



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 09/21/2014 09:56 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 09/21/2014

Investigation

Investigation ID: [REDACTED]
First County: [REDACTED]
Date/Time Assigned : 09/22/2014 10:18 AM
First Team Leader Assigned: [REDACTED] Date/Time 09/22/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 09/22/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	19 Yrs	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: [REDACTED]
Notification: None

Narrative: TFACTS:

Family Case ID: [REDACTED]
Open Court Custody: Yes/8-20-2013/D&N [REDACTED] [REDACTED] Primary Case Worker, [REDACTED]. Supervisor,
[REDACTED]
Closed Court Custody Yes/Past custodial case from 10-11-2011 3-17-2012
Open CPS None found
Death None found
Substantiated: None found



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

Screened out 3

Note: Intake [REDACTED] will be screened out as a duplicate to this report.

History:

4-29-2014/Case ID # [REDACTED] /LOS/Unsubstantiated

8-14-2013/Case ID # [REDACTED] /PHA/Services Recommended and Accepted

11-13-2009/Case ID # [REDACTED] /PHA/No Services Needed

5-6-2009/Case ID # [REDACTED] PHA/No Services Needed

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states:

The child is in state custody.

[REDACTED] (17) was in state custody. She was on a Trial Home Visit at the time of her passing. [REDACTED] and [REDACTED] were her adoptive parents. There are no other children in the home.

[REDACTED] (age 17) was placed on a Trial Home Visit in June of 2014. On September 2nd, there was an incident in the home with [REDACTED] behavior [REDACTED], the [REDACTED], DCS [REDACTED] the [REDACTED] and law enforcement all went to the family's home. It was decided that a respite home was appropriate for [REDACTED] at that time.

DCS submitted a petition on September 3rd to revoke the Trial Home Visit. There was a Child and Family Team meeting on September 4th. Court was held on September 8th; at that time the Judge denied the motion and sent [REDACTED] back to the home on a Trial Home Visit.

The family was involved with [REDACTED]

Last night (9/20/14), [REDACTED] and on call supervisor, [REDACTED] called the [REDACTED] to report that [REDACTED] had overdosed and was transported to [REDACTED]. The child overdosed on blood pressure medication. The medication belonged to the grandmother (Unknown name). It is unknown how [REDACTED] got the medication. [REDACTED] was transported to [REDACTED] around 11:30pm, and then life-flighted to [REDACTED]. It is unknown at which hospital she was pronounced deceased.

It is unknown if the autopsy is pending or completed at this time. It is unknown how she got the medication. It is unknown what the parent's explanation of [REDACTED] death is. [REDACTED] had a long history of mental health and behavior issues; she had been in state custody before. [REDACTED] had a lot of violent outburst and several interruptions in her placements. [REDACTED] parents thought they could manage [REDACTED] from home. They were always willing to care for [REDACTED]. The parents stated to the courts that "they wanted to have [REDACTED] back in their home and they could manage her behavior". The courts granted the parent's request, despite the Department's recommendations that [REDACTED] be placed in a stricter environment to address her behavior.

The [REDACTED] home was very appropriate and they were always willing to help [REDACTED]. [REDACTED] behavior has been physically aggressive toward other people.

Does the child/children have any special needs or disabilities? No

Is there a history of domestic violence or substance abuse in the home? No



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

Perpetrator's location at this time: Home
Are there any safety concerns for the case worker? No

Note: This will be sent to local DCS instead of SIU due to the child being on a Trial Home Visit at the time of the incident.

Per SDM: Investigation P1 - [REDACTED] on 9-21-14 at 12:16 P.M.

[REDACTED] paged at 12:18 P.M.
[REDACTED] 09-21-14 12:29:00 PM [REDACTED] 09-21-14 12:29:43 PM [REDACTED] Received

Email notification sent to [REDACTED]
[REDACTED] and the [REDACTED] notification group.



**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:** Black/African **Age:** 19 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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: [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

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
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: [REDACTED]
 Referral Date: 09/21/2014
 Street Address: [REDACTED]
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]
 Assignment Date: 05/05/2015

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	*Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/18/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case has been assessed and closed as ASPS for allegations of Neglect Death Perpetrated by [REDACTED] against her grand daughter [REDACTED] as enough evidence was found to support the allegations.

D. Case Workers

Case Worker: [REDACTED] Date: 07/30/2015
 Team Leader: [REDACTED] Date: 07/30/2015

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:

- Completed 07/29/2015 - Case Summary
- Completed 07/29/2015 - Phone Call Collateral Contact
- Completed 06/22/2015 - Administrative Review
- Completed 06/10/2015 - Phone Call Collateral Contact
- Completed 06/09/2015 Phone Call Collateral Contact; Notation
- Completed 05/01/2015 - Administrative Review
- Completed 04/08/2015 - Face To Face CPIT (Child Protective Investigative Team)



