



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

Case # 2014.141

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	08/25/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	08/25/2014		
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:	████████████████████			Relationship to Victim:	██████████	
Child in custody at time of incident?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Adjudication:	D/N		
If child is in DCS custody, list placement type and name:	████████████████████ - Inpatient Medical/Surgical					

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

At 1:38 am EST today, ██████████ PICU Nurse called DCS Nurse ██████████ with news that ██████████ had passed at 12:25 am ██████████ this AM 8/25/14

██████████ has been hospitalized at ██████████ Children's Hospital since his birth on ██████████ was born with a congenital heart disease- hypoplastic heart syndrome (single ventricle); Atrioventricular canal defect.

During the night of 8/22/14, ██████████ oxygen level dropped to 30% (normal 95-100%). An echo cardiogram showed a blood clot in his Inferior Vena Cava (an enlarged vein leading to the heart).

Dr. ██████████ saw ██████████ the morning of 8/23/14 and determined that ██████████ "current medical condition represents an irreversible progression towards death". He made ██████████ a limited Do Not Resuscitate Order with drugs and cardio version but no compressions.

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:

The family of ██████████ resides in ██████████ County, Tennessee. ██████████ passed away in ██████████ County at ██████████ Children's Hospital. Case is assigned to SI ██████████ LI ██████████ has requested an interview be conducted by ██████████ County Special Investigations with the family. SI ██████████ in ██████████ County has been assigned to conduct the interview.

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

On 6/4/2014, DCS Family Service Worker ██████████ made a visit at ██████████ Children's Hospital. Ms. ██████████ was able to speak to CPNP-AC ██████████. She reported that the child had been admitted to the hospital for approximately five months. She reported that she had given updated information to DCS nurse ██████████. It was recalled that the child's mother had visited him approximately four times since March of 2014. It was described that his condition had steadily declined over the past month. He was said to be reinclinated on the previous day after a series of observations and tests. Ms. ██████████ reported that an attempt was made to get medical consent for another procedure from the mother; however, the two numbers on file were out of service. A contact was also completed with ██████████, LMSW. She explained that the contact numbers for the mother were verified during a previous Child and Family Team Meeting. The staff was said to have made numerous attempts to contact her with no success.

On 8/15/2014, Family Service Worker ██████████, visited ██████████ at his placement, ██████████ Children's Hospital. ██████████ is currently in the Cardiac Intensive Care Unit and has been at ██████████ Children's Hospital since birth. ██████████ head nurse, ██████████, and another nurse were in the room with ██████████ when the FSW arrived. Ms. ██████████ and the other nurse were working on the hole in ██████████ chest that was still open from when he had been on the ECMO machine. The FSW observed them taking out a gray foam-looking type of dressing from the open slit in his chest. The

FSW would estimate that the opening in his chest was probably about 3 inches long and 1 centimeter wide. The FSW would estimate that the opening was about 1 centimeter in depth. Ms. [REDACTED] noted that the skin and tissue around the opening in his chest "didn't look worse, but it also didn't look better". On 8/15, Ms. [REDACTED] reported that [REDACTED] nurses and doctors were pleasantly surprised and got their hopes up a little when [REDACTED] survived and did okay once he was disconnected from the ECMO machine (a heart and lung bypass machine) on July 18, 2014. However, they have had to keep [REDACTED] on a ventilator ever since. Ms. [REDACTED] reported that it did not appear to medical staff that [REDACTED] would ever be able to breathe without a ventilator. Ms. [REDACTED] reported that the best-case scenario she could realistically see happening for [REDACTED] would be for him to be discharged to a home, where [REDACTED] would require 24/7 nursing care and would have to be on a home ventilator. This FSW asked and Ms. [REDACTED] confirmed that the need for 24/7 nursing would also mean that there would have to be a "stay-at-home" parent for [REDACTED]. Ms. [REDACTED] said that this realistic best case scenario for [REDACTED] would mean that [REDACTED] caretakers might have "a good 6 months with him" prior to his inevitable passing. Ms. [REDACTED] reported that [REDACTED] needed to know DCS's permanency plans for [REDACTED] so that they can know how to proceed with [REDACTED]. Ms. [REDACTED] reported that if [REDACTED] was not in foster care and was in the custody of his parent(s), they would have probably already had a conversation with the guardian about taking [REDACTED] home and providing hospice care for him. Ms. [REDACTED] reported that [REDACTED] doctors and nurses felt like they have done all that they can do for [REDACTED] at this point. Any additional procedures or treatments they might give him besides making him comfortable would not be in [REDACTED] best interest in terms of his quality of life. Ms. [REDACTED] reported that [REDACTED] will never leave the ICU because of his health stabilizing. Ms. [REDACTED] stated that [REDACTED] is still not a good candidate for the 2nd surgery in the 3 surgery plan that might possibly correct [REDACTED] congenital heart defect. She reported that [REDACTED] also currently has 3 other major obstacles he is currently facing. First, is the ventilator that he cannot breathe without. Ms. [REDACTED] reported that he would need to be on a ventilator for the rest of his days. The second obstacle is that they are trying to wean [REDACTED] off of the sedation he has been under. She reported that [REDACTED] would suffer from withdrawals if he wasn't weaned off of the sedation. The third obstacle is that [REDACTED] body has been unable to tolerate the amount of nutrition his body needs. [REDACTED] currently has a feeding tube in him. They have been slowly raising the amount of nutrition he is receiving through the feeding tube to the daily amount he needs. However, as they raise the amount and start getting to the proper amount his body needs, his body does not digest it as it should. Instead, his bowels become distended and this creates a concern that there might be a rupture in his bowels. This then leads to an infection and the staff lowering the amount of his nutrition again. Ms. [REDACTED] reported that this is a cycle they have been going through. Ms. [REDACTED] reported that [REDACTED] putative father, [REDACTED], and his mother have come up a couple of times on the weekends to spend time with [REDACTED]. Ms. [REDACTED] reported that [REDACTED] mother, [REDACTED], has not been back up there since this FSW transported her there the day they were going to take him off of the ECMO machine, but reported that she will call and ask how he is doing a few times a week. However, she reported that Ms. [REDACTED] questions are very general, and that she does not seem to follow what is going on health-wise with [REDACTED]. The FSW also spoke with [REDACTED] hospital social worker, [REDACTED], briefly. She echoed the same things that Ms. [REDACTED] had said and reported that [REDACTED] doctors were planning to meet sometime in the next week or two to discuss his case and possible next steps. Ms. [REDACTED] reported that she would definitely let DCS nurse [REDACTED] and this FSW know when the meeting is scheduled so that DCS can participate. This FSW informed her that DCS would likewise notify them of the next CFTM for [REDACTED] once it is scheduled.

Describe disposition of body (Death): [REDACTED] body was transported to [REDACTED] TN from [REDACTED] Children's Hospital at approximately 6:00 am on 8/25/2014.

