



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

Case # 2014ND.018

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	06/20/2014	
Type: (Please check one)	<input type="checkbox"/> DEATH	<input checked="" type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	06/08/2014		
Child's Name:	████████████████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	████████████████████	Father:	████████████████████		
Alleged Perpetrator's Name:	████████████████████		Relationship to Victim:	parents		
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/near death:

It is reported 5 year old ██████████ was flown emergently from ██████████ Medical center after being found in the bottom of a swimming pool at a Holiday Inn after he had been missing for and undetermined amount of time. It is estimated 5-15 min. The child and family is vacationing from ██████████ IT was report the child and father were in the pool area and the father lost track of him. It is reported the father looked all over the area for the child. It was reported child could not be seen under the waterfall in the pool until someone felt his leg. It was reported the child was pulseless at the scene, and EMS/first responders arrived very quickly and CPR was administered by the father (former paramedic) which was quickly taken over by EMS. It was reported the child was intubated and given epinephrine via an IO needle. Upon arrival at ██████████ child was directly admitted to PICU. It was reproted he was observed to be having frequent gasp-like breaths and reactive pupils. It was reported he had no other spontaneous movement, and had been given no medications during the transport interval.

Near drowning with profound neurological deficits early. The staff report child is likely to pull through but will have profound deficits.

Plan: The ACV is on mechanical ventilation in PICU crital care monitoring. CT Scan have been completed. Peds nuerology to be consulted.

Currently there is no discharge date.

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

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

Describe (in detail) interview with family:

The Department of Children services was not notified until 6/20/14. This case was assigned a P1 to CPSI ██████████ on 6/20/14. This CPSI interviewed the parent ██████████ & ██████████ at ██████████ Hospital on 6/20/14. The father reported the family was planning to go and hang out by the pool. The father said he and the ACV went down stairs and were hanging out around the pool area playing video game. The father said the mother ██████████ stayed in the room to feed the baby ██████████ The father said he gave the child some quarters to play the video games and when he turn around after a few seconds the child was gone. The father said he started looking for the child and said to himself "Oh my God he ██████████ had to be in the pool area. The father said "I went to the pool immediately". The father said he did not see child in the pool area so he went to the front desk to see if the staff had seen the child. The father said staff had not seen the child so he went back to pool area to look for the child. The father said while looking there was a lady in pool who asked him "can I talk to you a minute". The father said I told her "ma'am I'm trying to find my son. The father said The lady told him when I was in the pool and I felt something". The father said "I immediately jumped in pool". The father said he dove into the pool but still could not see the child due to the waterfall. The father said he only found the child by feeling him. The father said the waterfall was keeping him ██████████ underwater and made it hard to see child. The father said there were at least 15 people in the pool area and 5 in the pool but no one saw the child jump or fall in. The father said it was people running around frantically looking for the child. The father said once he had the child out of

the pool he immediately started CPR. The EMS responded and child was taken to [REDACTED] medical the airlifted to [REDACTED] Hospital.

CPSI spoke with the mother [REDACTED] reported she was in the hotel room at the time of the incident feeding her infant [REDACTED] (5mo). [REDACTED] said she made it to the pool area about 5-10 minutes behind the ACV and the father. The mother said she had a instinct something wrong. The mother said when the elevator door open the father was standing in front of the door with a panic look on his face. The mother said "what's wrong". The mother said the father asked if [REDACTED] was with her. Mom said her gut said he was in the pool. The mother said everyone kept telling me " we have checked the pool". Mom said her gut feeling kept telling her I know he's in there. Then she said I kept asking everyone please look in the pool, "I know he is in the pool". The mother said she was screaming and everyone was looking at her like she was crazy. The mother said she asked a lady who already in the pool and was older is she had seen [REDACTED]. The mother said the lady initially said she had not, but then about three minutes later said she felt something and that's when the father [REDACTED] jumped in the pool.

This CPSI asked both parent if there had ever been any CPS or DCS involvement with their family before today. Both [REDACTED] and [REDACTED] said "No". The parents stated this is the only time DCS has been involved with them. This CPSI asked again if DCS has been involved with their family in the state of [REDACTED] or any other state before today. Both parents denied DCS involvement.

It was reported the family has prior CPS history in [REDACTED]. It was reported that [REDACTED] had nearly drowned in [REDACTED] in March of 2012.

Both parent were visibly upset and tearful throughout the interview. The father stated he was adopting [REDACTED] and only step left was to sign the paperwork.

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

The Department of Children services was not notified until 6/20/14. This case was assigned a P1 to CPSI [REDACTED] on 6/20/14. The child was airlifted from [REDACTED] Medical center to [REDACTED] Children Hospital on 6/9/14. The incident occurred on 6/8/14. CPSI met with [REDACTED] and [REDACTED] at [REDACTED] on 6/20/14. CPSI [REDACTED] viewed the ACV in [REDACTED] Children's Hospital on 6/20/2014. Child was unresponsive and made no comments. The child had breathing tubes and was hooked to several other life support medical machines. There is currently no discharge date set for ACV. The hospital will contact DCS immediately with any concerns or emergencies.