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

Case Name :	██████████	Investigation ID:	██████████
Completed	04/06/2015 - Phone Call	Collateral Contact; Notation	
Completed	04/03/2015 - Notation		
Completed	03/04/2015 - Face To Face	CPIT (Child Protective Investigative Team)	
Completed	02/11/2015 - Face To Face	CPIT (Child Protective Investigative Team)	
Completed	01/07/2015 - Face To Face	CPIT (Child Protective Investigative Team)	
Completed	12/04/2014 - Face To Face	CPIT (Child Protective Investigative Team)	
Completed	12/01/2014 - Notation		
Completed	11/13/2014 - Face To Face	CPIT (Child Protective Investigative Team)	
Completed	10/08/2014 - Face To Face	CPIT (Child Protective Investigative Team)	
Completed	09/22/2014 - Notation		
Completed	09/22/2014 - Notation		
Completed	09/21/2014 - Face To Face	Alleged Perpetrator Interview; Collateral Contact; Initial ACV	
	Face To Face; Notation; Other Child Living in the Home Interview/Observation; Parent/Caretaker Interview;	Referent Interview; Sibling Interview/Observation	
Completed	09/21/2014 - Case Summary		

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

An autopsy was completed on ██████████ by ██████████. ██████████ death was ruled to be a suicide due to ingesting the blood pressure medication of her grandmother. Medication was stored by the grandmother in a blue zippered bag underneath the bed in her bedroom. CPSI ██████████ spoke with ██████████ and discussed negligence on behalf of the family in delaying in seeking medical care for the child. ██████████ reported that quicker medical care could have allowed for more life saving measures to be sought however negligence on the part of the grandmother would depend on their knowledge of signs and symptoms of hypo-tension and knowledge of the child's ingesting of the medication.

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

Mrs. ██████████ reported to law enforcement she indicated that on the night of 09/19/2014 ██████████ spent the night due to her wanting to help care for her grandmother. Mrs. ██████████ indicated the night went without incident and on the morning of 09/20/2014 ██████████ twin sister ██████████ came to the residence at 10:00 a.m. Upon ██████████ arrival breakfast was had by the family including sausage and pancakes. After breakfast both ██████████ and ██████████ watched T.V. in the living room of the family home until approximately 1:00 p.m. when Mrs. ██████████ indicated that she went and took a shower. Mrs. ██████████ has one leg amputated and is in a wheel chair therefore the children helped her to get into the shower then went back to the living room to watch T.V. Mrs. ██████████ indicated she got out of the shower at approximately 1:30 p.m. at which time she began baking pizza for the children for lunch. During lunch Mrs. ██████████ reported ██████████ began reporting she was having trouble hearing and seeing. She also reported that the child appeared under the influence and was having trouble standing and getting up to eat. Mrs. ██████████ reported that she contacted both the child's mother and brother about the



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]

situation at which time they both reported they would be enroute to the residence. Mrs. [REDACTED] reported that while waiting for the family to arrive she repeatedly asked the child if she had taken any medication at which time she denied it. The child also continued to report she was having trouble hearing and seeing and that she felt dizzy. Upon arrival of the children's brother to the residence paramedics were notified at which time the child was transported to [REDACTED]. Mrs. [REDACTED] identified that she was missing approximately 12 pills out of her prescriptions bottles for Nifedipine and Caruedilol. Mrs. [REDACTED] showed CPSI [REDACTED] how and where she stored her medications at which time it was determined the medication was in a small blue zippered bag that was placed underneath the grandmother's bed. Mrs. [REDACTED] reported that she had not notified EMS sooner due to her not having custody of [REDACTED] and her being unsure if she could have the child taken to the emergency room.

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

The child is in state custody.

[REDACTED] (17) was in state custody. She was on a Trial Home Visit at the time of her passing. [REDACTED] and [REDACTED] were her adoptive parents. There are no other children in the home.

[REDACTED] (age 17) was placed on a Trial Home Visit in June of 2014. On September 2nd, there was an incident in the home with [REDACTED] behavior. [REDACTED] the [REDACTED] DCS [REDACTED] the [REDACTED], and law enforcement all went to the family's home. It was decided that a respite home was appropriate for [REDACTED] at that time.

DCS submitted a petition on September 3rd to revoke the Trial Home Visit. There was a Child and Family Team meeting on September 4th. Court was held on September 8th; at that time the Judge denied the motion and sent [REDACTED] back to the home on a Trial Home Visit.

The family was involved with [REDACTED]. Last night (9/20/14), [REDACTED] and on call supervisor [REDACTED] called the [REDACTED] to report that [REDACTED] had overdosed and was transported to [REDACTED]. The child overdosed on blood pressure medication. The medication belonged to the grandmother (Unknown name). It is unknown how [REDACTED] got the medication. [REDACTED] was transported to [REDACTED] around 11:30pm, and then life-flighted to [REDACTED]. It is unknown at which hospital she was pronounced deceased.

It is unknown if the autopsy is pending or completed at this time. It is unknown how she got the medication. It is unknown what the parent's explanation of [REDACTED] death is. [REDACTED] had a long history of mental health and behavior issues; she had been in state custody before. [REDACTED] had a lot of violent outburst and several interruptions in her placements. [REDACTED] parents thought they could manage [REDACTED] from home. They were always willing to care for [REDACTED]. The parents stated to the courts that "they wanted to have [REDACTED] back in their home and they could manage her behavior". The courts granted the parent's request, despite the Department's recommendations that [REDACTED] be placed in a stricter environment to address her behavior.

The [REDACTED] home was very appropriate and they were always willing to help [REDACTED] behavior has been physically aggressive toward other people.

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

This case was discussed with the [REDACTED] County Child Protective Investigative Team and was also reviewed by the Department of Children Services Child Fatality Review Team. After the families history and the facts of the investigation were discussed it was the consensus of all team members that due to [REDACTED] history of mental health and behavior problems more precaution should have been taken with the care and storage of prescription medications in the home of the parents/caregiver. Due to the team's opinion allegations of neglect death perpetrated by [REDACTED] is being classified as allegations substantiated / perpetrator substantiated.