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

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

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

Type: Custodial Case **Case #:** [REDACTED]

Describe law enforcement or court involvement, if applicable:

The Department of Children's Services received allegations of Lack of Supervision by [REDACTED] was placed into the custody of the State of Tennessee on 5/28/2014. Per the petition, [REDACTED] is dependent and neglected because the child required immediate medical attention and the mother has not been consistently engaged in communicating with the hospital staff regarding the child's medical condition and treatments. The child has been in the Neonatal Intensive Care Unit at [REDACTED] Hospital for most of his life due to a major congenital heart defect. The mother has been inconsistently and infrequently present at the hospital. Hospital staff have had difficulty contacting the mother regarding the child's medical conditions. [REDACTED] stated that she lacked transportation and could not get to and

from the Hospital to visit with her child. She reported that her mother; [REDACTED], was recently released from the hospital. Ms. [REDACTED] is diabetic and on oxygen. [REDACTED] Hospital tried to assist the mother by providing gas cards and bus tickets in efforts to get the mother to the hospital. The mother appears to be overwhelmed with six children ([REDACTED] and [REDACTED]); [REDACTED] five siblings live with the mother. [REDACTED] is 23 years old and made it through the 10th grade in school. The mother was provided with resources where she could obtain car seats, but she has not done so. DCS referred the family to [REDACTED] for in-home services and [REDACTED] referred the family to [REDACTED]. The mother reported that she was admitted to a Psychiatric Hospital in her teenage years. She reported that she has been dealing with depression for many years and recently with post-partum depression after [REDACTED] birth. The mother is married to [REDACTED]; who is currently in jail for felony charges. She reported that the child's biological father is [REDACTED]. The mother's last contact with Mr. [REDACTED] was in December 2013 when the child was born. Mrs. [REDACTED] was evicted two weeks ago from her home at [REDACTED], TN due to a high electric and rent bill a total of \$766. [REDACTED] is currently not employed and seeking for employment. She is currently staying with a neighbor; [REDACTED]. The mother denies any drug use.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

[REDACTED] was not placed in the home with his other siblings.

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
06/11/2014	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Services Requested
04/17/2014	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Services Recommended/Refused
/ /					
/ /					
/ /					
/ /					
/ /					

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

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

Contact Person:	Telephone Number: () -
Case Manager: [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

Intake #:

[REDACTED]

Investigation #:

[REDACTED]

Date of Referral

Case # 2014-141
8/26/2014

Email to: [REDACTED]

within forty-eight (48) hours of notification

Include subject line (in RED): **CHILD DEATH [secure email]** or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 08/25/2014 10:14 AM [REDACTED]
Track Assigned: Special Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 08/25/2014

Investigation

Investigation ID: [REDACTED]
First County/Region [REDACTED]/CPS Special Investigation
Date/Time Assigned : 08/25/2014 03:30 PM
First Team Leader Assigned: [REDACTED] Date/Time 02/15/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 02/15/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 4 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: This is a custodial child.

TFACTS: Yes

Family Case IDs: [REDACTED]

Family Case ID [REDACTED] contains history on the mother as an ACV and is not reflected in the history below

Open Court Custody Case: [REDACTED] Child: [REDACTED] (date entered custody: 5/22/2014)

FSW: [REDACTED] / supervisor [REDACTED] (out of [REDACTED] County)

Closed Court Custody No

Open CPS - [REDACTED] ENN/4/7/2014/ CM: [REDACTED] / [REDACTED] (classified)

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

and approved for closure: Services Recommended and Refused)

Substantiated [REDACTED] SEE/ Allegation Substantiated Sexually Reactive Child (AP is [REDACTED])

Death No

Screened out No

History (not listed above): Yes

10/14/2008/[REDACTED] DEC/ No Services Needed

3/1/2011/[REDACTED] ENN/ Services Recommended and Accepted

9/4/2013/[REDACTED] MDM/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated

6/11/2014/[REDACTED] LOS/ Services Required

8/23/2001/[REDACTED] SEE/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated

2/15/2005/[REDACTED] MDM/ Allegation Unsubstantiated/Perpetrator Unsubstantiated

SSMS: [REDACTED]: negative; [REDACTED]: negative [REDACTED]: negative

County: [REDACTED]-SIU

Notification: Email

School/ Daycare: None

Native American Descent: No

Directions: None Given

Reporter's name/relationship [REDACTED]
[REDACTED]

Reporter states: [REDACTED] (8 months) was placed in state custody on May 22, 2014. [REDACTED] is considered to be under the jurisdiction of [REDACTED] County Department of Children's Services even though his entire life he has been at [REDACTED] Children's Hospital in [REDACTED] TN. He was not assigned a foster family due to his condition and hospitalization. He was placed into DCS custody after the mother was not visiting him in the hospital and had not seen him for two months prior to his entering custody. The hospital could not reach the mother in order to get consent for care when needed.

[REDACTED] has been in the hospital ([REDACTED] Children's Hospital in [REDACTED] TN-cardiac I.C.U.) since birth. He was born with a congenital heart defect and had one heart ventricle instead of two. His lungs were not fully functioning and he was on a respirator. It is unknown what caused the heart defect, as he was born with this condition. He was not born drug exposed to the reporter's knowledge.

He was pronounced deceased at approximately 12:00 am ([REDACTED] Time) on 8-25-14. On 8-22-14, [REDACTED] had oxygen levels down in the 30th percentile. [REDACTED] contacted the nurse with the Department of Children's Services ([REDACTED]) concerning his condition. His oxygen levels should have been in the 90-100th percentiles. It was also discovered he had a blood clot in his inferior vena cava (large vein leading to the heart). His condition was untreatable.

Dr. [REDACTED] saw [REDACTED] on August 23, 2014 and he said his current medical condition represents an irreversible progression towards death. Dr. [REDACTED] made [REDACTED] a limited DNR (do not resuscitate) order. The Department of Children's Services nurse ([REDACTED]) spoke to the legal counsel about [REDACTED] wanting to put a full DNR in place, but it was decided that this could not happen until after court on Monday (8-25-14). The hospital put the limited DRN in placed without Department of Children's Services approval.

It is unknown at this time if [REDACTED] will have an autopsy. The family (birth mother [REDACTED] and Putative father [REDACTED]) have already made arrangements to have the child's body brought to [REDACTED] TN for a funeral. It is believed his body is already in route to [REDACTED] TN at this time. [REDACTED] was not in full guardianship and his parents still had rights to him, even though they were not



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

his custodians at the time of his passing.

Law enforcement has not been notified of the matter at this time. It is unclear at this time law enforcement will be contacted. [REDACTED] has been "near death" before and has always been very fragile, medically. Last month, the hospital told the parents they needed to come see him one last time because they were taking him off the ECMO (heart and lung bypass machine) and the hospital did not think he would survive being taken off the machine.

[REDACTED] had one out of three surgeries that could possibly correct his condition. After the first surgery, it was determined he was not a good candidate for the other two surgeries.

[REDACTED] was last seen by his Department of Children's Services Family Service Worker with [REDACTED] County, Tennessee ([REDACTED]) on 8-15-14. He was off the ECMO, but still on a respirator and being weaned off of sedation at that time. His chest was not fully closed up from having the ECMO in him.

SIU notified via email in Outlook.