This CPSI also observed the younger sibling of ACV, [REDACTED] (5mo) to be alert and bonded with the mother and father. The child was laughing and cooing during the interview. The mother did take a break to breast feed the child in another designated hospital area.

Describe disposition of body (Death):	N/A		
Name of Medical Examiner/Coroner:	N/A	Was autopsy requested?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes
Type:	N/A	Case #:	N/A

Describe law enforcement or court involvement, if applicable:

It is reported Det. [REDACTED] of [REDACTED] Ploice Dept has been assigned to the family case and made contact with the family on 6/8/14. This CPSI has attempted to obtain the police report but records department was closed today and Det. [REDACTED] was not on duty. This CPSI has left voicemails for Det. [REDACTED] requesting a return call.

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

The ACV [REDACTED] was airlifted from [REDACTED] Medical in [REDACTED] to [REDACTED] Hospital in [REDACTED] TN for medical treatment. Child is currently still in the hospital with no discharge date at this time. The family is currently staying at the [REDACTED] House two blocks from the hospital. [REDACTED] The [REDACTED] house is set up for family with child in crital care.

This CPSI also observed the younger child [REDACTED] to be alert and bonded with the mother and father. The child was laughing and cooing during the interview. The mother did take a break to breast feed the child in another designated

Intake #:		Investigation #:		Date of Report:	Case # 2014ND018 06/20/2014																																																
<p>hospital area. The mother and father alternate watching [REDACTED] at the [REDACTED] house while the other is sitting with [REDACTED] in PICU. The [REDACTED] is reported to have staff 24 hours.</p> <p>CPSI [REDACTED] viewed the ACV in [REDACTED] Children's Hospital on 6/20/2014. Child was unresponsive and made no comments. The child had breathing tubes and was hooked to several other life support medical machines.</p> <p>There is currently no discharge date set for ACV. The hospital will contact DCS immediately with any concerns or emergencies.</p>																																																					
Name: [REDACTED]			Age: 5 mo																																																		
Name: [REDACTED]			Age: 5 yrs																																																		
Name: N/A			Age: N/A																																																		
Name: N/A			Age: N/A																																																		
Name: N/A			Age: N/A																																																		
<p>Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date</th> <th style="width:10%;">Case #</th> <th style="width:20%;">Allegations</th> <th style="width:15%;">Victims</th> <th style="width:15%;">Perpetrators</th> <th style="width:25%;">Classification/Adj</th> </tr> </thead> <tbody> <tr> <td>03/ /2012</td> <td>[REDACTED]</td> <td>LOS</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>AUPU</td> </tr> <tr> <td>/ /</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>/ /</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>/ /</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>/ /</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>/ /</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>/ /</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj	03/ /2012	[REDACTED]	LOS	[REDACTED]	[REDACTED]	AUPU	/ /						/ /						/ /						/ /						/ /						/ /					
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj																																																
03/ /2012	[REDACTED]	LOS	[REDACTED]	[REDACTED]	AUPU																																																
/ /																																																					
/ /																																																					
/ /																																																					
/ /																																																					
/ /																																																					
/ /																																																					
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: [REDACTED]			Telephone Number: [REDACTED]																																																		
Team Leader: [REDACTED]			Telephone Number: [REDACTED]																																																		
Team Coordinator: [REDACTED]			Telephone Number: [REDACTED]																																																		
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 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 NEAR DEATH [secure email]</p>																																																					



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 06/20/2014 02:03 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 06/20/2014

Investigation

Investigation ID: [REDACTED]
First County/Region [REDACTED]
Date/Time Assigned : 06/21/2014 05:59 AM
First Team Leader Assigned | [REDACTED] Date/Time 06/20/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 06/20/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Yrs	Lack of Supervision	Yes	[REDACTED]	Stepfather
[REDACTED]	7 Yrs	Lack of Supervision	Yes	[REDACTED]	Birth Mother

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: Letter
Narrative: TFACTS: No History Found (based on the demographics provided)

County: [REDACTED]
Notification: Letter
School/ Daycare: None
Native American Descent: Unknown
Directions: [REDACTED]

Note: Address, demographics and applicable phone numbers are listed under the oldest child victim, [REDACTED]



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

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] (5) and Unknown Child (Infant) typically reside with Mother ([REDACTED]) and Stepfather ([REDACTED]) at [REDACTED]

The referent states that on 06/8/2014, [REDACTED] was reportedly found floating in the pool at the [REDACTED] located at [REDACTED]. To the referent's knowledge, the child is on life support at this time.