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: 11/18/2015

Contact Method:

Contact Time: 02:49 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2015

Completed date: 11/18/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 11/18/2015 02:54 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) received a referral on September 21, 2014 with an allegation of neglect death by an unknown perpetrator regarding custodial child, [REDACTED], alleged child victim (ACV). [REDACTED] was brought into state custody on August 20, 2013 due to unruly and defiant behaviors. She began a trial home visit on June 16, 2014 with [REDACTED] and [REDACTED] adoptive parents, until her death. [REDACTED] was reported to have a long history of mental illness and was on prescription medication for depression and mood stabilization. The referral states that on September 20, 2014, a [REDACTED] worker was notified by the family of an alleged drug overdose by [REDACTED] at which time she was transported to [REDACTED] in [REDACTED] TN. She was later life flighted to [REDACTED] [REDACTED] was pronounced deceased on arrival at [REDACTED]. The referral went on to allege that child had allegedly overdosed on her grandmother's blood pressure medication, however it was unknown how the child obtained the medication.

[REDACTED] was pronounced deceased at [REDACTED] [REDACTED] in [REDACTED] TN. on September 20, 2014 at 8:17 p.m.

Office of the [REDACTED] [REDACTED] completed the autopsy report. The criminal investigation was conducted by [REDACTED] [REDACTED] of the [REDACTED] [REDACTED]

[REDACTED] the grandmother of [REDACTED], is the alleged perpetrator in this investigation.

Interviews were conducted with [REDACTED] - Grandmother/Caretaker, [REDACTED] twin sister, [REDACTED] adoptive mother, and [REDACTED] brother. Additional interviews were conducted with the DCS Family Services Worker and other professionals. Officer [REDACTED] and CPSI [REDACTED] interviewed [REDACTED] on September 21, 2014.

[REDACTED] reported that [REDACTED] began exhibiting signs of being under the influence around 1:50 p.m. and reported that while her grandmother was in the shower, [REDACTED] kept going into the grandmother's bedroom. She reported that when [REDACTED] would come out of the bedroom, she was taking large gulps of water. [REDACTED] reported that she observed [REDACTED] as being dizzy, acting limp, cold to the touch, sweating, and complained about being unable to see or hear. [REDACTED] reported that the week before, [REDACTED] had been acting strangely and reported that [REDACTED] spoke



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

about a funeral. [REDACTED] also reported that [REDACTED] stated that she no longer wished to put her sister and parents through what she has been putting them through. [REDACTED] reported that [REDACTED] admitted that she had taken some of her grandmother's medication to her shortly before the paramedics arrived at the home.

[REDACTED] and her twin sister, [REDACTED] were at the residence of the grandmother due to [REDACTED] and [REDACTED] adoptive parents, being out of town. Ms. [REDACTED] reported that at approximately 1:00 p.m. on September 20, 2014, she took a shower and was done at approximately 1:30 p.m. Ms. [REDACTED] stated that during lunch [REDACTED] reported that she was having trouble seeing and hearing. She also reported that the child appeared under the influence and was having trouble standing and getting up to eat. Ms. [REDACTED] reported that she contacted both the child's adoptive mother [REDACTED] and brother [REDACTED] about the situation at which time they both reported they would be enroute to the residence. Mrs. [REDACTED] reported that while waiting for the family to arrive she repeatedly asked the child if she had taken any medication, at which time she denied it. Upon arrival of [REDACTED] brother Mr. [REDACTED] was observed to be limp and unable to get up off the floor. At approximately 4:40 p.m., Mr. [REDACTED] called [REDACTED]. He reported that when EMS arrived [REDACTED] admitted to the EMS workers that she took some white and pink pills of her grandmother's. Ms. [REDACTED] then checked to see if her medication was missing and confirmed that she was missing approximately 12 pills out of her prescription bottles for Nifedipine and Carvedilol.

Ms. [REDACTED] reported that she did not notify EMS sooner due to her not having custody of [REDACTED] and her being unsure if she should have the child taken to the emergency room.

During the interview of [REDACTED] adoptive mother, Mrs. [REDACTED] reported that [REDACTED] had been acting differently and that [REDACTED] later reported to her that [REDACTED] had talked about a funeral and not wanting to put her family through what she has put them through. Mrs. [REDACTED] further reported that the child had been put under anesthesia on September 19, 2014, for an MRI to explore if child had a brain tumor. Mrs. [REDACTED] reported that [REDACTED] acted strangely after the anesthesia and had a panic attack upon waking up. Mrs. [REDACTED] reported that [REDACTED] had requested the mother take her to the ER numerous times during that week due to complaints about kidney pain and problems with her asthma.

[REDACTED] autopsy was completed by [REDACTED]. The report concluded that [REDACTED] death was caused by combined drug toxicity (Nifedipine, Bupropion, Citalopram, and probable Carvedilol.) [REDACTED] manner of death was ruled as a suicide. There was no indication that earlier intervention may have saved [REDACTED] life only that other options may have been available to attempt intervention.

