



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 09/27/2014 08:16 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 09/27/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 09/29/2014 09:45 AM
 First Team Leader Assigned: [REDACTED] Date/Time 09/29/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 09/29/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	2 Yrs 9 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: None

Narrative: TFACTS:

- Family Case IDs: None Found
- Open Court Custody/FSS/FCIP None Found
- Closed Court Custody None Found
- Open CPS None Found
- Substantiated None Found
- Death None Found



**Tennessee Department of Children's Services
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Screened out None Found

History (not listed above): None Found

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

Reporter's name/relationship: [REDACTED]

Reporter states:
The child is not in state custody.

The child, [REDACTED] (age 1) lived with his father, [REDACTED], and his mother, [REDACTED]. There are four other children in the home but their information is unknown at this time.

[REDACTED] was taken to [REDACTED] in [REDACTED] today, 9-27-14, because he was unresponsive. It is unclear how he got there and if the parents or EMS took him in. [REDACTED] stated that [REDACTED] was unresponsive and they performed CPR on him. [REDACTED] was intubated. [REDACTED] was then flown to [REDACTED] and arrived there at approximately 7:45 P.M. on 9-27-14. CPR was still in process but [REDACTED] was still not responding. [REDACTED] was pronounced deceased at [REDACTED]. The exact time of death is unknown to the reporter. The cause of death has been ruled as Cardiac Arrest. [REDACTED] has no visible injuries or trauma that can be seen at this time.

[REDACTED] was seen this morning by his primary care doctor because he had a stomach virus and was throwing up. It is unknown what kind of treatment [REDACTED] was given at the doctor's office when he was seen there. The cardiac arrest could be due to the stomach virus but it is unknown what caused it at this time. An autopsy has not yet been performed. Law Enforcement has not been contacted at this time but will be soon. The parents told the medical staff that they were unaware of any trauma to [REDACTED]. The parents have not been spoken to by the reporter. Details about what the parents said are unclear. The other children in the home have not been interviewed either. The other children are currently at the homes of their paternal and maternal grandmothers (names unknown). The reporter is unaware if there has ever been any other injuries to any of the children or any child deaths in the home. It is unknown if the parents have a police history or criminal record. It is unclear if there has ever been a history of domestic violence in the home. [REDACTED] is requesting immediate DCS assistance at this time.

Special Needs or Disabilities: None reported
Child's current location/is the child safe at this time: at [REDACTED]
Perpetrator's location at this time: at [REDACTED]
Any other safety concerns for the child(ren) or worker who may respond: no
History of Domestic Violence in the home: no

Per SDM: Investigative Track, P1 [REDACTED] on 9-27-14 at 9:21 P.M.

[REDACTED] paged at 9:22 P.M.
[REDACTED] 09-27-14 09:27:56 PM [REDACTED] 09-27-14 09:29:55 PM [REDACTED] Received

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



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 2 Yrs 9 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

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: [REDACTED]

Gender: Female

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: 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: 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: 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: 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]

Investigation ID: [REDACTED]

Referral Date: 09/27/2014

Assignment Date: 09/29/2014

Street Address: [REDACTED]

City/State/Zip [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN		CSEM	
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/14/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being closed AUPU as the autopsy showed the death was caused by an unknown medical condition.

D. Case Workers

Case Worker: [REDACTED]

Date: 08/14/2015

Team Leader: [REDACTED]

Date: 08/14/2015

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:

CPSI met with [REDACTED] who stated that he came over yesterday and described the event as well and stated that the child was fine up until he began vomiting. [REDACTED] had no additional information. [REDACTED] reported that he lives primarily with his mother and visits often with his father [REDACTED]

CPSI met with [REDACTED] who stated she had not been at the home. [REDACTED] stated that her mother called her after she got off work at 7 to tell her that her brother was sick and she needed to go over to the house. [REDACTED] reported that she primarily lives with her mother as well. [REDACTED] showed no signs of abuse or neglect at this time. CPSI was unable to interview [REDACTED] due to his age. CPSI met with [REDACTED] and his mother. [REDACTED] became upset but was easily comforted by his mother. [REDACTED] showed no sign of abuse or neglect.