Per SDM: Investigative Track, [REDACTED], TL on 8-25-14 @ 12:07 pm

Notified Child Death Group via email: [REDACTED]

[REDACTED] was copied on the notification email for SIU. [REDACTED] and [REDACTED] were also copied on the notification email due to the ACV being a custody child.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth [REDACTED]

Participant ID: [REDACTED]

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

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

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:** Black/African **Age:** 1 Yr 4 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

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 | ██████████

Investigation ID: ██████████

Referral Date: 08/25/2014

Assignment Date: 09/03/2014

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	██████████	██████████	Neglect Death	Unknown Participant, Unknown	██████████	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	██████████ 10/27/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. There was no preponderance of evidence to support the allegation of Neglect Death. ACV remained at ██████████ Children's Hospital from birth. ACV received medical care, under direct supervision of the Hospital until the time of death. ACV ██████████' cause of death was not unknown, as ACV was born with a congenital heart condition. ACV was scheduled to have three surgeries at birth. After the initial heart surgery, ██████████ was determined to not be a suitable candidate for the remaining two surgeries. This Case was staffed with LI ██████████ on 10/10/14, prior to closing.

D. Case Workers

Case Worker: ██████████

Date: 09/05/2014

Team Leader: ██████████

Date: 10/30/2014

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:

Risk Assessment was completed on 9/4/14.

Initial Response at ██████████ Children's Hospital was met by SI ██████████. The ACV remains were transported to ██████████ County, prior to receipt of the current Referral by the Department.

The Risk Assessment was scored as LOW based on the following:

ACV never left ██████████ Children's Hospital from birth.

ACV was born with congenital heart condition, having only one ventricle.

ACV received on-going medical care from time of birth until time of death.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

On 8/25/14, SIU received faxed Medical Records from [REDACTED] Children's Hospital. The records contained:
 -Report of Death from [REDACTED] Cardiology. Date of Death was noted as 8/25/14 at 1225 am; Admit Diagnosis= Complex Congenital Heart Disease; Immediate Cause of Death= Congestive Heart Failure; Secondary Cause of Death = Complex Congenital Heart Disease; Family member (Mother) were notified on 8/25/14; Death Certificate to be signed by Dr. [REDACTED]; Medical Examiner [REDACTED] was notified 8/25/14 at 1 AM; no autopsy was performed or requested by the family. Report was signed electronically by [REDACTED].
 -Acute Event Note was received. Event noted that on 8/23/14 ACV [REDACTED] 'developed acute on chronic hypoxia, profound in acute, refractory to bagging, suction and high mean airway pressures. [REDACTED] has chronic worsening of his respiratory failure'. Assessment was recorded as Hypoxia and Pulmonary Edema. Plan for care noted ACV was beginning the terminal event. [REDACTED] was sedated and paralyzed. Dr. [REDACTED] recorded 'in the absence of an identifiable reversible cause I believe this physiology represents an irreversible progression toward death. We are actively attempting to contact family/DCS. I am going to make the patient a limited DNR with drugs and cardioversion but no compressions. We will continue to make every effort to contact a surrogate decision maker'.
 Medical Reports are attached to the case file and uploaded to TFACTS.

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

AP was unknown. Medical Care staff at [REDACTED] Children's Hospital were the caregivers from birth until the time of Death.

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

No witnesses or collaterals suspected or indicated child abuse or neglect. ACV received on-going medical. Condition was diagnosed as terminal and irreversible at birth.

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

No further findings exist, to support the allegation of abuse or neglect.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/07/2014

Contact Method:

Contact Time: 09:32 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/07/2014

Completed date: 11/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/07/2014 09:32 PM Entered By: [REDACTED]

Closing notification was sent on November 7, 2014 via email to pertinent individuals listed on notification.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/07/2014	Contact Method:
Contact Time: 12:02 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/07/2014
Completed date: 11/07/2014	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: 11/07/2014 12:03 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Special Investigations Unit received a referral on 08/25/2014 with an allegation of Child Neglect Death regarding custodial child [REDACTED] came into custody on May 22, 2014 adjudicated as a dependent/neglect child and remained at [REDACTED] Children's Hospital [REDACTED] in [REDACTED] TN from birth until time of death on 08/25/2014.

[REDACTED] Children's Hospital Staff found that [REDACTED] expired in the Hospital Neonatal Intensive Care Unit (NICU). [REDACTED] was born with a congenital heart defect, having only one heart ventricle. [REDACTED] lungs were not fully functional, so [REDACTED] remained on a respirator. A limited DNR was put into place by [REDACTED] Staff. The hospital reportedly agreed to leave [REDACTED] on machine assisted- living, but offered that no chest compressions would be administered, should the baby require resuscitation. [REDACTED] agreed to leave [REDACTED] on machine support over the weekend, pending an 8/25/14 Court Hearing to address a Do Not Resuscitate (DNR) Order. Hospital records reflect that Dr. [REDACTED] observed [REDACTED] on the morning of 8/23/14, and determined that [REDACTED] condition represented an irreversible progression towards death. Dr. [REDACTED] prepared a limited DNR with drugs and cardio conversion, but no compression. [REDACTED] Children's Hospital's planned to identify a contact person to make the end of life decision for [REDACTED] was pronounced dead at 12 AM on August 25, 2014.

The investigation into this incident was conducted by [REDACTED] County SIU Investigator [REDACTED] County SIU Investigator [REDACTED] County DCS Family Service Worker [REDACTED]; DCS SIU Lead Investigator [REDACTED] DCS SIU Investigator [REDACTED]; and DCS Lead Investigator [REDACTED].

The report to DCS listed Unknown as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted of staff and medical professionals.

As part of the investigation, [REDACTED] Children's Hospital Staff were interviewed. They reported [REDACTED] had a congenital history of cardiac disease including hypoplastic heart syndrome. His final recent assessment noted the likelihood that [REDACTED] would not survive past the weekend of his passing. [REDACTED] was placed on the limited DNR on 8/23/14.

 



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] Child Protective Investigation Team on 10/30/14. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

[REDACTED] Children's Hospital appears to have been supervising [REDACTED] appropriately on the date of this incident. [REDACTED] was scheduled to have three heart surgeries. [REDACTED] was determined to not be a suitable candidate, after having the initial surgery at birth. Hospital records reflected [REDACTED] was not strong enough for subsequent surgeries.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/30/2014

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/30/2014

Completed date: 10/30/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/30/2014 01:16 PM Entered By: [REDACTED]

10/30/14

CPIT Staffing

Case was presented for CPIT Staffing on 10/30/14.

Team agreed unanimously to close this case as AUPU, regarding Neglect Death.

All SIU Case tasks have been completed. Case will be submitted for Closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/14/2014	Contact Method:
Contact Time: 09:50 AM	Contact Duration: Less than 04 Hour
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/13/2014
Completed date: 10/14/2014	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: 10/13/2014 10:28 AM Entered By: [REDACTED]
 10/14/14 Monday
 Case Summary

DCS policy defines Fatality/Near Fatality as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child fatalities are always treated as severe child abuse; any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

Allegation Unsubstantiated Perpetrator Unsubstantiated-AUPU

This case is closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated

There was no evidence to support the allegations of Neglect Death. ACV remained at [REDACTED] Children's Hospital from birth. ACV received medical care, under direct supervision of the Hospital-until the time of death. ACV [REDACTED] cause of death was not unknown, as ACV was born with a congenital heart condition. ACV was scheduled to have three surgeries at birth. After the initial heart surgery, [REDACTED] was determined to not be a suitable candidate for the remaining two surgeries. This Case was staffed with LI [REDACTED] on 10/10/14, prior to closing.