The department's defines Child Death as follows:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy.
- c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

This investigation was discussed at the [REDACTED] Child Protective Investigative Team (CPIT) Meeting at the [REDACTED] on the following dates: October 8, 2014, November 13, 2014, December 4, 2014, January 7, 2015, February 11, 2015, March 4, 2015, and April 8, 2015. At the discussion held on April 8, 2015, the child's final autopsy had been received concluding the manner of death as suicide. The facts of the investigation were discussed including [REDACTED] extensive history with mental health and behavior problems as well as the time in which medical care was sought after the child began exhibiting medical symptoms. While the CPIT recommended substantiation of the allegation of neglect death, upon further review it was determined that there is not a preponderance of evidence to support a finding of Child Death.

The case will be closed as classified as allegations unsubstantiated / perpetrator unsubstantiated for the allegations of Child Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2015

Contact Method:

Contact Time: 02:42 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2015

Completed date: 11/18/2015

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: 11/18/2015 03:00 PM Entered By: [REDACTED]

[REDACTED] received permission from [REDACTED] to close the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	████████████████████
Case Status:	Close	Organization:	██████████ ██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	10/29/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	████████████████████	Recorded For:	
Location:		Created Date:	10/29/2015
Completed date:	10/29/2015	Completed By:	████████████████████
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/29/2015 03:19 PM Entered By: ████████████████████

This case has been reviewed by ██████████ ██████████ ██████████ and feedback has been given to the team via email.



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: 09/30/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/29/2015

Completed date: 10/29/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/29/2015 03:18 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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: 08/30/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/29/2015

Completed date: 10/29/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/29/2015 03:18 PM Entered By: [REDACTED].

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 03:06 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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: 07/30/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 08/24/2015

Completed date: 08/24/2015

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: 08/24/2015 03:06 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



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: 07/29/2015

Contact Method: Phone Call

Contact Time: 12:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/29/2015

Completed date: 07/29/2015

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: 07/29/2015 01:20 PM Entered By: [REDACTED]

On this date, per instruction of [REDACTED] CPSI [REDACTED] attempted to make contact with DCS [REDACTED] regarding this investigation. CPSI [REDACTED] was unable to reach [REDACTED] however a voice mail message was left with instructions that she contact the CPSI as soon as possible.



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: 06/22/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/29/2015

Completed date: 07/29/2015

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: 07/29/2015 01:17 PM Entered By: [REDACTED]

On this date CPSI [REDACTED] discussed this investigation with [REDACTED] CPSI [REDACTED] discussed that he had spoken with the medical examiner's office and the Dr. who performed the autopsy was unable to tell the CPSI if the families failure to seek timely medical treatment was negligent. Quicker medical treatment could have prevented the child's death however the determination of negligence on the part of the caregiver would depend on their level of knowledge of signs and symptoms of hypo-tension and if they knew the child had ingested the medication. CPSI further discussed that although the medical examiner could not say if the failure to seek timely medical treatment was negligent the child fatality review team and the [REDACTED] CPIT team both feel that this investigation should be classified as ASPS for neglect death due to the history of mental health and suicidal ideation of the child. It is the consensus of all involved parties that due to the child's history more effort should have been taken in the secure storage of medications in the home. After discussing the case CPSI was instructed to make contact with DCS [REDACTED] to determine her opinion on the delay in medical care before case closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/10/2015	Contact Method:	Phone Call
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/29/2015
Completed date:	07/29/2015	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: 07/29/2015 01:03 PM Entered By: [REDACTED]

On this date CPSI [REDACTED] spoke via telephone with [REDACTED] regarding this investigation. CPSI [REDACTED] introduced himself to the medical examiner and discussed his involvement with the family. CPSI [REDACTED] discussed that he had received a copy of the child's autopsy report indicating child's death was suicide however wished to discuss his opinion of if more timely medical treatment was sought by the family if [REDACTED] death could have been prevented. [REDACTED] indicated that more timely medical treatment could have allowed more life saving measures to be implemented but he could not speak to if the families delay in seeking medical care was negligent. [REDACTED] indicated that determining if it was negligent would depend on the families level of understanding of signs and symptoms of hypo-tension and the family knowing if the child had ingested the blood pressure medication.



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: 06/09/2015 Contact Method: Phone Call
 Contact Time: 08:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/09/2015
 Completed date: 06/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/09/2015 10:53 AM Entered By: [REDACTED]

On this date and time CPSI [REDACTED] again attempted to make telephone contact with [REDACTED] with the [REDACTED] to discuss the completed autopsy of [REDACTED] CPSI [REDACTED] would like to question the medical examiner about the likelihood that the child's death could have been prevented if the grandmother had sought timely medical attention for the child. All parties interviewed indicate that [REDACTED] began showing signs of drug overdose at 1:30 p.m. September 20th. Those interviewed report that [REDACTED] was cold to the touch, sweating, and could not stand. Police and paramedic call logs indicate that 911 was not notified of the situation until 4:40 p.m. on the evening of the 20th. Grandmother reports that she did not notify paramedics more quickly due to her not having custody of [REDACTED] and not knowing if she could seek medical attention for the child. Grandmother instead notified the parents, who were in [REDACTED] at the time, as well as the child's Uncle who was attending a [REDACTED] Football game in [REDACTED]. The Uncle was able to reach the residence slightly before the paramedics arrived and the parents were also able to reach [REDACTED] in [REDACTED] and see the child before she was transported to [REDACTED] for emergency medical care by helicopter.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/01/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/09/2015

Completed date: 06/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/09/2015 10:24 AM Entered By: [REDACTED]