The referent has not spoken to the family at this time pertaining to this incident yet. LE is reportedly already involved. The officer working the case is [REDACTED] and his phone number [REDACTED] is reportedly not working today. The child is presently at [REDACTED] Children's Hospital at [REDACTED]

The other child might presently be in the care of the parents. The referent is concerned for the [REDACTED] well-being. It is added that the family has prior CPS history in [REDACTED]. The referent states that [REDACTED] had nearly drowned in [REDACTED] in March of 2012. The referent would like immediate contact from the case worker at this time. No further information is known or reported at this time.

No known special needs/disabilities at this time.

Any other safety concerns worker who may respond: None

Note: It appears that the child and family is from [REDACTED] but is presently here in TN at the time of the report. Also the incident occurred in TN.

Investigative Track - P1 - Preliminary Near Death

[REDACTED] TC, on 6/20/14 @ 2:34pm

Notified Child Death/Preliminary Near Death Notification Group via Email:

[REDACTED]



**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: 7 Yrs

Address [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

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]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 30 Yrs

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:

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

A. Investigation

Case Name: [Redacted]
Referral Date: 06/20/2014
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 06/20/2014

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 2 rows of allegation data.

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Case being submitted for closure. Case presented to CPIT on 8/12/14. Team decided at this time case does not meet criteria for Severe Lack of Supervision. Team decided allegation Lack of Supervision against [Redacted] classified (AUPU) Allegation Unsubstantiated Perpetrator Unsubstantiated. Team decided allegation Lack of Supervision against [Redacted] classified (ASPS) Allegations Substantiated Perpetrator Substantiated. Per policy 14.7 work aid 1 the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability. The father said he and the ACV [Redacted] went down stairs and were hanging out around the pool area playing video games. The father said he gave the child some quarters to play the video games and when he turn around after a few seconds the child was gone. It was reported the family has prior CPS history in [Redacted] ACV nearly drowned in [Redacted] in March 2012. DCS involvement.

D. Case Workers

Case Worker: [Redacted]
Team Leader: [Redacted]

Date: 08/20/2014
Date: 08/20/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

The Department of Children services was not notified until 6/20/14. This case was assigned a P1 to CPSI [Redacted] on 6/20/14. The child was airlifted from [Redacted] Medical center to [Redacted] Children



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

Case Name : ██████████

Investigation ID: ██████████

Hospital on 6/9/14. The incident occurred on 6/8/14. CPSI met with ██████████ and ██████████ at ██████████ on 6/20/14. CPSI ██████████ viewed the ACV in ██████████ Children's Hospital on 6/20/2014.

ACV was unresponsive and made no comments. The child had breathing tubes and was hooked to several other life support medical machines. There is currently no discharge date set for ACV. The hospital will contact DCS immediately with any concerns or emergencies.

This CPSI also observed the younger sibling of ACV, ██████████ (5mo) to be alert and bonded with the mother and father. The child was laughing and cooing during the interview. The mother did take a break to breast feed the child in another designated hospital area.

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

On 6/8/14 It is reported 5 year old ██████████ was flown emergently from ██████████ Medical center after being found in the bottom of a swimming pool at a ██████████ after he had been missing for and undetermined amount of time. It is estimated 5-15 min. The child and family is vacationing from ██████████ IT was report the child and father were in the pool area and the father lost track of him. It is reported the father looked all over the area for the child. It was reported child could not be seen under the waterfall in the pool until someone felt his leg. It was reported the child was pulseless at the scene, and EMS/first responders arrived very quickly and CPR was administered by the father (former paramedic) which was quickly taken over by EMS. It was reported the child was intubated and given epinephrine via an IO needle. Upon arrival at ██████████ child was directly admitted to PICU. It was reported he was observed to be having frequent gasp-like breaths and reactive pupils. It was reported he had no other spontaneous movement, and had been given no medications during the transport interval. Near drowning with profound neurological deficits early. The staff report child is likely to pull through but will have profound deficits.

Plan: The ACV is on mechanical ventilation in PICU critical care monitoring. CT-Scan have been completed. Peds nuerology to be consulted.

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

The Department of Children services were not notified until 6/20/14. This case was assigned a P1 to CPSI ██████████ on 6/20/14. This CPSI interviewed the parent ██████████ & ██████████ at ██████████ Hospital on 6/20/14. The father reported the family was planning to go and hang out by the pool. The father said he and the ACV went down stairs and were hanging out around the pool area playing video game. The father said the mother ██████████ stayed in the room to feed the baby ██████████. The father said he gave the child some quarters to play the video games and when he turned around after a few seconds the child was gone. The father said he started looking for the child and said to himself "Oh my God he ██████████ had to be in the pool area. The father said "I went to the pool immediately". The father said he did not see child in the pool area so he went to the front desk to see if the staff had seen the child. The father said staff had not seen the child so he went back to pool area to look for the child. The father said while looking there was a lady in pool who asked him "can I talk to you a minute". The father said I told her "ma'am I'm trying to find my son. The father said the lady told him when I was in the pool and I felt something". The father said "I immediately jumped in pool". The father said he dove into the pool but still could not see the child due to the waterfall. The father said he only found the child by feeling him. The father said the waterfall was keeping him ██████████ underwater and made it hard to see child. The father said there were at least 15 people in the pool area and 5 in the pool but no one saw the child jump or fall in. The father said it was people running around frantically looking for the child. The father said once he had the child out of the pool he immediately started CPR.