Current Referral states:

'Reporter states: [REDACTED] (8 months) was placed in state custody on May 22, 2014. [REDACTED] is considered to be under the jurisdiction of [REDACTED] County Department of Children's Services even though his entire life he has been at [REDACTED] Children's Hospital in [REDACTED] TN. He was not assigned a foster family due to his condition and hospitalization. He was placed into DCS custody after the mother was not visiting him in the hospital and had not seen him for two months prior to his entering custody. The hospital could not reach the mother in order to get consent for care when needed.

[REDACTED] has been in the hospital ([REDACTED] Children's Hospital in [REDACTED] TN-cardiac I.C.U.) since birth. He was born with a congenital heart defect and had one heart ventricle instead of two. His lungs were not fully functioning



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

and he was on a respirator. It is unknown what caused the heart defect, as he was born with this condition. He was not born drug exposed to the reporter's knowledge.

He was pronounced deceased at approximately 12:00 am ([REDACTED] Time) on 8-25-14. On 8-22-14, [REDACTED] had oxygen levels down in the 30th percentile. [REDACTED] contacted the nurse with the Department of Children's Services ([REDACTED] phone: [REDACTED]) concerning his condition. His oxygen levels should have been in the 90-100th percentiles. It was also discovered he had a blood clot in his inferior vena cava (large vein leading to the heart). His condition was untreatable.

Dr. [REDACTED] saw [REDACTED] on August 23, 2014 and he said his current medical condition represents an irreversible progression towards death. Dr. [REDACTED] made [REDACTED] a limited DNR (do not resuscitate) order. The Department of Children's Services nurse ([REDACTED]) spoke to the legal counsel about [REDACTED] wanting to put a full DNR in place, but it was decided that this could not happen until after court on Monday (8-25-14). The hospital put the limited DRN in placed without Department of Children's Services approval.

It is unknown at this time if [REDACTED] will have an autopsy. The family (birth mother [REDACTED] and Putative father [REDACTED]) have already made arrangements to have the child's body brought to [REDACTED] TN for a funeral. It is believed his body is already in route to [REDACTED] TN at this time. [REDACTED] was not in full guardianship and his parents still had rights to him, even though they were not his custodians at the time of his passing.

Law enforcement has not been notified of the matter at this time. It is unclear at this time law enforcement will be contacted. [REDACTED] has been "near death" before and has always been very fragile, medically. Last month, the hospital told the parents they needed to come see him one last time because they were taking him off the ECMO (heart and lung bypass machine) and the hospital did not think he would survive being taken off the machine.

[REDACTED] had one out of three surgeries that could possibly correct his condition. After the first surgery, it was determined he was not a good candidate for the other two surgeries.

[REDACTED] was last seen by his Department of Children's Services Family Service Worker with [REDACTED] County, Tennessee ([REDACTED]) on 8-15-14. He was off the ECMO, but still on a respirator and being weaned off of sedation at that time. His chest was not fully closed up from having the ECMO in him.

SIU notified via email in Outlook.

Per SDM: Investigative Track, [REDACTED], TL on 8-25-14 @ 12:07 pm

Notified Child Death Group via email: [REDACTED]

[REDACTED] was copied on the notification email for SIU. [REDACTED] and [REDACTED] were also copied on the notification email due to the ACV being a custody child.'

Referral History: The Department of Children's Services received the referral on 8/25/14 at 1014 AM. The Referral was assigned to SI [REDACTED] 8/25/14 at 330 PM. This SI was assigned the referral/ case for closure tasks to be completed on 9/5/14 at 10 AM. The Initial Referral was received, assigned as a response Priority 1 regarding Neglect Death. This case involves a CUSTODIAL child. [REDACTED] entered DCS Care on May 22, 2014. FSW is [REDACTED] / supervisor: [REDACTED] County).

Fatality Report

This case was received as reassigned on 9/5/14.

The Notice of Child Fatality/Near Fatality was requested from the former Lead Investigator on 9/15/14 at 8:45PM.

A request for the form was submitted to IC [REDACTED] on 10/14/14. Form will be attached to the case file upon receipt.

9/4/14

RISK ASSESSEMENT- Initial



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Risk Assessment was completed on 9/4/14.

Initial Response at [REDACTED] Children's Hospital was met by SI [REDACTED]. The ACV remains were transported to [REDACTED] County, prior to receipt of the current Referral by the Department.

The Risk Assessment was scored as LOW based on the following:

ACV never left [REDACTED] Children's Hospital from birth.

ACV was born with congenital heart condition, having only one ventricle.

ACV received on-going medical care from time of birth until time of death.

Copy is attached to file.

A TFACTS history check was completed and the following was found:

10/14/2008/[REDACTED] DEC/ No Services Needed

3/1/2011/[REDACTED] ENN/ Services Recommended and Accepted

9/4/2013/[REDACTED] MDM/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated

6/11/2014/[REDACTED] LOS/ Services Required

8/23/2001/[REDACTED] SEE/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated

2/15/2005/[REDACTED] MDM/ Allegation Unsubstantiated/Perpetrator Unsubstantiated

Family Case ID [REDACTED] contains history on the mother as an ACV.

CPS - [REDACTED] ENN/4/7/2014/[REDACTED] / supervisor: [REDACTED] was classified and approved for closure: (Services Recommended and Refused)

Substantiated [REDACTED] SEE/ Allegation Substantiated Sexually Reactive Child (AP is [REDACTED]).

Criminal Background Checks were completed. The results were returned on both Birth Parents. The results of the search were as follows: SSMS checks were returned for [REDACTED] as negative; for [REDACTED] as negative.

On 9/5/14 Friday SI convened CPIT for this Case. Referral was faxed to the [REDACTED] CAC. SI also scanned a copy of the Referral, after CAC called to inform that the CAC fax machine was malfunctioning.

Medical Reports Received

On 8/25/14, SIU received faxed Medical Records from [REDACTED] Children's Hospital. The records contained:

-Report of Death from [REDACTED] Cardiology. Date of Death was noted as 8/25/14 at 1225 am; Admit Diagnosis= Complex Congenital Heart Disease; Immediate Cause of Death= Congestive Heart Failure; Secondary Cause of Death = Complex Congenital Heart Disease; Family member (Mother) were notified on 8/25/14; Death Certificate to be signed by Dr [REDACTED];

Medical Examiner [REDACTED] was notified 8/25/14 at 1 AM; no autopsy was performed or requested by the family. Report was signed electronically by [REDACTED].

-Acute Event Note was received. Event noted that on 8/23/14 ACV [REDACTED] 'developed acute on chronic hypoxia, profound in acute, refractory to bagging, suction and high mean airway pressures. [REDACTED] has chronic worsening of his respiratory failure'.

Assessment was recorded as Hypoxia and Pulmonary Edema. Plan for care noted ACV was beginning the terminal event. [REDACTED] was sedated and paralyzed. Dr [REDACTED] recorded 'in the absence of an identifiable reversible cause I believe this physiology represents an irreversible progression toward death. We are actively attempting to contact family/DCS. I am going to make the patient a limited DNR with drugs and cardioversion but no compressions. We will continue to make every effort to contact a surrogate decision maker'.

Medical Reports are attached to the case file and uploaded to TFACTS.