This case was presented to the [REDACTED] CPIT team on 04/08/2015 at which time all parties agreed to classify these allegations as allegations substantiated / perpetrator substantiated for allegations of neglect death perpetrated by [REDACTED] against her grand daughter [REDACTED] due to it being determined that due to [REDACTED] history of mental health illness and suicidal ideation the family should have taken more precaution in the storing of prescription medication in the home. CPSI is continuing to make attempts to speak with [REDACTED] to obtain further evidence and to determine if more timely medical care had been sought for the child if the child's death could have been prevented.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/08/2015 Contact Method: Face To Face
 Contact Time: 08:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 06/09/2015
 Completed date: 06/09/2015 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 ConcerningParticipant(s)Narrative Details

Narrative Type: Original Entry Date/Time: 06/09/2015 10:02 AM Entered By: [REDACTED]

On this date and time this case was again discussed with the [REDACTED] CPIT team at the [REDACTED] CPSI [REDACTED] discussed that the final autopsy report had been received verifying the child's manner of death had been identified as suicide and the cause of death was due to combined drug toxicity. The drugs found in the child's system were identified as nifedipine, bupropion, citalopram, and probable carvedilol. The child was found to have toxic levels of nifedipine in her system that is prescribed to treat hypertension that would have been prescribed to the child's grandmother [REDACTED] Mrs. [REDACTED] reported that 12 of her Nifedipine pills were missing from the bottle on the date of the incident. CPSI [REDACTED] further discussed that he had attempted to make contact with [REDACTED] to determine if the family had sought more timely medical attention if the child's death could have been prevented. CPSI discussed that at this time he had not yet received a return phone call from the Medical Examiner's Office. CPSI [REDACTED] further discussed that the Department's Child Fatality Review Team had completed their review of the case and in their opinion grandmother's actions were neglectful and they felt that due to the child's history of mental health problems and suicidal ideation more precaution should have been taken with the storage of prescription medications housed in the caregiver's home. After discussing the facts of the case all parties agreed to classify this investigation as allegations substantiated / perpetrator substantiated for allegations of neglect death perpetrated by [REDACTED] against [REDACTED] as family should have taken more precaution with medication due to the child's history of mental illness. [REDACTED] and [REDACTED] Law Enforcement discussed criminal charges and explained that the only criminal charges that come close to meeting criteria for this case is criminal negligent homicide and the facts of the case do not rise to the level to prove these charges. No criminal charges will be filed against the grandmother.

Next steps: CPSI [REDACTED] will close this case as ASPS for allegations of neglect death perpetrated by [REDACTED] against [REDACTED]. CPSI will also again attempt to speak with the medical examiners office as a collateral to determine if child's death could have been prevented if medical attention had been more timely sought.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/06/2015

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/09/2015

Completed date: 06/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/09/2015 09:34 AM Entered By: [REDACTED]

On this date and time CPSI [REDACTED] attempted to make telephone contact with [REDACTED] with the [REDACTED] to discuss the completed autopsy of [REDACTED] CPSI [REDACTED] would like to question the medical examiner about the likelihood that the child's death could have been prevented if the grandmother had sought timely medical attention for the child. All parties interviewed indicate that [REDACTED] began showing signs of drug overdose at 1:30 p.m. September 20th. Those interviewed report that [REDACTED] was cold to the touch, sweating, and could not stand. Police and paramedic call logs indicate that 911 was not notified of the situation until 4:40 p.m. on the evening of the 20th. Grandmother reports that she did not notify paramedics more quickly due to her not having custody of [REDACTED] and not knowing if she could seek medical attention for the child. Grandmother instead notified the parents, who were in [REDACTED] at the time, as well as the child's Uncle who was attending a [REDACTED] Football game in [REDACTED]. The Uncle was able to reach the residence slightly before the paramedics arrived and the parents were also able to reach [REDACTED] in [REDACTED] and see the child before she was transported to [REDACTED] for emergency medical care by helicopter.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/03/2015 Contact Method:
 Contact Time: 08:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/09/2015
 Completed date: 06/09/2015 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: 06/09/2015 08:21 AM Entered By: [REDACTED]

On this date the full autopsy report was received by CPSI [REDACTED] after being requested from [REDACTED]. The autopsy was completed by the [REDACTED] office and concluded that [REDACTED] cause of death to be combined toxicity. The drugs found in her system leading to the death were identified as nifedipine, bupropion, citalopram and probable carvedilol. The manner of the child's death was determined to be SUICIDE.

The summary of the autopsy was as follows:

This black female was visiting family members and reportedly ingested numerous pills of nifedipine and carvedilol. She was transported to a hospital and diagnosed with overdose and hypotensive shock. She was transferred to another hospital where she continued to decline and pronounced death. There was a past medical history of bipolar disorder, depression, and asthma. Postmortem examination reveals generalized edema and no significant external traumatic injuries. Internal examination reveals congested edematous lungs and peritoneal and pleural effusion. Toxicology analysis is positive for citalopram, n-desmethylcitalopram (citalopram metabolite), dextropropripramine and toxic/lethal levels of nifedipine. Carvedilol is not tested by [REDACTED].

In my opinion this death resulted from combined drugs toxicity (nifedipine, bupropion, citalopram, and probable carvedilol.) The manner of death is suicide.

