



Notice of Child Death/Preliminary Near Death

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	10/22/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> PRELIMINARY NEAR DEATH	Date of Death/Preliminary Near Death:	10/23/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African Americ	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

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

10-22-14 Initial Preliminary Near Death Referral from the Hotline states: ██████████ (13 yrs) is not in DCS custody. ██████████ and her three siblings (names/ages unknown) reside with their mother and stepfather, ██████████ and ██████████. ██████████ is ██████████ father, but it is unknown if ██████████ is the father of the other children.

██████████ has severe asthma. On 10-20-14, ██████████ went into cardiac arrest due to asthma exacerbation. When ██████████ arrived at the hospital, she was intubated. ██████████ was transported to ██████████. ██████████ is being observed for 72 hours for swelling in the brain, as ██████████ is at risk for herniation. There is concern for severe neurological injury, and the family was told that people in ██████████ condition have died. At this time ██████████ condition is unknown. It is unknown if she will live or if she will have brain damage. If she will have brain damage, the extent is unknown.

The Emergency Department Physician at ██████████ noted that there was a small abrasion to ██████████ forehead, but that the physician doubted that head trauma was the primary cause of the critical illness. ██████████ has prescriptions for the following medications: Flovent, Adver, Singular, and Albuterol. It is documented that ██████████ has poor compliance with her medications. ██████████ has had multiple hospitalizations at ██████████ due to asthma, but the reporter does not have the dates of those hospitalizations. The reporter has no further details about those admissions.

At the time that ██████████ went into cardiac arrest, she was in the home of her great grandmother (name/address unknown), and it is documented that ██████████ was using ██████████ inhaler; however, it is unknown if ██████████ was complainant with her medication prior to the cardiac arrest.

It is unknown if ██████████ or other family members were present in the great grandmother's home at the time of ██████████ cardiac arrest. ██████████ receives her primary care at ██████████ at the ██████████ location.

10-23-14 Child Death Referral was called into the Hotline. The victim was pronounced dead at 8:58pm on 10-23-14.

If this is a preliminary near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	██████████	Telephone #	██████████
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

Mother ██████████ reports her daughter was diagnosed with asthma when she was 2 years old. Mrs. ██████████ reported ██████████ has been to the hospital at least three times a year since she was 2 years old and they have always followed up with her pediatrician. Mrs. ██████████ reports her daughter knows she is supposed to use her inhalers daily but chooses not to and is reminded by Mr. and Mrs. ██████████ the hospital when she had been admitted, and her pediatrician at appointments. Mrs. ██████████ reports grass, heat, perfume, seasonal, animals, "almost anything" sets off her daughter's asthma. Mrs. ██████████ was not present when ██████████ was taken by ambulance to ██████████. Mrs. ██████████ reports she dropped her daughters off with their great grandmother ██████████ around 6:15 a.m. and she was contacted somewhere around 6:45-7 a.m. Mrs. ██████████ reported she had noticed ██████████ wheezing that morning and that was why she took the nebulizer to her great grandmother's house that morning. Ms. ██████████ did not have her daughter's prescriptions at the hospital with her. Mrs. ██████████ reported ██████████ is on Singular, Adver, Flovent, and Albuterol. Mrs. ██████████ reported the doctor had said the nebulizer was not necessary sometime around when ██████████ turned 12 but since Mrs. ██████████ youngest was still using one, she would

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have [REDACTED] still use the nebulizer when absolutely necessary.

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

Investigator [REDACTED] met with nurse manager, [REDACTED] on October 22, 2014. Ms. [REDACTED] reported [REDACTED] was currently on life support and the chances of her making it through this incident "are slim". Ms. [REDACTED] were aware of the small chances and had been appropriate in their reaction. Ms. [REDACTED] stated [REDACTED] would be old enough where it would not be unusual or inappropriate for her to be in charge of her medication and inhalers.

Investigator spoke with the Licensed Medical Social Worker, [REDACTED] on October 22, 2014. Ms. [REDACTED] reported there were concerns that the child and family had not been appropriately educated on the severity of [REDACTED] asthma and it was unknown if the family had consistently followed through with medical appointments in the past. Ms. [REDACTED] reported [REDACTED] was on medications that she would be able to administer herself if she was properly educated by medical professionals and/or family.

On October 23, 2014, a second brain study was completed by [REDACTED] at 8:30pm. and child was pronounced dead at 8:58pm.

Describe disposition of body (Death):	Child was pronounced dead at 8:58 pm on October, 23, 2014		
Name of Medical Examiner/Coroner:		Was autopsy requested?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did CPS open an investigation on this Death/Preliminary Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there DCS involvement at the time of Death/Preliminary Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Type:		Case #:	

Describe law enforcement or court involvement, if applicable:

At the time of the initial near death referral 10-22-14, law enforcement was not assigned. Case will now be assigned to Youth Services detective due to the death of the child.