9/8/14 Monday

Administrative Review with Director [REDACTED]

Case was staffed with Director [REDACTED]. ACV demographics and case history were provided. ACV [REDACTED] expired on 8/25/14 at [REDACTED] Children's Hospital. ACV remained at [REDACTED] from DOB-DOD (Date of Death). ACV [REDACTED] was born with a congenital heart defect, having only one heart ventricle. A limited DNR was put into place by [REDACTED] Staff. The hospital reportedly agreed to leave ACV on machine assisted living, but offered that no chest compressions would be administered, should the baby require resuscitation. [REDACTED] agreed to leave ACV [REDACTED] on machine support over the weekend, pending an 8/25/14 Court Hearing to address a DNR.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

ACV [REDACTED] entered DCS Care on 5/22/14, with commitment out of [REDACTED] County. Custody reason was noted as Abandonment.

SI informed that CPIT was convened on 9/5/14 in [REDACTED] County.

SI was advised by Director [REDACTED] to follow up with involved parties at [REDACTED] Children's Hospital, then prepare this case for Closure.

No autopsy was performed, as the remains were immediately picked up and transported for funeral/burial in [REDACTED] County.

LI [REDACTED] was advised to request additional medical records from [REDACTED]

The F2F Parent Interview was completed by SIU in [REDACTED] County.

[REDACTED] SIU maintained contact with the Referent and with [REDACTED] SIU [REDACTED] out the case.

Form Signed

Release of Information was signed by Birth Mother [REDACTED] on 5/28/14. The signed form is attached to the case file. The child is in DCS custody. HIPPA, Native American Heritage Veto Verification, Notice of equal access to services, and Acknowledge of Receipt of Clients Rights Handbook should be in the FSW file. Copies were not obtained for the SIU file.

740 Notation-SI noted a copy of the 740 has been placed in the case file. Notification will be sent to the DA and Juvenile Court Judge, noting closure of this SIU case.

DEBRIEFING

This case was debriefed with [REDACTED] Children's Hospital Nurse Practitioner [REDACTED] on 10/14/14. Ms. [REDACTED] was noted as one of the caregivers involved with this case. Ms. [REDACTED] reported that she saw no reason why case closure should not proceed. Ms. [REDACTED] was asked if there were any concerns that might delay or prevent case closure. Ms. [REDACTED] replied no.

This case was debriefed with DCS Nurse [REDACTED] on 10/13/14. SI emailed Ms. [REDACTED] to call SIU for case debriefing. Ms. [REDACTED] returned the call to this SI. Ms. [REDACTED] noted no further concerns exist, that would prevent or delay case closure.

SI [REDACTED] attempted phone call to VHC Social [REDACTED]. Ms. [REDACTED] page from SI [REDACTED] was returned by Ms. [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/08/2014	Contact Method: Face To Face
Contact Time: 09:50 AM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For: [REDACTED]
Location: DCS Office	Created Date: 09/15/2014
Completed date: 09/15/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/15/2014 07:44 PM Entered By: [REDACTED]

SI [REDACTED] noted this Parent Interview was conducted by SI [REDACTED]. The Interview was forwarded via email, to be entered in the case recordings

9/8/14 950a Collateral Interview

Ms. [REDACTED], Paternal Grandmother

'SI interviewed Ms. [REDACTED] paternal grandmother at DCS Office. Ms. [REDACTED] requested to speak to SI because she was involved with her grandson's treatment. Ms. [REDACTED] stated she and the paternal grandfather were present at the birth of ACV and she cut the umbilical cord. She stated at that time she signed all documents and left contact information for she, her husband and her son, the baby's father with the hospital staff. She stated her son was not at the baby's birth because he had to work. She stated she was not contacted by the hospital until DCS involvement. She stated she visited the baby bi-weekly for the past 3 months. She stated there were many times she visited and she was told the child was paralyzed for pain. Ms. [REDACTED] stated he was given medication which put him in a paralysis mode for 23 hours of the day. She stated she is suspicious about his death because the hospital called and told them if they wanted to hug him for the last time before he pass they should come now. Ms. [REDACTED] stated she found this statement odd since she did not think anyone can predict death, she wonders if they gave him something to die. Ms. [REDACTED] stated a chaplain was not called in. She stated she and her son were told by a doctor that the child would not be resuscitated if his heart failed after he was removed from heart and lung machine. She stated she felt encouraged when he lived 1 ½ months after he was removed from the machine. She stated she felt he was a fighter. She or her son did not sign a DNR form.'



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/08/2014	Contact Method:
Contact Time: 09:30 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/15/2014
Completed date: 09/15/2014	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/15/2014 08:42 PM Entered By: [REDACTED]

9/5/14 Friday

SI convened CPIT for this Case. Referral was faxed to the [REDACTED] CAC. SI also scanned a copy of the Referral, after CAC called to inform that the CAC fax machine was malfunctioning.

9/8/14 Monday

Administrative Review with Director [REDACTED]

Case was staffed with Director [REDACTED]. ACV demographics and case history were provided. ACV [REDACTED] expired on 8/25/14 at [REDACTED] Children's Hospital. ACV remained at [REDACTED] from DOB-DOD (Date of Death). ACV [REDACTED] was born with a congenital heart defect, having only one heart ventricle. A limited DNR was put into place by [REDACTED] Staff. The hospital reportedly agreed to leave ACV on machine assisted living, but offered that no chest compressions would be administered, should the baby require resuscitation. [REDACTED] agreed to leave ACV [REDACTED] on machine support over the weekend, pending an 8/25/14 Court Hearing to address a DNR.

ACV [REDACTED] entered DCS Care on 5/22/14, with commitment out of [REDACTED] County. Custody reason was noted as Abandonment.

SI informed that CPIT was convened on 9/5/14 in [REDACTED] County.

SI was advised by Director [REDACTED] to follow up with involved parties at [REDACTED] Children's Hospital, then prepare this case for Closure.

No autopsy was performed, as the remains were immediately picked up and transported for funeral/burial in [REDACTED] County.

LI [REDACTED] was advised to request additional medical records from [REDACTED]

The F2F Parent Interview was completed by SIU in [REDACTED] County.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/08/2014	Contact Method: Face To Face
Contact Time: 09:00 AM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For: [REDACTED]
Location: DCS Office	Created Date: 09/15/2014
Completed date: 09/15/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/15/2014 07:41 PM Entered By: [REDACTED]

SI [REDACTED] noted this Parent Interview was conducted by SI [REDACTED]. The Interview was forwarded via email, to be entered in the case recordings.