CPSI met with [REDACTED] who stated his brother was at the doctor because he was sick. [REDACTED] talked with CPSI about preschool and Tball. [REDACTED] reported that when he gets in trouble his mom spansks him on the bottom with her hand. [REDACTED] stated that he feels safe with his mom and dad. [REDACTED] showed no signs of abuse or



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

Case Name : ██████████

Investigation ID: ██████████

neglect.

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

The autopsy states that the cause of death was intestinal strangulation and congenital diaphragmatic hernia.

CPSI spoke with the social worker at ██████████ ██████████ ██████████ ██████████ stated that the medical examiner found a hole in the muscle between the child's stomach and his diaphragm. The medical examiner stated that the intestines got in the hole and lost circulation causing the child to become septic. ██████████ ██████████ explained that once the child becomes septic it is very difficult to reverse and that the only way they would have known he had the problem would have been to do surgery and open him up. ██████████ ██████████ stated that they had no concerns for how the family treated the child's sickness. CPSI thanked ██████████ ██████████ for her time.

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

There was no perpetrator in this case.

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

The child began vomiting 9/26/14 around 7pm ██████████ ██████████ called ██████████ ██████████ to inform her that the child was sick. ██████████ ██████████ arrived home at 8:45pm. ██████████ ██████████ gave the child Pedialyte and a small amount of sprite. ██████████ ██████████ reported that the child went to bed close to midnight. ██████████ ██████████ stated that he began throwing up the next morning so she called his PCP ██████████ ██████████ advised ██████████ ██████████ to bring the child in to be seen and they arrived close to 9:45 am. ██████████ ██████████ prescribed Zofran and instructed the mother to give the child half of a tablet to dissolve in his mouth. ██████████ ██████████ stated she did exactly as the PCP instructed. ██████████ ██████████ stated that the child only vomitted twice after he received the Zofran. ██████████ ██████████ stated that the child was lifeless at 5:30 and called the on call PCP ██████████ ██████████ ██████████ instructed the ██████████ ██████████ to take the child to ██████████ ██████████ stated that the child began to be unresponsive on the way to ██████████ ██████████ so they stopped at ██████████ ██████████ in ██████████ ██████████. ██████████ ██████████ stated that the child was given oxygen and IV and began to respond. ██████████ ██████████ stated that the child decompensated quickly and they began chest compressions. The child was lifelighted to ██████████ ██████████ where they performed CPR but were unable to revive him. The Child was pronounced dead at 7:42pm. ██████████ ██████████ stated that the child had only been in her care before he got sick. ██████████ ██████████ stated that she is a stay at home mom and that they had not done anything out of the ordinary. ██████████ ██████████ stated that while she was at the hospital her mother who lives with them ██████████ ██████████ watched the other children.

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

AU/PU
 CPSI has presented this case to the CPIT team. The team after reviewing all the information given them has agreed the case will be classified as AU/PU. A copy of the signed CPIT form (CS-0561) will be placed in the family case file. Based on the foregoing criterion, and per DCS 14.7 (C)(4)(a)(c), this classification is appropriate when: There is insufficient information and evidence to support the opinion that the alleged incident occurred or harmful situation existed and there is insufficient information and evidence to indicate the alleged perpetrator as the abuser.

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: 08/18/2015 Contact Method:
 Contact Time: 08:40 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 03:11 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

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Organization: [REDACTED]

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Organization: [REDACTED]

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Contact Duration:

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Case Status: Close

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Status: Completed

Contact Date: 08/12/2015

Contact Method:

Contact Time: 03:20 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/29/2015

Completed date: 08/14/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/29/2015 10:41 AM Entered By: [REDACTED]

The Department of Children's Services Investigations Team received a referral on September 27, 2014 at 9:36 pm with an allegation of Child Neglect Death regarding non-custodial child, [REDACTED]. The mother is [REDACTED] and the father is [REDACTED].

On September 26th at 7 p.m., [REDACTED] began vomiting. [REDACTED] gave the child pedialyte and sprite. On the morning of the 27th the child was still throwing up and [REDACTED] took the child to the pediatrician. The child was prescribed Zofran and [REDACTED] gave it to the child as directed. The child was lifeless at 5:30 p.m. [REDACTED] called the pediatrician and was instructed to take the child to [REDACTED]. The child became unresponsive on the way to [REDACTED] the child became unresponsive and [REDACTED] and [REDACTED] stopped at [REDACTED] in [REDACTED] and was life flighted to [REDACTED]. Shortly after, death was pronounced September 27th at 7:42 p.m.