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

Law enforcement completed interviews of witness at the hotel during time of incident. It is reported Det. ██████████ ██████████ of ██████████ Ploice Dept has been assigned to the family case and made contact with the family on 6/8/14. On 6/20/14 This CPSI has attempted to obtain the police report but records department was closed today and Det ██████████ was not on duty.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

Case presented to CPIT on 8/12/14. Team decided at this time case does not meet criteria for Severe Lack of Supervision. Team decided allegation Lack of Supervision against [REDACTED] classified (AUPU) Allegation Unsubstantiated Perpetrator Unsubstantiated. Team decided allegation Lack of Supervision against [REDACTED] classified (ASPS) Allegations Substantiated Perpetrator Substantiated. Per policy 14.7 work aid 1 the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability. The father said he and the ACV [REDACTED] went down stairs and were hanging out around the pool area playing video games. The father said he gave the child some quarters to play the video games and when he turn around after a few seconds the child was gone. It was reported the family has prior CPS history in [REDACTED] ACV nearly drowned in [REDACTED] in March 2012. DCS involvement.

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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/24/2014

Contact Method:

Contact Time: 01:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/24/2014

Completed date: 11/24/2014

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: 11/24/2014 12:55 PM Entered By: [REDACTED]

This case was approved for closure by Regional Investigations Director [REDACTED] on this date. The case is being closed by Investigations Coordinator [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2014

Contact Method: Correspondence

Contact Time: 09:24 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/19/2014

Completed date: 11/19/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2014 08:29 AM Entered By: [REDACTED]

On 11/19/14 child Protective Service Investigator (CPSI) [REDACTED] did receive updated information from Case Manager [REDACTED] of [REDACTED] DCS. CM [REDACTED] reported [REDACTED] was released from [REDACTED] Children Hospital in September 2014 into the care of his parents [REDACTED] and [REDACTED]. CM [REDACTED] reported she will be submitting her case for closure this week and will forward this CPSI a copy of the summary. CPSI [REDACTED] will scan summary into Tfacts and place a copy in DCS file once received. CPSI [REDACTED] will also submit another request to hospital for medical records.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/18/2014	Contact Method:	
Contact Time:	03:45 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/18/2014
Completed date:	11/18/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/18/2014 02:49 PM Entered By: [REDACTED]

All hospital records and police reports scan to Tfacts.

Child Protective Service Investigator (CPSI) [REDACTED] attempted to contact Case Manager (CM) [REDACTED] of [REDACTED] Department of Children Services by email to gain updated information on alleged child victim [REDACTED] case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/28/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/30/2014

Completed date: 10/30/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/30/2014 12:17 PM Entered By: [REDACTED]

This Child Protective Service Investigator (CPSI) [REDACTED] attempted to gain update information from [REDACTED] Children's Hospital but was denied due to case being transferred. CPSI [REDACTED] also sent an e-mail to Case Manager [REDACTED] of [REDACTED] Department of Children Services to gain update on [REDACTED] progress. A response has not been received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/30/2014 Contact Method:
Contact Time: 03:00 PM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 09/30/2014
Completed date: 10/30/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being
Contact Type(s): Case Summary
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2014 02:50 PM Entered By: [REDACTED]
[REDACTED] Summary:

The Department of Children's Services (DCS) Special Investigations Unit received a referral on 6/20/2014 with an allegation of Child Neglect Near Death Fatality regarding non-custodial child [REDACTED]. On 6/8/2014 it is reported 5 year old [REDACTED] was flown emergently from [REDACTED] Medical center after being found in the bottom of a swimming pool at a [REDACTED] after he had been missing for and undetermined amount of time. It is estimated 5-15 min. The child and family were vacationing from [REDACTED]. It was report the child and father were in the pool area and the father lost track of him. It is reported the father looked all over the area for the child. It was reported child could not be seen under the waterfall in the pool until someone felt his leg. It was reported the child was pulseless at the scene, and EMS/first responders arrived very quickly and CPR was administered by the father (former paramedic) which was quickly taken over by EMS. It was reported the child was intubated and given epinephrine via an IO needle. Upon arrival at [REDACTED] child was directly admitted to PICU. It was reported he was observed to be having frequent gasp-like breaths and reactive pupils. It was reported he had no other spontaneous movement, and had been given no medications during the transport interval. The medical staff reported near drowning with profound neurological deficits early. The staff reported child is likely to pull through but will have profound deficits. The ACV was on mechanical ventilation in PICU critical care monitoring. This CPSI interviewed both parent on 6/20/14. CPSI [REDACTED] ask if there had ever been any CPS or DCS involmnet with their family before today. Both [REDACTED] and [REDACTED] said "No". The parents stated this is the only time DCS has been involved with them. This CPSI asked again if DCS has been involved with their family in the state of [REDACTED] or any other state before today. Both parents denied DCS involvement. It was reported the family has prior CPS history in [REDACTED]. It was reported that [REDACTED] had nearly drowned in [REDACTED] in March of 2012.