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

CPSI [REDACTED] completed background checks on the parents. CPSI contacted the victim's pediatrician's office and has requested medical records. CPSI [REDACTED] interviewed the victim's twin sister. [REDACTED] was interviewed due to witnessing the incident where 911 was contacted. [REDACTED] reported she and her sister, [REDACTED] are dropped off at their Great Grandmother's every day to catch the school bus. Their Great Grandmother is [REDACTED]. The morning of October 20 she and [REDACTED] were dropped off around 6:15 a.m. [REDACTED] and [REDACTED] were in the living room and [REDACTED] plugged in the nebulizer for [REDACTED] to start a breathing treatment. [REDACTED] does not recall how long [REDACTED] was on the nebulizer. [REDACTED] stated her sister got up and went to the bathroom and then came back in the living room and put the nebulizer back on to continue the breathing treatment. [REDACTED] reports [REDACTED] began screaming that it was hot and their Great Grandmother told her to try and open the door to get some fresh air, but [REDACTED] never got up to do so. [REDACTED] stated shortly after their Great Grandmother told [REDACTED] to open the door, [REDACTED] fell off the couch and "peed" on herself. At that time, 911 was contacted by their Great Grandmother.

Name: [REDACTED]	Age: 13
Name: [REDACTED]	Age: 13
Name: [REDACTED]	Age: 12
Name: [REDACTED]	Age: 6
Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

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Intake #:		Investigation #:		Date of Referral:	Case # 2014-176
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
07/29/2008		Physical Abuse			ASPS
07/05/2011		Physical Abuse			No Services needed
07/25/2013		Physical Abuse			AUPU
01/07/2009		Physical Abuse			Services Required
07/23/2007		Physical Abuse			AUPU
07/12/2005		Physical Abuse			AUPU
04/25/2005		Drug Exposed Child, Lack of Supervision			UABC
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:			Telephone Number: () -		
Case Manager:			Telephone Number:		
Team Leader:			Telephone Number:		
Team Coordinator:			Telephone Number:		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to: [REDACTED]</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or CHILD PRELIMINARY NEAR DEATH [secure email]</p>					

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RDA 2993



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 10/22/2014 12:27 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 10/22/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 10/22/2014 02:34 PM
 First Team Leader Assigned: [REDACTED] Date/Time 10/22/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 10/22/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	13 Yrs	Medical Maltreatment	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Preliminary Near Death: [REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail
 Narrative: TFACTS:

Family Case IDs: # [REDACTED] # [REDACTED]

Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated 7-29-08, # [REDACTED] PHA, [REDACTED]
 Death No
 Screened out No
 History (not listed above): 7-5-11/# [REDACTED] PHA/No Services Needed
 7-25-13/# [REDACTED] /PHA/Unsubstantiated
 1-7-09/# [REDACTED] PHA/Services Required
 7-23-07/# [REDACTED] PHA/Unsubstantiated



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

7-12-05/# [REDACTED] PHA/Unsubstantiated
 5-14-02/# [REDACTED] Minor PHA/ Unsubstantiated
 4-25-05/# [REDACTED] SRP/ Unsubstantiated
 4-25-05/# [REDACTED] LOS/DEC/Unable to Complete

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

Reporter's name/relationship: [REDACTED]

Reporter states [REDACTED].

[REDACTED] and her three siblings (names/ages unknown) reside with their mother and stepfather, [REDACTED] and [REDACTED]. [REDACTED] is [REDACTED] father, but it is unknown if [REDACTED] is the father of the other children. [REDACTED] is involved with [REDACTED] but the reporter has no demographic information for [REDACTED]. The reporter does not know how often [REDACTED] has [REDACTED] for visitation.

[REDACTED] has severe asthma.

On 10-20-14, [REDACTED] went into cardiac arrest due to asthma exacerbation. When [REDACTED] arrived at the hospital, she was intubated. [REDACTED] was transported to [REDACTED]. [REDACTED] is being observed for 72 hours for swelling in the brain, as [REDACTED] is at risk for herniation. There is concern for severe neurological injury, and the family was told that people in [REDACTED] condition have died. At this time [REDACTED] condition is unknown. It is unknown if she will live or if she will have brain damage. If she will have brain damage, the extent is unknown.

The Emergency Department Physician at [REDACTED] noted that there was a small abrasion to [REDACTED] forehead, but that the physician doubted that head trauma was the primary cause of the critical illness.

[REDACTED] has prescriptions for the following medications: Flovent, Adver, Singular, and Albuterol. It is documented that [REDACTED] has poor compliance with her medications. [REDACTED] has had multiple hospitalizations at [REDACTED] due to asthma, but the reporter does not have the dates of those hospitalizations. The reporter has no further details about those admissions.

At the time that [REDACTED] went into cardiac arrest, she was in the home of her great grandmother (name/address unknown), and it is documented that [REDACTED] was using [REDACTED] inhaler; however, it is unknown if [REDACTED] was complainant with her medication prior to the cardiac arrest.

It is unknown if [REDACTED] or other family members were present in the great grandmother's home at the time of [REDACTED] cardiac arrest.

[REDACTED] is an employee at the hospital. The family is very distraught at this time. [REDACTED] reported that DCS was involved with the family approximately one year ago, but [REDACTED] did not report what the investigation was about.

It is unknown if the other children have medical issues.

[REDACTED] receives her primary care at [REDACTED] [REDACTED] at the [REDACTED] [REDACTED] location.

Per SDM: P1/Investigation. [REDACTED] [REDACTED] CM 2 on 10/22/14
 10/22/14 @ 1:54 PM. [REDACTED] TL.

Email Notification Sent To: [REDACTED]
 [REDACTED]



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

CC: [REDACTED] [REDACTED] [REDACTED]



**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: 13 Yrs

Address: [REDACTED]

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:

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: 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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Black/African

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Black/African

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: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 35 Yrs

Address:

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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 10/22/2014

Assignment Date: 12/17/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 02/03/2015
2	[REDACTED]	[REDACTED]	Medical Maltreatment	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 02/03/2015

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 02/03/2015

Team Leader: [REDACTED]

Date: 04/30/2015

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:

CPSI observed [REDACTED] at [REDACTED] on 10/22. Child was incubated and unresponsive. No bruise was noted on child's forehead but she had a cap on to cover her hair.