Signed by [REDACTED]

The full autopsy and toxicology reports will be put in the case file for full documentation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/04/2015 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 06/09/2015
 Completed date: 06/09/2015 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: 06/09/2015 10:13 AM Entered By: [REDACTED]

Child Protective Investigative Team (CPIT) presentation on this date regarding allegations of Neglect Death against [REDACTED] (grandmother) regarding child, [REDACTED] (age 17). At the current time the autopsy has not returned. Case will be presented against next month in hopes that autopsy has returned. Team remains interested in knowing if child would have passed had Ms. [REDACTED] not waited the approximate 3 hours to obtain medical attention for [REDACTED] after the child took grandmother's heart medication.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/11/2015	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	06/09/2015
Completed date:	06/09/2015	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: 06/09/2015 10:11 AM Entered By: [REDACTED]

Child Protective Investigative Team (CPIT) presentation on this date regarding allegations of Neglect Death against [REDACTED] (grandmother) regarding child, [REDACTED] (age 17). At the current time the autopsy has not returned. Case will be presented against next month in hopes that autopsy has returned. Team remains interested in knowing if child would have passed had Ms. [REDACTED] not waited the approximate 3 hours to obtain medical attention for [REDACTED] after the child took grandmother's heart medication.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/11/2015

Completed date: 01/11/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/11/2015 10:02 PM Entered By: [REDACTED]

Child Protective Investigative Team (CPIT) presentation on this date regarding allegations of Neglect Death against [REDACTED] (grandmother) regarding child, [REDACTED] (age 17). At the current time the autopsy has not returned. Case will be presented against next month in hopes that autopsy has returned. Team remains interested in knowing if child would have passed had Ms. [REDACTED] not waited the approximate 3 hours to obtain medical attention for [REDACTED] after the child took grandmother's heart medication.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/04/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/11/2015

Completed date: 01/11/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/11/2015 10:17 PM Entered By: [REDACTED]

CPSI [REDACTED] presented case to Child Protective Investigative Team (CPIT) on this date regarding allegations of Neglect Death against [REDACTED] (grandmother) regarding child, [REDACTED] (age 17). At the current time the autopsy has not returned. Case will be presented against next month in hopes that autopsy has returned. Prior to classification Team is interested in knowing if child would have passed had Ms. [REDACTED] not waited the approximate 3 hours to obtain medical attention for [REDACTED] after the child took grandmother's heart medication.

Narrative Type: Addendum 1 Entry Date/Time: 01/11/2015 10:45 PM Entered By: [REDACTED]

Correct date of CPIT should have been entered as 12/3/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/01/2014	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/09/2015
Completed date:	06/09/2015	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: 06/09/2015 09:21 AM Entered By: [REDACTED]

During the month of December the Child Fatality Review team completed a complete review regarding the circumstances of [REDACTED] death and the families history with the department. CPSI [REDACTED] took part in this review as well as all previous DCS staff involved with the family and other pertinent case related members including the [REDACTED] and the [REDACTED]. The family case file was furthermore provided to the reviewers and an update involving this investigation. CPSI [REDACTED] reported to reviewers that the initial autopsy report indicated that the child's death was due to suicide by drug overdose. CPSI reported that the final autopsy was still not complete and questions remain to be answered including if family should have taken further precaution with medication in the home due to [REDACTED] mental health history and history of suicidal ideation as well as family waiting approximately three hours to seek medical attention for the child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/13/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/11/2015

Completed date: 01/11/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/11/2015 10:13 PM Entered By: [REDACTED]

Child Protective Investigative Team (CPIT) presentation on this date regarding allegations of Neglect Death against [REDACTED] (grandmother) regarding child, [REDACTED] (age 17). At the current time the autopsy has not returned. Case will be presented against next month in hopes that autopsy has returned. Team is interested in knowing if child would have passed had Ms. [REDACTED] not waited the approximate 3 hours to obtain medical attention for [REDACTED] after the child took grandmother's heart medication.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/09/2015

Completed date: 06/09/2015

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: 06/09/2015 08:26 AM Entered By: [REDACTED]

On this date this case was presented before the [REDACTED] CPIT team at the [REDACTED] regarding allegations of Neglect Death perpetrated by [REDACTED] against her grand daughter [REDACTED]. [REDACTED] reports that the preliminary autopsy report has been received by his department and preliminary finding rule the death of [REDACTED] to be from suicide as a result of drug overdose. CPSI [REDACTED] discussed with the team the grandmother delay in seeking medical care for [REDACTED] once symptoms of drug overdose was observed by both her and [REDACTED] sister. CPSI will re-present this case once the full autopsy report is received and CPSI can determine if grandmother's failure to act in a timely manner could have aided in the child's death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2014

Contact Method:

Contact Time: 10:18 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/11/2015

Completed date: 01/11/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/11/2015 10:05 PM Entered By: [REDACTED]

Initial SDM completed on this date. Score was found to be "conditionally safe".



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/22/2014	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/09/2015
Completed date:	06/09/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/09/2015 08:25 AM Entered By: [REDACTED]

On this date the Notification of Child Death/Near Death(form CS-0635) was completed by CPSI [REDACTED] regarding [REDACTED] and forwarded to all pertinent DCS personnel informing them of the death of [REDACTED] and initial interviews of all involved parties.