The investigation into this incident was conducted by [REDACTED] Police Detective [REDACTED], DCS LI [REDACTED] and DCS Investigator [REDACTED]

Numerous interviews were conducted of staff and hotel guest by [REDACTED] law enforcement.

On 7/15/14 ACV was transferred to [REDACTED] Children's Hospital for rehabilitation. A CPS case was called into



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] for continued monitoring of the family. CPS case assigned to CM [REDACTED] of [REDACTED]

This CPSI attempted to gain update information from [REDACTED] Children's Hospital but was denied due to case being transfered to a new county. Hopsital social worker was able to confirm [REDACTED] had been admitted into thier rehabilitation program on 7/15/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/22/2014	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/22/2014
Completed date:	08/22/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/22/2014 03:43 PM Entered By: [REDACTED]

Case being submitted for closure. Investigative task completed. CPSI [REDACTED] has completed the 740, safety assessment and all other investigative tasks. Case presented to CPIT on 8/12/14. Team decided at this time case does not meet criteria for Severe Lack of Supervision. Team decided allegation Lack of Supervision against [REDACTED] classified (AUPU) Allegation Unsubstantiated Perpetrator Unsubstantiated. Team decided allegation Lack of Supervision against [REDACTED] classified (ASPS) Allegations Substantiated Perpetrator Substantiated. Per policy 14.7 work aid 1 the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability. The father said he and the ACV [REDACTED] went down stairs and were hanging out around the pool area playing video games. The father said he gave the child some quarters to play the video games and when he turn around after a few seconds the child was gone. It was reported the family has prior CPS history in [REDACTED] ACV nearly drowned in [REDACTED] in March 2012. DCS involvement.

[REDACTED]



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

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/21/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/24/2014
Completed date:	11/24/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notification of Classification		
Contact Sub Type:	Letter A - Notice of Indication to Perpetrator		

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/24/2014 01:40 PM Entered By: [REDACTED]

On 8/21/14 Letter A Notification to Perpetrator mailed to [REDACTED] at [REDACTED] by certified mail. A copy placed in file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/20/2014	Contact Method:	
Contact Time:	11:18 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/20/2014
Completed date:	08/20/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/20/2014 10:26 AM Entered By: [REDACTED]

CPSI [REDACTED] will classify the mother as AUPU per CPIT. CPSI [REDACTED] the father as non-severe as ASPS per CPIT agreement, but not Sever LOS. The allegations were LOS/Severe. The DA and detective had reported in CPIT that there was no charges from the case.

Case is ready for closure. The ACV is [REDACTED] along with the parents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/12/2014 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/22/2014
 Completed date: 08/22/2014 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: 08/22/2014 12:27 PM Entered By: [REDACTED]

Date: 8/12/14

Purpose of Contact: Present Case to Child Protective Investigation Team (CPIT) Meeting

Location: [REDACTED] County DCS office

Present:

[REDACTED] CPS Investigator (CPSI)
 [REDACTED] Lead Investigator (LI)
 [REDACTED] County Sheriff's Detective

Set:

[REDACTED] Assistant District Attorney General
 [REDACTED] - CAC Director
 [REDACTED] - Medical Professional
 [REDACTED] - Mental Health Professional

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Lack of Supervision

Interview/Discussion:

Case presented at CPIT on 8/12/14. Team reviewed allegation of Severe Lack of Supervision (LOS) and it was decided at this time case does not meet criteria for Severe LOS. Det. [REDACTED] discussed his interview with AP [REDACTED] and [REDACTED]. Det. [REDACTED] address with both parents concerns with their history of substance abuse, probation and them not being truthful about past DCS history involvement. IT was discussed child near drowning incident in 2012.

On 6/20/14 This CPSI asked both parent if there had ever been any CPS or DCS involvement with their family before today. Both [REDACTED] and [REDACTED] said "No". The parents stated this is the only time DCS has been involved with them. This CPSI asked again if DCS has been involved with their family in the state of [REDACTED] or any other state before today. Both parents denied DCS involvement.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Observation: No Observation Noted

Plan/Decision:

Team decided at this time case does not meet criteria for Severe Lack of Supervision.

Team decided allegation Lack of Supervision against [REDACTED] classified (AUPU) Allegation Unsubstantiated Perpetrator Unsubstantiated.

