACTED] in critical condition. [REDACTED] made the scene. A photo was taken of a list of medications the infant was on. No further information.



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: 06/17/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/18/2014

Completed date: 06/18/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/18/2014 02:30 PM Entered By: [REDACTED]

Morning CPIT was convened and the AG was present at the meeting. It was recommended for DCS to handle as appropriate.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 5/19/14 11:40 AM

Date of Assessment: 5/19/14 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.



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: _____