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: 09/21/2014 Contact Method: Face To Face
 Contact Time: 10:00 PM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/08/2014
 Completed date: 10/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Notation,Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview,Referent Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2014 11:12 AM Entered By: [REDACTED]

On 09/21/2014 at 9:57 a.m. the department received a referral with allegations of neglect death perpetrated by an unknown perpetrator against [REDACTED]. The referral stated that on [REDACTED] was on a Trial Home Placement with her adoptive parents [REDACTED] and [REDACTED] had been on Trial Home Placement since June of 2014 after being placed in the custody of the department due to the child's behavior issues. The referral documented an extensive history of mental health and behavior problems regarding [REDACTED]. The referral went on to state that on 09/20/2014 in home [REDACTED] worker was notified by the family of an alleged drug overdose by [REDACTED] at which time she was transported to [REDACTED] in [REDACTED] TN before being life flighted to [REDACTED]. [REDACTED] was pronounced dead on arrival at [REDACTED]. The referral went on to allege that child had allegedly overdose on her grandmother's blood pressure medication however it was unknown how the child obtained the medication.

CPSI [REDACTED] was notified of the referral on the morning of 09/21/2014 at which time he made telephone contact with DCS [REDACTED] Law Enforcement and [REDACTED]. CPSI [REDACTED] learned that [REDACTED] was notified by [REDACTED] supervisor [REDACTED] at approximately 11:37 p.m. on the night of 09/21/2014 that [REDACTED] had been pronounced dead due to a drug overdose [REDACTED] reported that upon notification of the child's death she notified [REDACTED] Foster Care Team Leader [REDACTED] and Team Coordinator [REDACTED] by text message but received no response from any of them [REDACTED] reported that at 7:00 a.m. on the morning of 09/21/2014 she was contacted by telephone by TC [REDACTED] and [REDACTED] at which time the CPS referral was made. In speaking with [REDACTED] Law Enforcement [REDACTED] it was determined that police and fire dispatch was notified by the [REDACTED] family at 4:40 p.m. on 09/20/2014. Sgt. [REDACTED] indicated however that Police were not dispatched to the seen at that time and therefore he was sending an officer to the family residence to take an initial report. It was learned that child was at her grandmother's [REDACTED] at [REDACTED] in [REDACTED] TN at the time of the alleged drug overdose. CPSI [REDACTED] made arrangement with [REDACTED] to meet the police officer at the residence to speak with the family during the initial report process.

CPSI [REDACTED] arrived at the residence of [REDACTED] at approximately 2:00 p.m. on 09/21/2014 where he made



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ ██████████

contact with ██████████ Law Enforcement. ██████████ had already spoke with the family regarding the incident and information provided was relayed to CPSI. ██████████ CPSI learned that at approximately 1:00 p.m. on 09/21/2014 ██████████ grandmother took a shower. ██████████ and her twin sister ██████████ were at the residence of the grandmother due to ██████████ and ██████████ being in ██████████ on a fishing trip. Law Enforcement reported that at approximately 1:30 p.m. Mrs. ██████████ exited that shower at which time she cooked lunch, pizza, for both children. During lunch law enforcement reported that Mrs. ██████████ stated that ██████████ reported that she was having trouble seeing and hearing. At this time Mrs. ██████████ reported to law enforcement that she contacted the children's brother, ██████████ who was at ██████████ ██████████ for a football game. Mrs. ██████████ explained the condition of the child to the brother at which time he reported he would be enroute to the residence. Upon arrival of the brother ██████████ was observed to be limp and unable to be gotten up out of the floor. At this time ██████████ EMS was notified and arrived at the residence and transported the child to ██████████ and then later life flighted the child to ██████████ ██████████. Family further reported that when EMS arrived ██████████ admitted to taking some white and pink pills of her grandmothers that they believed to be blood pressure medication. Law Enforcement further indicated that they would be going to speak with the responding EMS to determine if any concerns were observed at the time of their response. CPSI thanked the law enforcement officer for his information and requested the officer contact the CPSI if further concerns were documented from EMS.

After speaking with Law Enforcement CPSI entered the residence of ██████████ to interview the family about the incident. At the time of the home visit at the residence were, ██████████ adoptive mother, ██████████ brother, and ██████████ grandmother. CPSI sat down in the living room of the residence and spoke with the family about the previous days incident. As Mrs. ██████████ reported to law enforcement she indicated that on the night of 09/19/2014 ██████████ spent the night due to her wanting to help care for her grandmother. Mrs. ██████████ indicated the night went without incident and on the morning of 09/20/2014 ██████████ twin sister ██████████ came to the residence at 10:00 a.m. Upon ██████████ arrival breakfast was had by the family including sausage and pancakes. After breakfast both ██████████ and ██████████ watched T.V. in the living room of the family home until approximately 1:00 p.m. when Mrs. ██████████ indicated that she went and took a shower. Mrs. ██████████ has one leg amputated and is in a wheel chair therefore the children helped her to get into the shower then went back to the living room to watch T.V. Mrs. ██████████ indicated she got out of the shower at approximately 1:30 p.m. at which time she began baking pizza for the children for lunch. During lunch Mrs. ██████████ reported ██████████ began reporting she was having trouble hearing and seeing. She also reported that the child appeared under the influence and was having trouble standing and getting up to eat. Mrs. ██████████ reported that she contacted both the child's mother and brother about the situation at which time they both reported they would be enroute to the residence. Mrs. ██████████ reported that while waiting for the family to arrive she repeatedly asked the child if she had taken any medication at which time she denied it. The child also continued to report she was having trouble hearing and seeing and that she felt dizzy. Upon arrival of the children's brother to the residence paramedics were notified at which time the child was transported to ██████████ ██████████. Mrs. ██████████ identified that she was missing approximately 12 pills out of her prescriptions bottles for Nifedipine and Caruediolol. ██████████ showed CPSI ██████████ how and where she stored her medications at which time it was determined the medication was in a small blue zippered bag that was placed underneath the grandmother's bed. Mrs. ██████████ reported that she had not notified EMS sooner due to her not having custody of ██████████ and her being unsure if she could have the child taken to the emergency room.