Team decided allegation Lack of Supervision against [REDACTED] classified (ASPS) Allegations Substantiated Perpetrator Substantiated. Per policy 14.7 work aid 1 the child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability.

It is reported 5 year old [REDACTED] was flown emergently from [REDACTED] Medical center after being found in the bottom of a swimming pool at a [REDACTED] after he had been missing for and undetermined amount of time. It is estimated 5-15 min. The child and family was vacationing from [REDACTED] It was report the child and father were in the pool area and the father lost track of him. The father said he and the ACV [REDACTED] went down stairs and were hanging out around the pool area playing video games. The father said he gave the child some quarters to play the video games and when he turn around after a few seconds the child was gone.

It was reported the family has prior CPS history in [REDACTED] It was reported that [REDACTED] had nearly drowned in [REDACTED] [REDACTED] in March of 2012.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/24/2014

Contact Method:

Contact Time: 09:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2014

Completed date: 07/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/24/2014 08:44 AM Entered By: [REDACTED]

CPSI [REDACTED] has notified [REDACTED] to confirm the ACV has been admitted to the hospital from transfer at [REDACTED] Children's Hospital. ACV is now out of the state of [REDACTED] During CPIT the DA noted he was waiting on the the outcome from the detective that was on-call the night of the incident. CPIT will convene again on 8/12/2014.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	07/16/2014	Contact Method:	Phone Call
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	07/16/2014
Completed date:	08/16/2014	Completed By:	System Completed
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2014 10:31 AM Entered By: [REDACTED]

This CPSI spoke with [REDACTED], LCSW of [REDACTED] hospital Rehab floor. Mrs. [REDACTED] confirmed ACV has been admitted to the hospital rehab unit. ACV is not in PICU at this time. CPSI [REDACTED] gave LCSW [REDACTED] contact information for caseworker [REDACTED] of [REDACTED] and [REDACTED] the LI for CPS in [REDACTED]. LCSW [REDACTED] will be contacting the DCS to follow up with casework and supervisor.

CPSI confirmed with [REDACTED] LI for CPS in [REDACTED] that they currently have a case open on ACV and family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/16/2014

Completed date: 07/22/2014

Completed By: [REDACTED]

Purpose(s): 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: 07/22/2014 12:49 PM Entered By: [REDACTED]

Date: 7/15/14

Purpose of Contact: Present Case to Child Protective Investigation Team (CPIT) Meeting

Location: [REDACTED] DCS office

Present:

[REDACTED] DCS Case Manager
 [REDACTED] DCS Team Leader
 [REDACTED] County Sheriff's Detective
 [REDACTED] Assistant District Attorney General
 [REDACTED] CAC Director
 - Medical Professional
 - Juvenile Court Member
 - Mental Health Professional

Case Name: [REDACTED]

Victim Name: [REDACTED]

Allegations: Severe Lack of Supervision

Interview/Discussion:

This is a Near Death Fatality. ACV was found on 6/8/14 at the bottom of a pool while on vacation with his parents in [REDACTED]
 [REDACTED] It was reported there was a similar incident in 2012 involving ACV in his hometown of [REDACTED]

Observation: No Observation Noted

Plan/Decision: Case will be represented at CPIT on 8/12/14 when Det. [REDACTED] is present.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/14/2014	Contact Method:	
Contact Time:	03:48 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/14/2014
Completed date:	07/14/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2014 05:00 PM Entered By: [REDACTED]

On this date CPSI [REDACTED] reported that while CPSI [REDACTED] was at [REDACTED] Children's Hospital, the hospital reported that this case has now been transferred to [REDACTED] [REDACTED] to another hospital. CPSI [REDACTED] nor LI [REDACTED] were contacted on this move to another state as requested by DCS.

On this date 7/14/2014 LI [REDACTED] reported to IC [REDACTED] that the [REDACTED] case/ACV is now in [REDACTED] for treatment and DCS was notified over the weekend of this step in the ACV's care. It was discussed at this time of the current information and steps made in this case and IC [REDACTED] approved to classify this case as AUPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/01/2014	Contact Method:	
Contact Time:	02:50 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/01/2014
Completed date:	07/01/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2014 02:11 PM Entered By: [REDACTED]

On this date CPSI [REDACTED] and CPSI [REDACTED] went to [REDACTED] Children's Hospital. The social worker was contacted and during this time frame the father was called. When the father attended the meeting the family had their attorney present. The attorney is [REDACTED] from [REDACTED]

During this conversation the hospital requested their hospital attorney to meet with everyone. The information on this date is that the child's last name is [REDACTED] due to the Legal father has not legally adopted the child. The family and attorney is wanting the tape from the hotel to be reviewed. The attorney had several questions for DCS. CPSI [REDACTED] addressed the attorney that a staffing with her supervisory staff will be engaged on this case before we would answer questions in regards to how the case would be classified.