The investigation into this incident was conducted by Child Protective Services Investigator [REDACTED]. The [REDACTED] [REDACTED] was contacted and Child Protective Services [REDACTED] [REDACTED] was informed they would not be conducting an investigation.

The referral reports an unknown participant as the perpetrator of Child Neglect Death. As part of the investigation, CPSI responded to the family home and interviewed [REDACTED] and [REDACTED]. [REDACTED] recounted how he contacted [REDACTED] on the 26th to inform her that [REDACTED] was sick at home and how she took care of him when she arrived home. [REDACTED] reported that the next morning when [REDACTED] was still sick they took him to the family doctor and when he became worse that night they called back and were told by the family doctor to take him to [REDACTED] but stopped [REDACTED] due to the child being unresponsive.

[REDACTED] reported that she was not at the home at the time [REDACTED] symptoms began but that night she gave him pedialyte and the next morning when he was still sick she called the pediatrician and took him in to be seen. [REDACTED] reported that she gave him the medication prescribed to him as it was prescribed. [REDACTED] reported when his condition worsened that evening they called the pediatrician back and they were instructed to take him to [REDACTED] but stopped short at [REDACTED] due to [REDACTED] not being responsive.

Tennessee Department of Children's Services policy Work Aid-1(E) defines child death as:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

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 child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child".

This case was presented to the CPIT team and after reviewing all the information given them has agreed the case will be classified as AU/PU. A copy of the signed CPIT form (CS-0561) will be placed in the family case file.

[REDACTED] and [REDACTED] both gave timelines of the event. [REDACTED] and [REDACTED] recounted the events and the actions that they took to help their child. [REDACTED] and [REDACTED] followed the pediatrician's orders and took appropriate measures for their child.

The pertinent findings at autopsy include presence of a congenital diaphragmatic hernia on the left side with strangulation of a portion of the colon, mesentery, and omentum; and vitreous chemistries indicative of dehydration. The cause of death is intestinal strangulation due to congenital diaphragmatic hernia. The manner of death is natural. There is no 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: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/12/2015	Contact Method:	
Contact Time:	12:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/12/2015
Completed date:	08/12/2015	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: 08/12/2015 12:29 PM Entered By: [REDACTED]

Autopsy has been received and child's cause of death was intestinal strangulation due to congenital diaphragmatic hernia. The manner of death is natural according to the autopsy. Case has been presented to CPIT and CPSI will proceed with 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: 08/04/2015

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/12/2015

Completed date: 08/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/12/2015 12:22 PM Entered By: [REDACTED]

Case presented to CPIT on this date as unfounded. The child died of a medical condition. Everyone agreed and this will be final CPIT staffing on this case as well.



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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:	08/04/2015	Contact Method:	
Contact Time:	01:00 PM	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 03:11 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:

Contact Time: 10:32 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/29/2015

Completed date: 07/29/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/29/2015 10:34 AM Entered By: [REDACTED]

The Autopsy was received and scanned into the Documents section in TFACTS.

Narrative Type: Addendum 2 Entry Date/Time: 08/14/2015 03:27 PM Entered By: [REDACTED]

The pertinent findings in the autopsy include presence of a congenital diaphragmatic hernia on the left side with strangulation of a portion of the colon, mesentery, and omentum; and vitreous chemistries indicative of dehydration. The cause of death is intestinal strangulation due to congenital diaphragmatic hernia. The manner of death is natural. There is no preponderance of evidence to substantiate the allegation of Child Neglect Death.

Narrative Type: Addendum 1 Entry Date/Time: 08/14/2015 03:25 PM Entered By: [REDACTED]

The autopsy reported that tThe manner of death is natural. There is no 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: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/23/2015

Contact Method:

Contact Time: 04:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2015

Completed date: 07/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/24/2015 01:05 PM Entered By: [REDACTED]

Backgrounds were requested on [REDACTED] [REDACTED] Both results came back with no previous arrest record.
 The results have been scanned into TFACTS and can be reviewed in the Documents section.