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

Investigator met with nurse manager, [REDACTED] on October 22, 2014. Ms. [REDACTED] reported [REDACTED] was currently on life support and the chances of her making it through this incident "are slim". Ms. [REDACTED] were aware of the small chances and had been appropriate in their reaction. Ms. [REDACTED] stated [REDACTED] would be old



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

Case Name : ██████████

Investigation ID: ██████████

enough where it would not be unusual or inappropriate for her to be in charge of her medication and inhalers CPSI met with great grandmother ██████████ in the home of Mr. and Mrs. ██████████ on 10/28. Ms. ██████████ had some trouble remembering exact times and became emotional talking about the incident. Ms. ██████████ reported ██████████ had been wheezing when she got to Ms. ██████████ home that morning to catch the bus. She stated she and ██████████ set up the nebulizer and ██████████ started a breathing treatment. She stated ██████████ kept saying it was hot so Ms. ██████████ turned on the air conditioner and called Mrs. ██████████. She stated she left the room to get a cool rag for ██████████ to put on her forehead when she heard a "thump". When she got into the room, ██████████ was on the floor, face down, between the love seat and recliner. When Ms. ██████████ and ██████████ tried to roll her over, ██████████ was "dead weight". She stated she called 911 and noticed ██████████ let out a breath and then wasn't breathing at all but the lady on the phone explained how to do the compressions until the ambulance got to her home. She stated she did not know how long it took the ambulance to get to the house, only "it seemed like forever but I know it wasn't". She reported the EMT's worked on ██████████ for about 5 minutes and then worked on her on the ambulance ride to the hospital.

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

Mother ██████████ reports her daughter was diagnosed with asthma when she was two years old. Mrs. ██████████ reported ██████████ has been to the hospital at least three times a year since she was two and they have always followed up with her pediatrician. Mrs. ██████████ reports her daughter knows she is supposed to use her inhalers daily but chooses not to and is reminded by Mr. and Mrs. ██████████ the hospital when she had been admitted, and her pediatrician at appointments. Mrs. ██████████ reports grass, heat, perfume, seasonal, animals, "almost anything" sets off her daughter's asthma. Mrs. ██████████ was not present when ██████████ was taken by ambulance to ██████████. Mrs. ██████████ reports she dropped her daughters off with their great grandmother ██████████ around 6:15 a.m. and she was contacted somewhere around 6:45-7 a.m. Ms. ██████████ did not have her daughter's prescriptions at the hospital with her. Mrs. ██████████ reported ██████████ is on Singulair, Advair, Flovent, and Albuterol. Mrs. ██████████ reported the doctor had said the nebulizer was not necessary sometime around when ██████████ turned 12 but since Mrs. ██████████ youngest was still using one, she would have ██████████ still use the nebulizer when absolutely necessary.

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

██████████ was interviewed due to witnessing the incident where 911 was contacted. ██████████ date of birth is ██████████ and she is ██████████ twin. ██████████ reported she and her ██████████ are dropped off at their great grandmother's every day to catch the school bus. Great grandmother is ██████████. The morning of October 20, she and ██████████ were dropped off around 6:15 a.m. ██████████ and ██████████ were in the living room and ██████████ plugged in the nebulizer for ██████████ to start a breathing treatment. ██████████ does not recall how long ██████████ was on the nebulizer. ██████████ stated her sister got up and went to the bathroom and then came back in the living room and put the nebulizer back on to continue the breathing treatment. ██████████ reports ██████████ began screaming that it was hot and their great grandmother told her to try and open the door and get some fresh air but ██████████ never got up to do so. ██████████ stated shortly after their great grandmother told ██████████ to open the door, ██████████ fell off the couch and "peed" on herself. At that time, 911 was contacted by ██████████.

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

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 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/18/2015

Contact Method:

Contact Time: 12:21 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/18/2015

Completed date: 06/18/2015

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: 06/18/2015 12:23 PM Entered By: [REDACTED]

06/18/2015

LI [REDACTED] received an email from Safety Analyst, [REDACTED] [REDACTED] requesting a copy of the file for review. LI [REDACTED] mailed a copy to Mrs. [REDACTED] this day.



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: 04/30/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/30/2015

Completed date: 04/30/2015

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: 04/30/2015 02:16 PM Entered By: [REDACTED]

This case was reviewed for closure approval by both Regional Investigators Director [REDACTED] and Deputy Director of Investigatons for closure. This case is approved for closure and notifications to Juvenile Court and the District Attorney Generals office as per local protocol.



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: 04/29/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2015

Completed date: 04/29/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2015 11:12 AM Entered By: [REDACTED]

At the time of referral the family composition was as follows:

[REDACTED] Birth Mother

[REDACTED] Stepfather

Incident took place at the home of maternal great grandmother [REDACTED] who resides alone.

Father [REDACTED] is not in the home and does not have court ordered visitation and his current involvement is inconsistent based on mother's report. CPSI does not have a valid address for him- 2 attempts were made at the last known address and a diligent search showed the address was not current as of 2013. [REDACTED] did not have electricity in his name at any address.