' 9/8/14 9a Parent Interview

SI [REDACTED] interviewed [REDACTED] (Parent) at DCS Office. Mr. [REDACTED] reported he has concerns about his son's treatment while in the hospital. He stated he felt he was treated like an experiment. And he questions his death since the hospital staff predicted his death. Mr. [REDACTED] stated he did not sign the DNR. He stated about a week before his death he was told by one of the baby's doctor that the hospital would not resuscitate. He stated he was never given an option to decide if he wanted him resuscitated or not. Mr. [REDACTED] stated he understood why his son was brought into custody. He stated ACV's mother was not in communication with the hospital as she should have been. He stated he was available but the hospital never contacted him. Part of the reason he was not contacted is because he was not named as the father on the birth certificate. He stated the mother was trying to be vindictive and she named her husband as the father on the birth certificate. Mr. [REDACTED] reported the hospital began involving him in his son's treatment after DCS became involved, which is at about 4 months. Prior to this Mr. [REDACTED] visited him twice. His parents were at the child's birth. He stated he and his mother started visiting every other week after the CFTM at DCS. Mr. [REDACTED] stated he was under the impression his son's health was improving and he would be coming home to his home. He stated he began making arrangements for him to come home. He stated DCS completed a home study and he was preparing to go to court to get full custody. Mr. [REDACTED] stated when his son was removed from heart and lung bypass machine he lived 1/1/2 months. '



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/05/2014 Contact Method: Correspondence
 Contact Time: 02:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/15/2014
 Completed date: 09/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2014 08:10 PM Entered By: [REDACTED]

9/5/14 Friday

SI convened CPIT for this Case. Referral was faxed to the [REDACTED] CAC. SI also scanned a copy of the Referral, after CAC called to inform that the CAC fax machine was malfunctioning.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/05/2014

Contact Method: Phone Call

Contact Time: 11:40 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 09/15/2014

Completed date: 09/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original

Entry Date/Time: 09/15/2014 07:34 PM

Entered By: [REDACTED]

[REDACTED], MA
 Special Investigator
 Office of Child Safety
 Department of Children's Services
 Special Investigations Unit
 State of Tennessee

[REDACTED]

Parent Interview Attempted.

SI [REDACTED] reported phone contact was made to Ms. [REDACTED]. A parent interview was scheduled by SI [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██
Case Status:	Close	Organization:	CPS Special Investigation

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	09/04/2014	Contact Method:	Phone Call
Contact Time:	02:24 PM	Contact Duration:	Less than 01 Hour
Entered By:	████████████████████	Recorded For:	████████████████████
Location:	DCS Office	Created Date:	09/15/2014
Completed date:	09/15/2014	Completed By:	████████████████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/15/2014 08:02 PM Entered By: ██████████

FSW Contact

The following recording was received by SI ██████████ from IL ██████████ as noted by SI ██████████. The correspondence was received in the ██████████ SIU Office via email from Ms. ██████████. 'SI ██████████ spoke with Family Service Worker, ██████████ stated that ██████████ body had been taken from ██████████ back to ██████████ at this time. ██████████ stated that ██████████ staff had been in contact with ██████████ on Saturday 8/23 asking for DCS consent to put a full Do Not Resuscitate order on ██████████ due to his condition. ██████████ stated that at that time ██████████, the DCS Attorney, who informed ██████████ that they would have to wait until Monday, 8/25/14 when he could go to Juvenile Court and ask for a Special Guardian Ad Litem to be assigned to the case. At that time, ██████████ was placed on a limited Do Not Resuscitate, keeping him alive without chest compressions, until Monday, 8/25/14. ██████████ stated that due to ██████████ passing ██████████ did not attend court as scheduled. ██████████ stated that she last visited ██████████ on 8/15/14 and at that time he was taken still breathing with the assistance of a respirator and was being weaned off of sedation at that time. SI ██████████ spoke with ██████████, the DCS Nurse. ██████████ stated that she was notified on 8/25/14 around 1:00 a.m. that ██████████ had passed away. She stated that on Saturday 8/23, she was contacted by one of the Social Workers at ██████████ asking for DCS consent to put a full Do Not Resuscitate order on ██████████ due to his condition. ██████████ stated that at that time ██████████ contacted ██████████ of DCS Legal, who informed ██████████ that they would have to wait until Monday, 8/25/14 when he could go to Juvenile Court and ask for a Special Guardian Ad Litem to be assigned to the case. At that time, ██████████ was placed on a limited Do Not Resuscitate order, keeping him alive without chest compressions, until Monday 8/25/14 when a decision could be made. ██████████ stated that she had been notified around 6:00 a.m. on 8/25/2014 that ██████████ body was being transported to ██████████ and that the funeral home where his body was being taken to was ██████████ Funeral Home. ██████████ stated that ██████████ also notified her on Saturday 8/23/14 that they had contacted ██████████ mother and told her that she needed to come to the hospital and on Sunday 8/24/14, ██████████ mother visited him at ██████████ before he passed away. SI ██████████ received copies of ██████████ medical records from ██████████ Hospital from July and August of 2014. Also included in these reports is the copy of ██████████ Report of Death. The Report of Death was signed by Dr. ██████████ and states that no autopsy was requested or performed. In the medical record from 8/23/14, the report states that ██████████ had developed acute chronic hypoxia. This caused a worsening of his chronic respiratory failure. The report states that this event, along with the congenital heart defect that ██████████ was born with, was the beginning of a



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

terminal event for [REDACTED]

SI [REDACTED] attempted contact with Dr. [REDACTED], the physician who completed the Report of Death at [REDACTED] Hospital, via telephone on this date. The telephone number on the report, states that the number has been disconnected. SI [REDACTED] will attempt contact with Dr. [REDACTED] through [REDACTED]

SI [REDACTED] attempted contact with Dr. [REDACTED], the physician who completed the examination and report on [REDACTED] condition on Saturday, 8/23/2014. SI [REDACTED] spoke with his Administrative Assistant, who stated he was not in the office at the time. SI [REDACTED] left contact information for a return call with his Administrative Assistant.

LI [REDACTED] requested a courtesy interview with [REDACTED] mother [REDACTED] on this date and time as Ms. [REDACTED] resides out of the [REDACTED] County, [REDACTED] Region. The interview was assigned to SI [REDACTED] of [REDACTED] County Special Investigations Unit to be completed.'



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2014

Contact Method:

Contact Time: 08:25 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2014

Completed date: 09/05/2014

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: 09/05/2014 07:41 AM Entered By: [REDACTED]

This investigation was reassigned to SI [REDACTED] on this date by LI [REDACTED]. SI will make contact with the ACV to assess current risk and safety. SI will complete a risk assessment per policy. SI will complete all needed investigative tasks and staff with LI [REDACTED] after initial contact is made with ACV to discuss current risk.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2014	Contact Method:	Attempted Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	09/15/2014
Completed date:	09/15/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/15/2014 07:32 PM Entered By: [REDACTED]

[REDACTED], MA
 Special Investigator
 Office of Child Safety
 Department of Children's Services
 Special Investigations Unit
 State of Tennessee
 [REDACTED]

Parent Interview Attempted.

S [REDACTED] reported a home visit unsuccessful was made to the primary residence of putative Birth Father [REDACTED]. A phone attempt was also made to contact the birth parents. No additional information was noted regarding this attempted visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/03/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/15/2014

Completed date: 09/15/2014

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: 09/15/2014 07:16 PM Entered By: [REDACTED]

9/3/14 Wednesday

9/3/14 Wednesday Case was received as reassigned.

Case was staffed with LI [REDACTED] Service Planning and next steps were addressed.

PLAN: SI was advised to interview the attending Physician Dr. [REDACTED]

Additional contacts at [REDACTED] will also be interviewed as follow up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/28/2014	Contact Method:	Attempted Face To Face
Contact Time:	09:30 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	09/15/2014
Completed date:	09/15/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/15/2014 07:29 PM Entered By: [REDACTED]
 8/28/14

[REDACTED], MA
 Special Investigator
 Office of Child Safety
 Department of Children's Services
 Special Investigations Unit
 State of Tennessee
 [REDACTED]

Parent Interview Attempted.