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: 07/23/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2015

Completed date: 07/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/24/2015 01:00 PM Entered By: [REDACTED]

Medical records have been scanned into TFACTS and can be found in the Documents section.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 07/22/2015 Contact Method:
 Contact Time: 03:20 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/22/2015
 Completed date: 07/22/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/22/2015 03:39 PM Entered By: [REDACTED]

A CPS referral was received on 9/27/2014 alleging [REDACTED] was a victim of neglect death. The alleged perpetrator is an Unknown Participant. This referral received a P1 response time and was assigned to [REDACTED] by [REDACTED]

During the course of the investigation CPSI conducted a face to face with [REDACTED] and [REDACTED] no issues were noted or observed during the visit. A home visit was conducted and there were no visible safety hazards. CPSI interviewed both [REDACTED] who gave a time line of the events. CPSI spoke with the [REDACTED] at [REDACTED] who reported that the cause of death was due to a medical condition that the family was un aware of. Medical records were pulled from his PCP and from [REDACTED]. The autopsy report states that the cause of death is intestinal strangulation and congenital diaphragmatic hernia. This case is being closed as AUPU.

AU/PU

CPSI has presented this case to the CPIT team. The team after reviewing all the information given them has agreed the case will be classified as AU/PU. A copy of the signed CPIT form (CS-0561) will be placed in the family case file. Based on the foregoing criterion, and per DCS 14.7 (C)(4)(a)(c), this classification is appropriate when: There is insufficient information and evidence to support the opinion that the alleged incident occurred or harmful situation existed and there is insufficient information and evidence to indicate the alleged perpetrator as the abuser.

Narrative Type: Created In Error Entry Date/Time: 08/06/2015 08:22 PM Entered By: [REDACTED]

Created in error.



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: 06/30/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

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: 08/17/2015 11:26 AM 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: 06/23/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2015

Completed date: 07/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2015 11:44 AM Entered By: [REDACTED]

[REDACTED] requested the autopsy and was informed that he autopsy has still not been completed.



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: 05/11/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/09/2015

Completed date: 06/09/2015

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: 06/09/2015 01:51 PM Entered By: [REDACTED]

Case staffed with [REDACTED] [REDACTED] and the autopsy is still pending on this case. Additional visits continue to be waived as there is no safety risk to the other children in the home. IC continues to check on the autopsy status on a regular basis to obtain this.



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: 04/22/2015

Contact Method:

Contact Time: 01:36 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/22/2015

Completed date: 04/22/2015

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: 04/22/2015 01:38 PM Entered By: [REDACTED]

Administrative Review:

[REDACTED] is still waiting to receive the ME report so the case can be progressed toward closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/09/2015

Contact Method:

Contact Time: 11:23 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/09/2015

Completed date: 03/09/2015

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: 03/09/2015 11:25 AM Entered By: [REDACTED]

Administrative Review:

The administrative review is completed on this case at this time the autopsy report is still pending. No additional face to face visits are required with the family as there is no risk to the children at this time.



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: 02/09/2015 Contact Method:
 Contact Time: 10:33 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/09/2015
 Completed date: 02/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2015 10:36 AM Entered By: [REDACTED]

Case staffed with [REDACTED] and present was [REDACTED] and autopsy still pending and there is no risk to the other children in the home as this was a medical issue. [REDACTED] emailed [REDACTED] in regards to the autopsy status.



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: 01/26/2015

Contact Method:

Contact Time: 03:09 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 03:14 PM Entered By: [REDACTED]

Case staffed with [REDACTED] [REDACTED] and autopsy is still pending. The other children are not at risk at this time and the death has been very traumatizing to the family and home visits have been waived at this time. [REDACTED] [REDACTED] has spoken with the family to check on their well being and they advised they are doing as good as expected and continue to have good supports. They are focusing their time on their other children at this time. Medical Records will be scanned into TFACTs as they have been obtained.



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: 01/26/2015

Contact Method: Phone Call

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 01:54 PM Entered By: [REDACTED]

CPSI spoke with [REDACTED] on the phone. [REDACTED] reported that they are doing well and that they have to take it day by day. [REDACTED] stated that he and [REDACTED] focus on the other two children and that focusing on them seems to help them. [REDACTED] reported that [REDACTED] mom still lives in the home with them but is talking about moving back to her home soon. [REDACTED] stated that she moved in because her son was using her house while building his own. [REDACTED] stated she has been a huge help with the children and just for extra support. [REDACTED] reported that they still had plenty of support through family and church. CPSI thanked [REDACTED] for his time.