CPSI has attempted to follow-up with the family by home visits and by telephone. There was no answer at the time of the home visits and the phone number is no longer in service.

In a follow-up interview, [REDACTED] and [REDACTED] reported the family is participating in counseling but they were choosing not to because they do not feel it is helping. None of the children made any reports of abuse or neglect in the times they were interviewed.

An autopsy was not completed due to death being ruled natural causes.

CPIT classified as Allegations Unsubstantiated.

Mother consistently filled child's medications based on the records received from the pharmacy but mother reports child was not consistent with her inhalers and would wait until absolutely necessary to utilize. Pediatrician records indicate child had a history of being non-compliant with using her medication. Child is reported to be old enough to where she would have the capability to be in charge of her medications and to voice when they would be needed.



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:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2015 01:05 PM Entered By: [REDACTED]

1. Referral assigned

a. 10/22/2014- referral assigned alleging medical maltreatment of [REDACTED] [REDACTED] by an unknown perpetrator. On 10/24, allegations of neglect death were added after child passed in the hospital on 10/23 at 8:58 pm.

2. Synopsis of event

Reporter states: [REDACTED] [REDACTED] (13 yrs) is not in DCS custody.

[REDACTED] and her three siblings (names/ages unknown) reside with their mother and stepfather, [REDACTED] and [REDACTED]. [REDACTED] is [REDACTED] father, but it is unknown if [REDACTED] is the father of the other children. [REDACTED] is involved with [REDACTED] but the reporter has no demographic information for [REDACTED]. The reporter does not know how often [REDACTED] has [REDACTED] for visitation.

[REDACTED] has severe asthma.

On 10-20-14, [REDACTED] went into cardiac arrest due to asthma exacerbation. When [REDACTED] arrived at the hospital, she was intubated. [REDACTED] was transported to [REDACTED] [REDACTED] [REDACTED] [REDACTED] is being observed for 72 hours for swelling in the brain, as [REDACTED] is at risk for herniation. There is concern for severe neurological injury, and the family was told that people in [REDACTED] condition have died. At this time [REDACTED] condition is unknown. It is unknown if she will live or if she will have brain damage. If she will have brain damage, the extent is unknown.

The Emergency Department Physician at [REDACTED] noted that there was a small abrasion to [REDACTED] forehead, but that the physician doubted that head trauma was the primary cause of the critical illness.

[REDACTED] has prescriptions for the following medications: Flovent, Adver, Singular, and Albuterol. It is documented that [REDACTED] has poor compliance with her medications. [REDACTED] has had multiple hospitalizations at [REDACTED] due to asthma, but the reporter does not have the dates of those hospitalizations. The reporter has no further details about those admissions.

At the time that [REDACTED] went into cardiac arrest, she was in the home of her great grandmother (name/address unknown), and it is documented that [REDACTED] was using [REDACTED] inhaler; however, it is unknown if [REDACTED] was complainant with her medication prior to the cardiac arrest.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

It is unknown if [REDACTED] or other family members were present in the great grandmother's home at the time of [REDACTED] cardiac arrest.

[REDACTED] is an employee at the hospital. The family is very distraught at this time. [REDACTED] reported that DCS was involved with the family approximately one year ago, but [REDACTED] did not report what the investigation was about.

It is unknown if the other children have medical issues.

[REDACTED] receives her primary care at [REDACTED] at the [REDACTED] location.

Child Protective Services Investigator [REDACTED] assigned

[REDACTED]
 No autopsy was ordered

3. Details of interviews

10/22/2014

Mother [REDACTED] was interviewed by Investigator on 10/22/2014. Mother reports her daughter was diagnosed with asthma when she was two years old. Mrs. [REDACTED] reported [REDACTED] has been to the hospital at least three times a year since she was two and they have always followed up with her pediatrician. Mrs. [REDACTED] reports her daughter knows she is supposed to use her inhalers daily but chooses not to and is reminded by Mr. and Mrs. [REDACTED] the hospital when she had been admitted, and her pediatrician at appointments. Mrs. [REDACTED] reports grass, heat, perfume, seasonal, animals, "almost anything" sets off her daughter's asthma. Mrs. [REDACTED] was not present when [REDACTED] was taken by ambulance to [REDACTED]. Mrs. [REDACTED] reports she dropped her daughters off with their great grandmother [REDACTED] around 6:15 a.m. and she was contacted somewhere around 6:45-7 a.m. Ms. [REDACTED] did not have her daughter's prescriptions at the hospital with her. Mrs. [REDACTED] reported [REDACTED] is on Singulair, Adver, Flovent, and Albuterol. Mrs. [REDACTED] reported the doctor had said the nebulizer was not necessary sometime around when [REDACTED] turned 12 but since Mrs. [REDACTED] youngest was still using one, she would have [REDACTED] still use the nebulizer when absolutely necessary.