The social worker reported that the transfer of ACV would depend on the if the Neuro storming is lessening then they will complete a swallow study after they wean the ACV off of medication. It is unknown when this will occur and how the child would be transferred to the hospital in [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	07/01/2014	Contact Method:	Face To Face
Contact Time:	11:20 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	08/20/2014
Completed date:	08/21/2014	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/20/2014 11:27 AM Entered By: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/01/2014 Contact Method: Face To Face
Contact Time: 11:20 AM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 08/22/2014
Completed date: 08/22/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/22/2014 10:00 AM Entered By: [REDACTED]
Date:7/1/14
Time: 11:20a.m.
Purpose of Contact: Safety, Well-being, Permanency
Location: [REDACTED] Children Hospital [REDACTED]
Contacted/Relation: [REDACTED] LCSW of [REDACTED]
[REDACTED] mother
[REDACTED] father
Attorney for the family [REDACTED]

Content:

On 7/1/14 CPSI [REDACTED] and CPSI [REDACTED] went to [REDACTED] Children's Hospital. CPSI's met with [REDACTED] LCSW to gain update on ACV progress. LCSW [REDACTED] reported concerns with the parents not being truthful about their past DCS history, drug history and legal problems. LCSW [REDACTED] contacted the family A meeting was held with [REDACTED] and the family had their attorney present. The attorney is [REDACTED] from [REDACTED].

During the meeting it was discussed the hospital requested their hospital attorney to meet with everyone. The information on this date is that the child's last name is [REDACTED] due to the Legal father has not legally adopted the child. The family and attorney is wanting the tape from the hotel to be reviewed. The attorney had several questions for DCS. CPSI [REDACTED] addressed the attorney that a staffing with her supervisory staff will be engaged on this case before we would answer questions in regards to how the case would be classified.

The social worker [REDACTED] reported that the transfer of ACV would depend on the if the Neuro storming is lessening then they will complete a swallow study after they wean the ACV off of medication. It is unknown when this will occur and how the child would be transferred to [REDACTED] Children's in [REDACTED] for inpatient rehab. Hospital still working out detail of how ACV will be transferred between hospitals. .

Observations:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

ACV [REDACTED] observed to be unresponsive, made no comments. There is currently not a discharge date set. ACV was lying in hospital bed with eyes closed. It was reported ACV can breathe and other survival mode on own (primitive only)

CPSI observed younger sibling [REDACTED] to appear healthy. CPSI did not observe markings or bruising on the child. The child was making cooing noises, smiling and laughing with parents and staff. ACV observed to not have restriction on extremities evident by her head, legs and arms. ACV dressed appropriately.

Assessments:

CPSI requested A&D treatment records and probation info on [REDACTED] reported receiving methadone from DRD located at [REDACTED] and this was set up by her treatment facility [REDACTED]. Mother reported being given meds once weekly and she keeps them in lockbox. Attorney stated he will forward all info to the department once he reviews them. CPSI [REDACTED] gave attorney contact information.

Plan: CPSI will staff case with LI [REDACTED]. Hospital social worker will notify the department before child is transferred to new hospital. Case be present at next CPIT on 7/15/14.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/27/2014

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/27/2014

Completed date: 06/27/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/27/2014 03:11 PM Entered By: [REDACTED]

This CPSI spoke with [REDACTED], LCSW of [REDACTED] for an update on ACV. It was reported the child is not responsive but having neurological contractures. There is currently no discharge date at this time. ACV is safe at this time This CPSI requested updated records on ACV progress. Records to be will be faxed to [REDACTED] CPSI will follow up with a visit to hospital.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/26/2014

Contact Method:

Contact Time: 01:48 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 02:27 PM Entered By: [REDACTED]

1:48 pm On this date LI [REDACTED] completed a call with LC [REDACTED] in regards to an update on the [REDACTED] case. LI [REDACTED] discussed the current status of ACV at [REDACTED] Hospital and the next steps of the child being release to the [REDACTED] hospital sometime in next few weeks. LI [REDACTED] discussed our referral to be made to the state of [REDACTED]. At this time LC [REDACTED] stated that a Referral will be called into the DCS office in [REDACTED]. CPSI [REDACTED] will discuss with the mother her current probation and who is currently under for a PO in [REDACTED]. CPSI [REDACTED] will discuss her current prescription for Suboxene and does she have a prescription since she has been in [REDACTED] since vacation. CPSI [REDACTED] will make contact with Probation Officer in [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/24/2014

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/24/2014

Completed date: 07/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/24/2014 04:22 PM Entered By: [REDACTED]

This CPSI recieved a phone call from LCSW [REDACTED] of [REDACTED] today. LCSW reported ACV is breathing on his own without ventilator. Det [REDACTED] will be meeting with the family to address concerns of history of drug use by the mother and legal problems.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/23/2014	Contact Method:	Phone Call
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/23/2014
Completed date:	06/23/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact, Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/23/2014 09:39 AM Entered By: [REDACTED]