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: 11/20/2014 Contact Method:
 Contact Time: 01:46 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/20/2014
 Completed date: 11/20/2014 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: 11/20/2014 02:03 PM Entered By: [REDACTED]

[REDACTED]
 Safety
 11/20/14
 Administrative Review

[REDACTED] had reviewed the case for strengths, barriers to safety, permanency, and well-being. [REDACTED] had also reviewed the case for challenges and or progress of the services. [REDACTED] had reviewed the case for policy compliance, and next steps. [REDACTED] was notified of next steps, and CPSI will keep her supervisor updated on any and all changes. At the current state the case will go over due, the case is need of the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/24/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/29/2014
 Completed date: 10/29/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/29/2014 04:10 PM Entered By: [REDACTED]

CPSI was welcomed into the home by [REDACTED] CPSI and [REDACTED] met privately in the kitchen while [REDACTED] and [REDACTED] were napping. CPSI observed 3 pumpkins on the table that [REDACTED] reported that they had been carving and painting. [REDACTED] reported that they went on vacation with [REDACTED] parents her mom and the children to get away from everything. [REDACTED] reported that the boys only ask about [REDACTED] from time to time and she feels like they are doing well with it. [REDACTED] reported that she is doing okay and that she and [REDACTED] are leaning on each other, their families, and their church family to get them through. [REDACTED] reported that [REDACTED] are doing alright as well. CPSI offered services for the family if they found themselves in need of grief counseling or any other mental health services. [REDACTED] stated that the funeral was very helpful for her and her husband and she felt like it gave them closure. [REDACTED] stated that [REDACTED] were watched by a family friend so that they did not have to see their brother. [REDACTED] stated that she did not want the boys to remember their brother like that.

[REDACTED] stated that they boys would be going camping with [REDACTED] parents over the weekend and he would be their shortly to pick them up.

[REDACTED] (grandfather) arrived and [REDACTED] woke [REDACTED] and [REDACTED] up from their naps. [REDACTED] both appeared to be happy and well adjusted as evidenced by hugging their grandfather, smiling, talking to their mother and playing with one another.

CPSI provided [REDACTED] with a brochure describing the Multiple Response Approach. CPSI provided [REDACTED] with a copy of the Parents Bill of Rights, Client Rights Handbook, and Notification of Equal Access to Services Grievance Procedures, Notice of Privacy Practices, and the Native American Veto Heritage on this date. CPSI obtained signed acknowledgments of such and copies have been placed in the appropriate sections of the family case file.

CPSI and [REDACTED] discussed the need to obtain the medical records and [REDACTED] signed a release of information. CPSI thanked [REDACTED] for her time and offered [REDACTED] condolences. CPSI left a business card for the family. CPSI thanked [REDACTED] for her time.



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:	System Completed
Contact Date:	10/14/2014	Contact Method:	
Contact Time:	04:45 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/14/2014
Completed date:	11/14/2014	Completed By:	System Completed
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/14/2014 04:44 PM Entered By: [REDACTED]

Case staffed with CPSI



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/10/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/29/2014

Completed date: 10/29/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/29/2014 04:15 PM Entered By: [REDACTED]

CPSI spoke with [REDACTED] about a follow up visit and obtaining medical records. [REDACTED] stated that they would be going to [REDACTED] for a week with family. [REDACTED] was willing to stay back and meet with CPSI if she needed to. CPSI encouraged [REDACTED] to go with the family and meet with CPSI the following week. CPSI thanked [REDACTED] for her time.



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: 10/02/2014

Contact Method:

Contact Time: 02:50 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/06/2014

Completed date: 10/06/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/06/2014 11:08 AM Entered By: [REDACTED]

[REDACTED]
 Safety
 10/2/14
 Administrative Review

[REDACTED] had reviewed the case for strengths, barriers to safety, permanency, and well-being. [REDACTED]
 [REDACTED] had also reviewed the case for challenges and or progress of the services. [REDACTED]
 [REDACTED] had reviewed the case for policy compliance, and next steps. All of the information that was discussed was given to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	09/29/2014	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/10/2015
Completed date:	08/11/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/10/2015 10:50 AM Entered By: [REDACTED]

CPSI spoke with [REDACTED] staff who confirmed that the [REDACTED] did bring the [REDACTED] in on 9/27/14 at 9:45 and that [REDACTED] was prescribed to the patient to alleviate vomiting. CPSI requested the medical records and thanked them for their time.