10/28/2014

Investigator met with great grandmother [REDACTED] in the home of Mr. and Mrs. [REDACTED] on 10/28. Ms. [REDACTED] had some trouble remembering exact times and became emotional talking about the incident. Ms. [REDACTED] reported [REDACTED] had been wheezing when she got to Ms. [REDACTED] home that morning to catch the bus. She stated she and [REDACTED] set up the nebulizer and [REDACTED] started a breathing treatment. She stated [REDACTED] kept saying it was hot so Ms. [REDACTED] turned on the air conditioner and called Mrs. [REDACTED]. She stated she left the room to get a cool rag for [REDACTED] to put on her forehead when she heard a "thump". When she got into the room, [REDACTED] was on the floor, face down, between the love seat and recliner. When Ms. [REDACTED] and [REDACTED] tried to roll her over, [REDACTED] was "dead weight". She stated she called 911 and noticed [REDACTED] let out a breath and then wasn't breathing at all but the lady on the phone explained how to do the compressions until the ambulance got to her home. She stated she did not know how long it took the ambulance to get to the house, only "it seemed like forever but I know it wasn't". She reported the EMT's worked on [REDACTED] for about 5 minutes and then worked on her on the ambulance ride to the hospital.

10/22/2014

Investigator met with nurse manager, [REDACTED] on October 22, 2014. Ms. [REDACTED] reported [REDACTED] was currently on life support and the chances of her making it through this incident "are slim". Ms. [REDACTED] reported family was aware of the small chances and had been appropriate in their reaction. Ms. [REDACTED] stated [REDACTED] would be old enough where it would not be unusual or inappropriate for her to be in charge of her medication and inhalers

4. CPIT

- a. [REDACTED] County Child Protective Investigation Team Reviewed on 1/28/2015
- b. Investigation classified as Allegations Unsubstantiated, Perpetrator Unsubstantiated
5. Result of interviews

a. Investigator was not present at the time the child was pronounced dead. On 10/22/2014, mother exhibited understanding of the situation but reported she was staying calm for her other children.

6. Preponderance of evidence

a. Investigation was reviewed by the Child Protective Investigations Team and it was determined there was no preponderance of evidence to support the allegations.

7. Closing and classification



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

a. This Investigation will be classified as Allegations Unsubstantiated for Neglect Death.

b. Policy defines Neglect Death as:

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

Any child death caused by abuse 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.



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:	04/01/2015	Contact Method:	Attempted Face To Face
Contact Time:	01:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/08/2015
Completed date:	04/08/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/08/2015 12:16 PM Entered By: [REDACTED]

CPSI attempted a home visit at father's last known address which was effective in 2013 but there was no answer. CPSI left a card.



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: 03/23/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2015

Completed date: 04/08/2015

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: 04/08/2015 11:58 AM Entered By: [REDACTED]

CPSI emailed for birth father's last known address



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: 03/13/2015

Contact Method: Attempted Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2015 12:05 PM Entered By: [REDACTED]

CPSI attempted a home visit but there was no answer. CPSI left a card



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: 03/11/2015

Contact Method: Attempted Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2015 12:07 PM Entered By: [REDACTED]

CPSI attempted to contact mother by phone but number is no longer in service



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: [REDACTED]

Contact Method: Attempted Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2015 12:00 PM Entered By: [REDACTED]

CPSI attempted to locate father at last address in TFACTS but there was no answer. CPSI left a card



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: 02/03/2015 Contact Method:
 Contact Time: 01:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/03/2015
 Completed date: 02/03/2015 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: 02/03/2015 01:35 PM Entered By: [REDACTED]

Medical Neglect, per policy definition occurs when:

A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment applies to procedures or treatment that a physician or other medical professional deems necessary. Medical neglect does not include elective health care or treatment.

Child death is defined as:

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

[REDACTED]: 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.

[REDACTED]: 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.

[REDACTED] was brought into [REDACTED] ER after collapsing at her great grandmother's home on 10/22. Child was unresponsive and was placed on life support for 2 days before being taken off and pronounced dead. Child was not interviewed as a result. Based on medical reports and mother's interview, child had ongoing issues with asthma and breathing issues since she was 2. Child had a history of being non-compliant with her inhalers and medication and would wait "until absolutely necessary" to utilize them. Medical staff at the hospital reported it would not be inappropriate for someone [REDACTED] age to be in charge of her medication.

Siblings were interviewed- [REDACTED] [REDACTED] as a witness to the morning's events that led to her sister being taken by ambulance to the hospital.

Great-grandmother [REDACTED] [REDACTED] was interviewed as to the events that led to the child being transported to the hospital.

Other siblings were interviewed and gave no disclosure of abuse or neglect.

Hospital reported no concerns about the family

Both mother and stepfather were interviewed regarding child's medical history

Medical records were requested- CPSI placed the records from the pediatrician, [REDACTED] and the pharmacy in the file

Background checks were completed on the family members and mother, great grandmother, and stepfather have no



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

local criminal history

Birth father has history with the Department but per mother's report, is minimally involved with their children. His DCS history involved another child by a different mother.

[REDACTED] from [REDACTED] looked child's history up in the [REDACTED] system and it did indicate child has been seen at the hospital numerous times as well as in the ER

An autopsy was not requested due to child's death being ruled to be from natural causes.

CPSI presented the investigation to CPIT and it was classified as AUPU for Neglect Death and Medical Neglect.



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: 01/28/2015

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/03/2015

Completed date: 02/03/2015

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: 02/03/2015 01:04 PM Entered By: [REDACTED]

Investigation presented to CPIT and classified as AUPU



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: 01/28/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/03/2015

Completed date: 02/03/2015

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: 02/03/2015 01:19 PM Entered By: [REDACTED]

[REDACTED] looked up [REDACTED] in the [REDACTED] system and records indicated child had been to the Emergency Room and Hospital on several occasions over the years with breathing trouble.