SI [REDACTED] reported a home visit unsuccessful was made to the primary residence of putative Birth Father [REDACTED].
 . No additional information was noted regarding this attempted visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/25/2014 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Hospital Created Date: 09/05/2014
 Completed date: 09/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2014 10:29 AM Entered By: [REDACTED]

8/25/14

Initial ACV Response Attempt Met

Initial Response to this Referral was made timely by SI [REDACTED]

ACV remains were returned to [REDACTED] County, from [REDACTED] Children's Hospital prior to receipt of this Referral.

Initial assigned SI reported to [REDACTED] Children's Hospital, to interview Hospital Staff, and confirm the passing and transport of the ACV.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 08/25/2014 Contact Method:
Contact Time: 03:00 PM Contact Duration: Less than 01 Hour
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 10/14/2014
Completed date: 10/14/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Notation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/14/2014 09:52 AM Entered By: [REDACTED]

LI [REDACTED] assigned this case to SI [REDACTED] on this date.

This is a custodial child.

TFACTS: Yes

Family Case IDs: [REDACTED]
Family Case ID [REDACTED] contains history on the mother as an ACV and is not reflected in the history below

Open Court Custody Case: [REDACTED] Child: [REDACTED] (date entered custody: 5/22/2014)
FSW [REDACTED] / supervisor: [REDACTED] (out of [REDACTED] County)

Closed Court Custody No

Open CPS - [REDACTED] ENN/4/7/2014/ CM [REDACTED] / [REDACTED] (classified and approved for closure:
Services Recommended and Refused)

Substantiated [REDACTED] SEE/ Allegation Substantiated Sexually Reactive Child (AP is [REDACTED])

Death No

Screened out No

History (not listed above): Yes

10/14/2008/ [REDACTED] DEC/ No Services Needed
3/1/2011/ [REDACTED] ENN/ Services Recommended and Accepted
9/4/2013/ [REDACTED] MDM/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated
6/11/2014/ [REDACTED] LOS/ Services Required
8/23/2001/ [REDACTED] SEE/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: CPS Special Investigation

2/15/2005/ ██████████ MDM/ Allegation Unsubstantiated/Perpetrator Unsubstantiated

SSMS: ██████████ : negative; ██████████ : negative; ██████████ negative

County: ██████████-SIU

Notification: Email

School/ Daycare: None

Native American Descent: No

Directions: None Given

Reporter states: ██████████ (8 months) was placed in state custody on May 22, 2014. ██████████ is considered to be under the jurisdiction of ██████████ County Department of Children's Services even though his entire life he has been at ██████████ Children's Hospital in ██████████ TN. He was not assigned a foster family due to his condition and hospitalization. He was placed into DCS custody after the mother was not visiting him in the hospital and had not seen him for two months prior to his entering custody. The hospital could not reach the mother in order to get consent for care when needed.

██████████ has been in the hospital (██████████ Children's Hospital in ██████████ TN-cardiac I.C.U.) since birth. He was born with a congenital heart defect and had one heart ventricle instead of two. His lungs were not fully functioning and he was on a respirator. It is unknown what caused the heart defect, as he was born with this condition. He was not born drug exposed to the reporter's knowledge.

He was pronounced deceased at approximately 12:00 am (██████████ Time) on 8-25-14. On 8-22-14, ██████████ had oxygen levels down in the 30th percentile. ██████████ contacted the nurse with the Department of Children's Services (██████████) : phone: (██████████) concerning his condition. His oxygen levels should have been in the 90-100th percentiles. It was also discovered he had a blood clot in his inferior vena cava (large vein leading to the heart). His condition was untreatable.

Dr. ██████████ saw ██████████ on August 23, 2014 and he said his current medical condition represents an irreversible progression towards death. Dr. ██████████ made ██████████ a limited DNR (do not resuscitate) order. The Department of Children's Services nurse (██████████) spoke to the legal counsel about ██████████ wanting to put a full DNR in place, but it was decided that this could not happen until after court on Monday (8-25-14). The hospital put the limited DRN in placed without Department of Children's Services approval.

It is unknown at this time if ██████████ will have an autopsy. The family (birth mother ██████████ and Putative father ██████████) have already made arrangements to have the child's body brought to ██████████ TN for a funeral. It is believed his body is already in route to ██████████ TN at this time. ██████████ was not in full guardianship and his parents still had rights to him, even though they were not his custodians at the time of his passing.

Law enforcement has not been notified of the matter at this time. It is unclear at this time law enforcement will be contacted. ██████████ has been "near death" before and has always been very fragile, medically. Last month, the hospital told the parents they needed to come see him one last time because they were taking him off the ECMO (heart and lung bypass machine) and the hospital did not think he would survive being taken off the machine.

██████████ had one out of three surgeries that could possibly correct his condition. After the first surgery, it was determined he was not a good candidate for the other two surgeries.

██████████ was last seen by his Department of Children's Services Family Service Worker with ██████████ County, Tennessee (██████████) on 8-15-14. He was off the ECMO, but still on a respirator and being weaned off of sedation at that time. His chest was not fully closed up from having the ECMO in him.

SIU notified via email in Outlook.

Per SDM: Investigative Track, ██████████, TL on 8-25-14 @ 12:07 pm

Notified Child Death Group via email: ██████████



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

[REDACTED] was copied on the notification email for SIU. [REDACTED], [REDACTED] and [REDACTED] were also copied on the notification email due to the ACV being a custody child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 08/25/2014 Contact Method:
Contact Time: 09:00 AM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: Created Date: 09/05/2014
Completed date: 09/05/2014 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: 09/05/2014 07:42 AM Entered By: [REDACTED]
LI [REDACTED] assigned this case to SI [REDACTED] on this date.

This is a custodial child.

TFACTS: Yes

Family Case IDs: [REDACTED]
Family Case ID [REDACTED] contains history on the mother as an ACV and is not reflected in the history below

Open Court Custody Case: [REDACTED] (date entered custody: 5/22/2014)
FSW: [REDACTED] / supervisor: [REDACTED] (out of [REDACTED] County)

Closed Court Custody No

Open CPS - [REDACTED] ENN/4/7/2014/ CM: [REDACTED] / supervisor: [REDACTED] (classified and approved for closure: Services Recommended and Refused)

Substantiated [REDACTED] SEE/ Allegation Substantiated Sexually Reactive Child (AP is [REDACTED])

Death No

Screened out No

History (not listed above): Yes

10/14/2008/ [REDACTED] DEC/ No Services Needed
3/1/2011/ [REDACTED] ENN/ Services Recommended and Accepted
9/4/2013/ [REDACTED] MDM/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated
6/11/2014/ [REDACTED] LOS/ Services Required
8/23/2001/ [REDACTED] SEE/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name | [REDACTED]
 Case Status: Close Organization: CPS Special Investigation

2/15/2005/ [REDACTED] MDM/ Allegation Unsubstantiated/Perpetrator Unsubstantiated

SSMS: [REDACTED]: negative; [REDACTED]: negative; [REDACTED] negative

County: [REDACTED]-SIU
 Notification: Email
 School/ Daycare: None
 Native American Descent: No
 Directions: None Given

Reporter states: [REDACTED] (8 months) was placed in state custody on May 22, 2014. [REDACTED] is considered to be under the jurisdiction of [REDACTED] County Department of Children's Services even though his entire life he has been at [REDACTED] Children's Hospital in [REDACTED] TN. He was not assigned a foster family due to his condition and hospitalization. He was placed into DCS custody after the mother was not visiting him in the hospital and had not seen him for two months prior to his entering custody. The hospital could not reach the mother in order to get consent for care when needed.