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: 09/29/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2015

Completed date: 07/24/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/24/2015 12:58 PM Entered By: [REDACTED]

CPSI completed the initial SDM.



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: 09/29/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2015

Completed date: 07/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2015 11:41 AM Entered By: [REDACTED]

The death notification was completed.



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: 09/28/2014

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/02/2014

Completed date: 10/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/02/2014 11:23 AM Entered By: [REDACTED]

CPSI spoke with the [REDACTED] at [REDACTED] [REDACTED] [REDACTED] [REDACTED] stated that the medical examiner found a hole in the muscle between the child's stomach and his diaphragm. The medical examiner stated that the intestines got in the hole and lost circulation causing the child to become septic. [REDACTED] explained that once the child becomes septic it is very difficult to reverse and that the only way they would have known he had the problem would have been to do surgery and open him up. [REDACTED] stated that they had no concerns for how the family treated the child's sickness. CPSI thanked [REDACTED] [REDACTED] for her time.



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:	09/27/2014	Contact Method:	Face To Face
Contact Time:	11:45 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/02/2014
Completed date:	10/02/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact, Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/02/2014 11:22 AM Entered By: [REDACTED]

[REDACTED] met with the family at their home at 11:40pm. CPSI met with the [REDACTED] privately. [REDACTED] was able to explain the child's sickness. [REDACTED] gave CPSI a timeline of the events that occurred with the child. The child began vomiting 9/26/14 around 7pm [REDACTED] called [REDACTED] to inform her that the child was sick. [REDACTED] arrived home at 8:45pm. [REDACTED] gave the child Pedialyte and a small amount of sprite. [REDACTED] reported that the child went to bed close to midnight. [REDACTED] stated that he began throwing up the next morning so she called his PCP [REDACTED] [REDACTED] advised [REDACTED] to bring the child in to be seen and they arrived close to 9:45 am. [REDACTED] prescribed Zofran and instructed the mother to give the child half of a tablet to dissolve in his mouth. [REDACTED] stated she did exactly as the PCP instructed. [REDACTED] stated that the child only vomited twice after he received the Zofran.

[REDACTED] stated that the child was lifeless at 5:30 and called the on call PCP [REDACTED] [REDACTED] instructed the [REDACTED] to take the child to [REDACTED] [REDACTED] stated that the child began to be unresponsive on the way to [REDACTED] so they stopped at [REDACTED] in [REDACTED] [REDACTED] stated that the child was given oxygen and IV and began to respond. [REDACTED] stated that the child decompensated quickly and they began chest compressions. The child was life lighted to [REDACTED] where they performed CPR but were unable to revive him. The Child was pronounced dead at 7:42pm. [REDACTED] stated that the child had only been in her care before he got sick. [REDACTED] stated that she is a stay at home mom and that they had not done anything out of the ordinary. [REDACTED] stated that while she was at the hospital her mother who lives with them [REDACTED] watched the other children.

CPSI met with [REDACTED] who stated that he called his wife as soon as the child became sick. [REDACTED] also provided the same timeline of events as [REDACTED] [REDACTED] stated that they had not informed the younger two children yet.

CPSI met with [REDACTED] who stated that he came over yesterday and described the event as well and stated that the child was fine up until he began vomiting. [REDACTED] had no additional information. [REDACTED] reported that he lives primarily with his mother and visits often with his father [REDACTED]

CPSI met with [REDACTED] who stated she had not been at the home. [REDACTED] stated that her mother called her after she got off



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

work at 7 to tell her that her brother was sick and she needed to go over to the house. [REDACTED] reported that she primarily lives with her mother as well. [REDACTED] showed no signs of abuse or neglect at this time.

CPSI was unable to interview [REDACTED] due to his age. CPSI met with [REDACTED] and his mother. [REDACTED] became upset but was easily comforted by his mother. [REDACTED] showed no sign of abuse or neglect.

CPSI met with [REDACTED] who stated his brother was at the doctor because he was sick. [REDACTED] talked with CPSI about preschool and T-ball. [REDACTED] reported that when he gets in trouble his mom spanks him on the bottom with her hand. [REDACTED] stated that he feels safe with his mom and dad. [REDACTED] showed no signs of abuse or neglect.

CPSI met with [REDACTED] [REDACTED] and explained the process. CPSI will meet with them to sign paperwork. CPSI thanked the family for their time.