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: 01/27/2015 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: School Created Date: 02/03/2015
 Completed date: 02/03/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Permanency, Service Planning, Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/03/2015 01:17 PM Entered By: [REDACTED]

CPSI met with [REDACTED] at [REDACTED] on 1/28. She was clean and dressed appropriately for weather conditions with nothing in her outward appearance or demeanor to suggest abuse or neglect. She reported she was ok and things were "ok" at home and school. She stated she was having trouble in science and was making an F but A's and B's in her other classes. She stated she had gone to counseling a couple of times with her family but she had stopped going because she didn't like it and would rather go to the school's basketball games. She stated she and her mom were not getting along at the moment because [REDACTED] was "getting an attitude". She stated it had started after her sister passed away. CPSI attempted to talk about how the counseling might help with their relationship and child shrugged her shoulders.

CPSI met with [REDACTED] at [REDACTED] on 1/28. She reported no problems at home or school. She stated she had been to a few of the counseling sessions with her mom and stepdad and they were going ok. She stated her sister [REDACTED] stopped going because she does not want to talk about her feelings. She stated she gets sad sometimes and misses her sister but otherwise she is ok.

CPSI met with [REDACTED] at [REDACTED] on 1/28. Child was clean and dressed appropriately for weather conditions with nothing in his outward appearance or demeanor to suggest abuse or neglect. He reported no problems at school or home. He reported when he has an asthma attack, his mom or dad come to the school and then take him to the doctor. He denied there ever being a time when he was having trouble breathing where he did not go to the doctor. He talked about his pets at home and fish he had that have now died. He talked about an incident where he started to cough and then threw up in a trash can. He made no disclosure of abuse or neglect.



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: 01/05/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/03/2015

Completed date: 02/03/2015

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: 02/03/2015 01:10 PM Entered By: [REDACTED]

CPSI received a response from nursing director, [REDACTED] [REDACTED] on 1/5/15. She informed CPSI that an autopsy was not requested due to child's death being ruled natural causes



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: 12/15/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/03/2015

Completed date: 02/03/2015

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: 02/03/2015 01:08 PM Entered By: [REDACTED]

CPSI emailed [REDACTED] [REDACTED] [REDACTED] [REDACTED] for DCS, to inquire about [REDACTED] autopsy



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: 10/28/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2014

Completed date: 10/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 03:08 PM Entered By: [REDACTED]

CPSI faxed over the release of information for medical records from [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/28/2014

Contact Method: Face To Face

Contact Time: 01:15 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 10/28/2014

Completed date: 10/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 03:05 PM Entered By: [REDACTED]

CPSI met with [REDACTED] at [REDACTED] on 10/28/2014. Child was clean and dressed appropriately in the required school uniform with nothing in his outward appearance or demeanor to suggest abuse or neglect. Child reported he is doing okay. He stated he does have breathing problems like his sister and uses an inhaler in the morning and at night. He stated his mama always gives him his medicine. He stated he is not old enough to do his inhalers. He stated he has had to go the doctor because he has not been able to breathe and his mama always takes him. Child reported he plays baseball for the Reds and he is in outfield. He reports when he grows up, he wants to be a baker.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/28/2014 Contact Method: Face To Face
 Contact Time: 12:30 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: School Created Date: 10/28/2014
 Completed date: 10/28/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2014 02:53 PM Entered By: [REDACTED]

CPSI met with [REDACTED] at [REDACTED] on 10/28/2014. Interview was completed in a conference room with privacy. [REDACTED] is in the 6th grade and was clean and dressed appropriately for weather conditions in the required school uniform with nothing in her outward appearance or demeanor to suggest abuse or neglect. She stated she had been dropped off with her sisters at their granny's house at around 6 the day [REDACTED] went to the hospital. [REDACTED] stated she left to catch the bus at 6:20 and [REDACTED] was complaining she couldn't breathe and was "kind of slumped over" so [REDACTED] told her to sit up and lift her arms up. She stated as she was walking out the door, [REDACTED] started yelling she was hot and [REDACTED] asked their granny if they needed to call 911 and her granny said no because their mom was on her way. She reported never seeing her sister have that bad of an asthma attack. She stated she saw her sister use her inhaler that morning when they got up but she complained it wasn't helping so she also took her pill. [REDACTED] does not know what the pills are, only that they are pink or purple. She reported her sister had been fine over the weekend.



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: 10/28/2014

Contact Method: Correspondence

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2014

Completed date: 10/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 03:07 PM Entered By: [REDACTED]

CPSI obtained a copy of [REDACTED] refills for the past year (this was as far as [REDACTED] records go back). Prescriptions were refilled consistently for the past year



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: 10/28/2014

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 10/28/2014

Completed date: 10/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 02:46 PM Entered By: [REDACTED]

CPSI met with [REDACTED] at [REDACTED] School on October 28, 2014. Child reported she had come back to school on Monday. She reported she does not remember anything else from the day her sister went to the hospital that she did not tell CPSI the week before. She reported [REDACTED] had also been at their granny's but she had already caught the bus and [REDACTED] had not been at his father's house. She stated [REDACTED] is not [REDACTED] father, his father is [REDACTED]. She stated she has not really talked to her dad about anything but reported seeing him the other day when he came by to see her mama.