After speaking with Mrs. ██████████ CPSI ██████████ spoke ██████████ who reported an incident on the previous Wednesday where the child had become upset after a court hearing in front of ██████████ at which time the child was ordered to no longer use Facebook. Mother further reported that the child had been acting differently and had talked to her sister about a funeral and stated she no longer wanted to put her family through what she has put them through. Mother further reported that the child had been put under anesthesia on 09/19/2014 for an MRI to explore if child had a brain tumor. Mother stated that ██████████ acted strangely after the anesthesia and had a panic attack upon waking up. Mother further stated that the child had requested the mother take her to the ER numerous time during that week due to complaints about kidney pain and problems with her asthma. ██████████ is reported to have a long history of mental illness and was on prescription medication for depression and mood stabilization. After speaking with the grandmother and viewing the home of the alleged overdose CPSI ██████████ went with ██████████ to her residence to speak with ██████████ twin sister ██████████.

██████████ reported all the same information that the grandmother reported and was consistent with the time frames that the grandmother reported. ██████████ stated that ██████████ began exhibiting signs of being under the influence around 1:50 p.m. and the child stated that while her grandmother was in the shower ██████████ kept going into the grandmother's



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

bedroom and when she would come out she would be taking large gulps of water. [REDACTED] reported that [REDACTED] was dizzy, acting limp, cold to the touch, sweating, and complained about being unable to see or hear. [REDACTED] further confirmed that over the past week her sister had been acting strangely and reported that she spoke about a funeral and stated that she no longer wished to put her sister and parents through what she has been putting them through. [REDACTED] also stated that her sister admitted that she had taken some of her grandmother's medication to her shortly before the paramedics arrived at the home. [REDACTED] reported feeling safe however CPSI did discuss counseling with the mother and [REDACTED] and the mother reported that she would be taking [REDACTED] to [REDACTED] to begin counseling services on Monday the 22nd.



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: 09/21/2014 Contact Method:
 Contact Time: 09:56 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/08/2014
 Completed date: 10/08/2014 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: 10/08/2014 11:08 AM Entered By: [REDACTED]

This referral was received by Central Intake on 09-21-14 at 09:56 AM [REDACTED]. It was assigned to CPSI [REDACTED] on 09-21-14. The priority response assigned was a P1 and response is due on 09-22-14 at 09:56 AM [REDACTED]. The referral stated the following: [REDACTED] (17) was in state custody. She was on a Trial Home Visit at the time of her passing. [REDACTED] and [REDACTED] were her adoptive parents. There are no other children in the home.

[REDACTED] (age 17) was placed on a Trial Home Visit in June of 2014. On September 2nd, there was an incident in the home with [REDACTED] behavior. [REDACTED] the [REDACTED], DCS [REDACTED] the [REDACTED] and law enforcement all went to the family's home. It was decided that a respite home was appropriate for [REDACTED] at that time.

DCS submitted a petition on September 3rd to revoke the Trial Home Visit. There was a Child and Family Team meeting on September 4th. Court was held on September 8th; at that time the Judge denied the motion and sent [REDACTED] back to the home on a Trial Home Visit.

The family was involved with [REDACTED]

Last night (9/20/14), [REDACTED] and on call supervisor, [REDACTED] called the [REDACTED] to report that [REDACTED] had overdosed and was transported to [REDACTED]. The child overdosed on blood pressure medication. The medication belonged to the grandmother (Unknown name). It is unknown how [REDACTED] got the medication. [REDACTED] was transported to [REDACTED] around 11:30pm, and then life-flighted to [REDACTED]. It is unknown at which hospital she was pronounced deceased.

It is unknown if the autopsy is pending or completed at this time. It is unknown how she got the medication. It is unknown what the parent's explanation of [REDACTED] death is. [REDACTED] had a long history of mental health and behavior issues; she had been in state custody before. [REDACTED] had a lot of violent outburst and several interruptions in her placements. [REDACTED] parents thought they could manage [REDACTED] from home. They were always willing to care for [REDACTED]. The parents stated to the courts that "they wanted to have [REDACTED] back in their home and they could manage her behavior". The courts granted the parent's request, despite the Department's recommendations that [REDACTED] be placed in a stricter environment to address her behavior.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

The [REDACTED] home was very appropriate and they were always willing to help [REDACTED] [REDACTED] behavior has been physically aggressive toward other people.

The next step is: Make contact with the family and assess for safety in the home for the child(ren).
Juvenile Court is notified of all cases on a monthly basis in accordance with local protocol. At the conclusion of the case, a 740 is submitted to the supervisor for review and signature, and then submitted to Juvenile Court on a monthly basis in accordance with local protocol.
For all Severe Abuse, CPIT Team (the DA and CAC) is notified on this date.
Confidential notification to the reporter is also provided to the referent of this case on this date via email and the CARAT system.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker: [REDACTED]
 Date of Referral: 9/21/14 9:56 AM Date of Assessment: 10/8/14 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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): Child Death

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: _____