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: 09/27/2014

Contact Method: Phone Call

Contact Time: 10:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/07/2014

Completed date: 10/07/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2014 02:45 PM Entered By: [REDACTED]

CPSI has convened CPIT following the local protocol and process via facsimile to the [REDACTED] [REDACTED] CPSI was not assigned a CPIT partner.



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: 09/27/2014

Contact Method: Face To Face

Contact Time: 10:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/21/2014

Completed date: 10/21/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/21/2014 11:07 AM Entered By: [REDACTED]

Per policy 20.27 a Face to Face observation is not required.



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: 09/27/2014

Contact Method: Phone Call

Contact Time: 09:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/02/2014

Completed date: 10/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/02/2014 11:18 AM Entered By: [REDACTED]

CPSI spoke with the referent who stated that she had no more information than what was reported. The referent stated that the family was still at the hospital but they were hoping to clear them out due to the large crowd with them. The referent stated that there were about 45-50 people at the hospital supporting the family. The referent stated she would contact CPSI when the family left. CPSI thanked the referent for their time.



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: 09/27/2014 Contact Method:
 Contact Time: 09:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/07/2014
 Completed date: 10/07/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2014 03:02 PM Entered By: [REDACTED]

A CPS referral was received on 9/27/2014 alleging [REDACTED] was a victim of neglect death. The alleged perpetrator is an Unknown Participant. This referral received a P1 response time and was assigned to [REDACTED] by [REDACTED]

The referral reads as follows:

The child is not in state custody.

The child [REDACTED] (age 1) lived with his father, [REDACTED] and his mother, [REDACTED]. There are four other children in the home but their information is unknown at this time.

[REDACTED] was taken to [REDACTED] in [REDACTED] today, 9-27-14, because he was unresponsive. It is unclear how he got there and if the parents or EMS took him in. [REDACTED] stated that [REDACTED] was unresponsive and they performed CPR on him. [REDACTED] was intubated. [REDACTED] was then flown to [REDACTED] and arrived there at approximately 7:45 P.M. on 9-27-14. CPR was still in process but [REDACTED] was still not responding. [REDACTED] was pronounced deceased at [REDACTED]. The exact time of death is unknown to the reporter. The cause of death has been ruled as Cardiac Arrest. [REDACTED] has no visible injuries or trauma that can be seen at this time.

[REDACTED] was seen this morning by his primary care doctor because he had a stomach virus and was throwing up. It is unknown what kind of treatment [REDACTED] was given at the doctor's office when he was seen there. The cardiac arrest could be due to the stomach virus but it is unknown what caused it at this time. An autopsy has not yet been performed. Law Enforcement has not been contacted at this time but will be soon. The parents told the medical staff that they were unaware of any trauma to [REDACTED]. The parents have not been spoken to by the reporter. Details about what the parents said are unclear. The other children in the home have not been interviewed either. The other children are currently at the homes of their paternal and maternal grandmothers (names unknown). The reporter is unaware if there has ever been any other injuries to any of the children or any child deaths in the home. It is unknown if the parents have a police history or criminal record. It is unclear if there has ever been a history of domestic violence in the home. [REDACTED] is requesting immediate DCS assistance at this time.

Special Needs or Disabilities: None reported

Child's current location/is the child safe at this time: at [REDACTED]

Perpetrator's location at this time: at [REDACTED]

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

History of Domestic Violence in the home: no

A copy of the Child Protective Services Investigation Allegations was sent to the [REDACTED] Juvenile Court Judge.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

A copy of the Child Protective Services Investigation Allegations was sent to the [REDACTED] [REDACTED]
A TFACTS search indicates the family has no CPS history.

The family composition is as follows:

[REDACTED]	DOB: [REDACTED]	SSN: [REDACTED]
[REDACTED]	DOB: [REDACTED]	SSN: [REDACTED]
[REDACTED]	DOB: [REDACTED]	SSN: [REDACTED]
[REDACTED]	DOB: [REDACTED]	SSN: [REDACTED]
[REDACTED]	DOB: [REDACTED]	SSN: [REDACTED]



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]
 County: [REDACTED]
 Date of Referral: 9/27/14 8:16 PM
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]
 Worker: [REDACTED]
 Date of Assessment: 9/27/14 12:00 AM
 Number of Children in the Household: 5

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): _____

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: _____