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: 10/28/2014 Contact Method: Face To Face
 Contact Time: 10:45 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/28/2014
 Completed date: 10/28/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 02:16 PM Entered By: [REDACTED]

CPSI met with great grandmother [REDACTED] [REDACTED] in the home of Mr. and Mrs. [REDACTED] on 10/28. Ms. [REDACTED] had some trouble remembering exact times and became emotional talking about the incident. Ms. [REDACTED] reported [REDACTED] had been wheezing when she got to Ms. [REDACTED] home that morning to catch the bus. She stated she and [REDACTED] set up the nebulizer and [REDACTED] started a breathing treatment. She stated [REDACTED] kept saying it was hot so Ms. [REDACTED] turned on the air conditioner and called Mrs. [REDACTED]. She stated she left the room to get a cool rag for [REDACTED] to put on her forehead when she heard a "thump". When she got into the room, [REDACTED] was on the floor, face down, between the love seat and recliner. When Ms. [REDACTED] and [REDACTED] tried to roll her over, [REDACTED] was "dead weight". She stated she called 911 and noticed [REDACTED] let out a breath and then wasn't breathing at all but the lady on the phone explained how to do the compressions until the ambulance got to her home. She stated she did not know how long it took the ambulance to get to the house, only "it seemed like forever but I know it wasn't". She reported the EMT's worked on [REDACTED] for about 5 minutes and then worked on her on the ambulance ride to the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/28/2014	Contact Method:	Face To Face
Contact Time:	10:45 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/28/2014
Completed date:	10/28/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2014 02:25 PM Entered By: [REDACTED]

CPSI met with Mrs. [REDACTED] in her home on 10/28/14 at 10:45. Mrs. [REDACTED] reported she and her husband were told on Thursday that [REDACTED] blood test had come back positive for enterovirus but an autopsy was being done to see if that was how [REDACTED] died. Mrs. [REDACTED] reported her daughter had been fine that morning except for the wheezing already reported and she had been fine the day before. She stated they were already working with a funeral home but they would like some grief counseling resources. She reported her other kids had wanted to go back to school so they could stay busy and their friends were being really great. Mother reported she had been so upset, she had started cleaning and had thrown out all but one prescription and that was the Advair. She stated they get their prescriptions from the [REDACTED] on [REDACTED]. She reported the most recent refill had been about a week before the incident. She stated [REDACTED] had always seemed to have breathing problems but the older she was getting, the worse it got. She stated she wondered if it was because [REDACTED] had been so small when she was born. She reported [REDACTED] and [REDACTED] were born at 27 weeks gestation with [REDACTED] weighing 1 lb, 15 oz and [REDACTED] weighing 2 lb, 3 oz. She stated [REDACTED] came home before thanksgiving and [REDACTED] after thanksgiving.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/24/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/28/2014

Completed date: 10/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 02:09 PM Entered By: [REDACTED]

Notice of Child Fatality Report submitted to Investigative Coordinator

Following tasks still remain to be completed:

Medical Records from [REDACTED] [REDACTED] and [REDACTED] are needed

Siblings interviewed

Services offered to family (grief counseling)

Prescription information is needed

great grandmother needs interviewed



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: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2015

Completed date: 04/29/2015

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: 04/29/2015 11:28 AM Entered By: [REDACTED]

Law enforcement notified and [REDACTED] [REDACTED] [REDACTED] assigned to investigation



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:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2014 10:36 AM Entered By: [REDACTED]

CPSI spoke with [REDACTED] on 10/24. A second brain study had been completed by [REDACTED] and child was pronounced dead at 8:58 pm on 10/23



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: 10/23/2014 Contact Method: Correspondence
 Contact Time: 08:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/24/2014
 Completed date: 10/24/2014 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: 10/24/2014 10:34 AM Entered By: [REDACTED]

CPSI sent the release of information to [REDACTED] [REDACTED] as well as [REDACTED] requesting all medical records for [REDACTED]

CPSI contacted [REDACTED] and informed a second brain study had been ordered for the evening and a decision would be based on the results.



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: 10/22/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 10/24/2014
 Completed date: 10/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2014 10:27 AM Entered By: [REDACTED]

CPSI observed [REDACTED] at [REDACTED] on 10/22. Child was incubated and unresponsive. No bruise was noted on child's forehead but she had a cap on to cover her hair.

Investigator met with nurse manager, [REDACTED] on October 22, 2014. Ms. [REDACTED] reported [REDACTED] was currently on life support and the chances of her making it through this incident "are slim". Ms. [REDACTED] were aware of the small chances and had been appropriate in their reaction. Ms. [REDACTED] stated [REDACTED] would be old enough where it would not be unusual or inappropriate for her to be in charge of her medication and inhalers



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: 10/22/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 10/24/2014
 Completed date: 10/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 10:29 AM Entered By: [REDACTED]

Mother [REDACTED] reports her daughter was diagnosed with asthma when she was two years old. Mrs. [REDACTED] reported [REDACTED] has been to the hospital at least three times a year since she was two and they have always followed up with her pediatrician. Mrs. [REDACTED] reports her daughter knows she is supposed to use her inhalers daily but chooses not to and is reminded by Mr. and Mrs. [REDACTED] the hospital when she had been admitted, and her pediatrician at appointments. Mrs. [REDACTED] reports grass, heat, perfume, seasonal, animals, "almost anything" sets off her daughter's asthma. Mrs. [REDACTED] was not present when [REDACTED] was taken by ambulance to [REDACTED]. Mrs. [REDACTED] reports she dropped her daughters off with their great grandmother [REDACTED] around 6:15 a.m. and she was contacted somewhere around 6:45-7 a.m. Ms. [REDACTED] did not have her daughter's prescriptions at the hospital with her. Mrs. [REDACTED] reported [REDACTED] is on Singulair, Adver, Flovent, and Albuterol. Mrs. [REDACTED] reported the doctor had said the nebulizer was not necessary sometime around when [REDACTED] turned 12 but since Mrs. [REDACTED] youngest was still using one, she would have [REDACTED] still use the nebulizer when absolutely necessary.