[REDACTED] has been in the hospital ([REDACTED] Children's Hospital in [REDACTED] TN-cardiac I.C.U.) since birth. He was born with a congenital heart defect and had one heart ventricle instead of two. His lungs were not fully functioning and he was on a respirator. It is unknown what caused the heart defect, as he was born with this condition. He was not born drug exposed to the reporter's knowledge.

He was pronounced deceased at approximately 12:00 am ([REDACTED] Time) on 8-25-14. On 8-22-14, [REDACTED] had oxygen levels down in the 30th percentile. [REDACTED] contacted the nurse with the Department of Children's Services ([REDACTED]: phone: [REDACTED]) concerning his condition. His oxygen levels should have been in the 90-100th percentiles. It was also discovered he had a blood clot in his inferior vena cava (large vein leading to the heart). His condition was untreatable.

Dr. [REDACTED] saw [REDACTED] on August 23, 2014 and he said his current medical condition represents an irreversible progression towards death. Dr. [REDACTED] made [REDACTED] a limited DNR (do not resuscitate) order. The Department of Children's Services nurse ([REDACTED]) spoke to the legal counsel about [REDACTED] wanting to put a full DNR in place, but it was decided that this could not happen until after court on Monday (8-25-14). The hospital put the limited DRN in placed without Department of Children's Services approval.

It is unknown at this time if [REDACTED] will have an autopsy. The family (birth mother [REDACTED] and Putative father [REDACTED]) have already made arrangements to have the child's body brought to [REDACTED] TN for a funeral. It is believed his body is already in route to [REDACTED] TN at this time. [REDACTED] was not in full guardianship and his parents still had rights to him, even though they were not his custodians at the time of his passing.

Law enforcement has not been notified of the matter at this time. It is unclear at this time law enforcement will be contacted. [REDACTED] has been "near death" before and has always been very fragile, medically. Last month, the hospital told the parents they needed to come see him one last time because they were taking him off the ECMO (heart and lung bypass machine) and the hospital did not think he would survive being taken off the machine.

[REDACTED] had one out of three surgeries that could possibly correct his condition. After the first surgery, it was determined he was not a good candidate for the other two surgeries.

[REDACTED] was last seen by his Department of Children's Services Family Service Worker with [REDACTED] County, Tennessee ([REDACTED]) on 8-15-14. He was off the ECMO, but still on a respirator and being weaned off of sedation at that time. His chest was not fully closed up from having the ECMO in him.

SIU notified via email in Outlook.
 Per SDM: Investigative Track, [REDACTED], TL on 8-25-14 @ 12:07 pm

Notified Child Death Group via email: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

[REDACTED] was copied on the notification email for SIU. [REDACTED] and [REDACTED] were also copied on the notification email due to the ACV being a custody child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/22/2014	Contact Method:
Contact Time: 02:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 09/15/2014
Completed date: 09/15/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/15/2014 07:11 PM Entered By: [REDACTED]

SI noted that the time frames will be recorded as 12noon, as no time was reflected in the case written by the initial SI [REDACTED]. An attempt will be made by SI [REDACTED] to contact all individuals named in a recording. A subsequent recording will be added to reflect such contacts. The record should reflect that this Referral was received on 8/25/14 regarding Neglect Death.

8/25/14 Update, per SI [REDACTED] On 8/21/14 ACV oxygen level reportedly dropped to 30% (normal is 95-100%); echo-cardiogram(+) blood clot in ACV's inferior vena cava.

SI [REDACTED] reported Dr. [REDACTED] observed ACV on the morning of 8/23/14, and determined that [REDACTED] condition represents an irreversible progression towards death. Case notes from SI [REDACTED] reflected the plans for Dr. [REDACTED] to prepare a limited DNR with drugs and cardio conversion, but no compression. SI noted reflected [REDACTED] Children's Hospital's plan to identify a contact person to make the end of life decision for the ACV.

SI [REDACTED] reported advising the hospital Social Worker ([REDACTED]) and Nurse Practitioner [REDACTED], that per DCS Policy 20.15, DCS Personnel cannot consent with the hospital/parent.

SI [REDACTED] noted [REDACTED] conferred with [REDACTED], who advised the hospital to wait until the following Monday's scheduled Court hearing to appoint a GAL for the ACV.

SI [REDACTED] noted Nurse [REDACTED] informed of intent to support ACV [REDACTED] over the weekend with limited support (no ECMO heart/lung machine) placement, no compression, etc. SI [REDACTED] noted the hospital spoke with both birth parents and the maternal grandmother, informing each that the ACV would not live long-so the family should visit with [REDACTED] Mother [REDACTED] was reported as being enroute to the hospital at that time. SI [REDACTED] provided contact information-asking to be notified of any changes in the ACV's condition.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
 Case Status: Close Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/29/2014 Contact Method: Face To Face
 Contact Time: 11:23 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: DCS Office Created Date: 09/15/2014
 Completed date: 09/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2014 07:51 PM Entered By: [REDACTED]

8/29/14 11230p Parent Interview

[REDACTED], Birth Mother

SI [REDACTED] noted this Parent Interview was conducted by SI [REDACTED]. The Interview was forwarded via email, to be entered in the case recordings. The recording is noted as face to face, as the Contact Method was not included in this Interview as forwarded via email.

'SI [REDACTED] interviewed [REDACTED], mother of ACV. Ms. [REDACTED] wanted to tell her story. She stated she does not feel she was treated fairly by [REDACTED]. She stated she is a mother of 5 and she could not travel to [REDACTED] as often as the hospital staff thought she should. She stated everyone, family, friends and hospital staff promised to help but when it came time to help she did not receive any help. She stated the hospital gave her \$25 gas cards occasionally, but that was not sufficient to travel to [REDACTED]. She stayed at the [REDACTED] House and they put her out when she left to come to [REDACTED] to check on her mother who is ill. She stated the hospital staff would not allow her to return to the [REDACTED] House. Two months prior to his death the hospital staff stopped calling her. ACV developed other medical problems and she was not informed. Ms. [REDACTED] stated she called the hospital often to check on ACV. Ms. [REDACTED] reported during her pregnancy she was placed on bed rest at [REDACTED] Hospital for three months. After three months she was sent home for a week and she went into labor. She was returned to [REDACTED] and delivered ACV. Early in the pregnancy ACV was diagnosed with a heart problem. Ms. [REDACTED] was under the impression ACV would have 3 surgeries and then all would be well. Ms. [REDACTED] reported only one-half of ACV's heart was functional. Around the time of his death she was informed the heart valve was leaking, his liver was enlarged and other organs were beginning to fail.

She stated she visited ACV three times during his stay in the hospital. ACV was never discharged; he was in the hospital from birth to death. On one occasion she was asked to leave the hospital for being too loud when she brought other siblings to meet their bother. Ms. [REDACTED] stated the hospital informed her DCS made the Do Not Resuscitate decision. She was not consulted or informed a DNR was in place. She stated she was at the hospital at the time of death.

Siblings: [REDACTED] (9) [REDACTED] (8) [REDACTED] (7) [REDACTED] (2) [REDACTED] (1).



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 4/7/14 11:38 AM

Date of Assessment: 4/7/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 6

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): Follow NCPP.

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: _____