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: 10/22/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 10/24/2014
 Completed date: 10/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 10:30 AM Entered By: [REDACTED]

[REDACTED] was interviewed due to witnessing the incident where 911 was contacted. [REDACTED] date of birth is [REDACTED] and she is [REDACTED] twin. [REDACTED] reported she and her [REDACTED] are dropped off at their great grandmother's every day to catch the school bus. Great grandmother is [REDACTED]. The morning of October 20, she and [REDACTED] were dropped off around 6:15 a.m. [REDACTED] and [REDACTED] were in the living room and [REDACTED] plugged in the nebulizer for [REDACTED] to start a breathing treatment. [REDACTED] not recall how long [REDACTED] was on the nebulizer. [REDACTED] stated her sister got up and went to the bathroom and then came back in the living room and put the nebulizer back on to continue the breathing treatment. [REDACTED] reports [REDACTED] began screaming that it was hot and their great grandmother told her to try and open the door and get some fresh air but [REDACTED] never got up to do so. [REDACTED] stated shortly after their great grandmother told [REDACTED] to open the door, [REDACTED] fell off the couch and "peed" on herself. At that time, 911 was contacted by [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/22/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 10:32 AM Entered By: [REDACTED]

CPSI observed [REDACTED] at [REDACTED] on 10/22. Child was bedside with [REDACTED]. Child was clean and dressed appropriately for weather conditions with nothing in her outward appearance to suggest abuse or neglect. She was wearing a pink hoodie jacket, polo shirt, and khaki pants.



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: 10/22/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2015

Completed date: 04/29/2015

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: 04/29/2015 11:27 AM Entered By: [REDACTED]

Daily notice of referral pursuant to 37-105 sent to Juv. Ct., Law Enforcement and the District Attorney's office as applicable



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: 10/22/2014

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 10:23 AM Entered By: [REDACTED]

CPSI spoke with referent. No new information to report about family at this time. Referent's concern is that family has not been properly educated about child's medication but child would be old enough to administer the medication herself.



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: 10/22/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2014 10:21 AM Entered By: [REDACTED]

Reporter states: [REDACTED] (13 yrs) is not in DCS custody.

[REDACTED] and her three siblings (names/ages unknown) reside with their mother and stepfather, [REDACTED] and [REDACTED]. [REDACTED] is [REDACTED] father, but it is unknown if [REDACTED] is the father of the other children. [REDACTED] is involved with [REDACTED] but the reporter has no demographic information for [REDACTED]. The reporter does not know how often [REDACTED] has [REDACTED] for visitation.

[REDACTED] has severe asthma.

On 10-20-14, [REDACTED] went into cardiac arrest due to asthma exacerbation. When [REDACTED] arrived at the hospital, she was intubated. [REDACTED] was transported to [REDACTED]. [REDACTED] is being observed for 72 hours for swelling in the brain, as [REDACTED] is at risk for herniation. There is concern for severe neurological injury, and the family was told that people in [REDACTED] condition have died. At this time [REDACTED] condition is unknown. It is unknown if she will live or if she will have brain damage. If she will have brain damage, the extent is unknown.

The Emergency Department Physician at [REDACTED] noted that there was a small abrasion to [REDACTED] forehead, but that the physician doubted that head trauma was the primary cause of the critical illness.

[REDACTED] has prescriptions for the following medications: Flovent, Adver, Singular, and Albuterol. It is documented that [REDACTED] has poor compliance with her medications. [REDACTED] has had multiple hospitalizations at [REDACTED] due to asthma, but the reporter does not have the dates of those hospitalizations. The reporter has no further details about those admissions.

At the time that [REDACTED] went into cardiac arrest, she was in the home of her great grandmother (name/address unknown), and it is documented that [REDACTED] was using [REDACTED] inhaler; however, it is unknown if [REDACTED] was complainant with her medication prior to the cardiac arrest.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

It is unknown if [REDACTED] or other family members were present in the great grandmother's home at the time of [REDACTED] cardiac arrest.

[REDACTED] is an employee at the hospital. The family is very distraught at this time. [REDACTED] reported that DCS was involved with the family approximately one year ago, but [REDACTED] did not report what the investigation was about.

It is unknown if the other children have medical issues.

[REDACTED] receives her primary care at [REDACTED] [REDACTED] at the [REDACTED] [REDACTED] location.

TFACTS shows 5 prior investigations with father [REDACTED] [REDACTED] being indicated for child abuse in 2009 against a [REDACTED] [REDACTED] as well as 4 other investigations for drug-exposed child or physical abuse against [REDACTED]. There was one physical abuse case against a [REDACTED] [REDACTED] for physical abuse with [REDACTED] [REDACTED] but it was classified as No services needed.

Mother has no local criminal history. Stepfather has 2 traffic violations and father has a previous charge of physical abuse in 2009.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]
 County: [REDACTED]
 Date of Referral: 10/22/14 12:27 PM
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]
 Worker: [REDACTED]
 Date of Assessment: 10/22/14 12:00 AM
 Number of Children in the Household: 4

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): _____

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____