This CPSI contacted [REDACTED] of [REDACTED] DCS to request case records. Mrs. [REDACTED] will forward case records and hospital records from [REDACTED] Hospital in [REDACTED] on previous incident in 3/2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/21/2014	Contact Method:	Phone Call
Contact Time:	07:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	06/22/2014
Completed date:	06/22/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/22/2014 10:28 AM Entered By: [REDACTED]

A message was left from [REDACTED] on phone [REDACTED] on 6/21/14 at 7:30pm stating that the hospital attempted to remove the breathing tube from the ACV but due to growths that had formed in the area that had to be removed first the procedure was unsuccessful. The mother stated medical staff will attempt again on 6/22/14 to remove breathing tube and give ACV time to rest from prior procedure. This CPSI will make contact with the parents and medical staff for an update.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/21/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/21/2014

Completed date: 06/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/21/2014 01:16 PM Entered By: [REDACTED]

6/21/2014 CPSI [REDACTED] and LI [REDACTED] completed and reviewed the Near Child Death Incident Report. CPSI [REDACTED] had submitted it on 6/20/2012 for review.

CPSI [REDACTED] forward the form by email to the appropriate staff.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/20/2014 Contact Method:
 Contact Time: 09:00 PM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/21/2014
 Completed date: 06/21/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/21/2014 12:43 PM Entered By: [REDACTED]

Around 3:30pm LI [REDACTED] discussed P1 with CPSI [REDACTED]. This case had been discussed with [REDACTED] on the steps for direction in following policy. LI [REDACTED] asked CPSI [REDACTED] to contact LE on duty during this incident with ACV, date 6/8/2014.

CPSI [REDACTED] reports that LE that was on-call during the time frame of incident is not returning phone calls.

LI [REDACTED] and LC [REDACTED] discussed that Law Enforcement or [REDACTED] Children's Hospital had not called DCS on any concerns during or after on this case, and this case is 12 days old since the incident.

LI [REDACTED] called CPSI [REDACTED] to call Dispatch to see if records could be obtained.

CPSI [REDACTED] called LI [REDACTED] back that Dispatch and Detectives can not obtain records since the Record department is closed at this time. CPSI [REDACTED] also was told that LE on call for 6/8/2014 during the incident with the [REDACTED] family will come back on duty Sunday 6/22/2014.

On this date 6/20/2014 [REDACTED] spoke with [REDACTED] from Dept of Social Services in [REDACTED]. She stated [REDACTED] had an open case in 2012 for same child, the child left the home and traveled over to the neighbors pool, which was covered. The mother noticed child missing, dad arrived at home and they went outside to look for child. The father found child, completed immediate CPR, immediate medical care. Case was Unfounded in [REDACTED].

LC [REDACTED] notified [REDACTED] due to facts of this case. [REDACTED] reported the referral, along with the information on the prior case in [REDACTED] was unfounded. [REDACTED] reported to proceed with P1 routing on this referral.

LI [REDACTED] and CPSI [REDACTED] started to proceed with the P1 referral on ACV. CPSI [REDACTED] traveled to [REDACTED] Children's Hospital to interview the parents, see the AVC, see the sibling and interview staff at the hospital.

CPSI [REDACTED] reported in on 6/20/2014 at 8:33pm to LI [REDACTED] on meeting response. The parents were interviewed and their statements were consistent on the events that lead to the child being in the pool. The information that the parents gave was the fact the child was in the pool under the waterfall and could not be seen during search. The child



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

was not in view of the father or mother and others during their search for the child. The father stated when the child went missing and he immediately started looking for child. The mother came down to the pool area since she was feeding the younger sibling prior to incident. The mother started looking for ACV at that time. LE and medical care was called once the child was found by the father in the pool. CPSI [REDACTED] seen the ACV and child was unresponsive at this time. CPSI [REDACTED] saw the sibling and viewed the child laughing and the mother also went to feed the infant. CPSI [REDACTED] had no concerns with the infant, sibling to ACV The family have plans to stay next to the hospital at the [REDACTED]. Discharge of the AVC is unknown at this time. The hospital has no concerns over the parents and report the parents have been appropriate. Hospital staff was placed on alert if the child has any change of circumstances to call DCS, and phone numbers were given to staff.

8:38 PM LI [REDACTED] called LC [REDACTED] to report the information from CPSI [REDACTED]. The story is consistent from both parents. No noted concerns from hospital staff. CPSI [REDACTED] has no concerns over the sibling. CPSI [REDACTED] saw the ACV.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/20/2014 Contact Method: Face To Face
 Contact Time: 08:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/22/2014
 Completed date: 06/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/22/2014 09:55 AM Entered By: [REDACTED]

Date: 6/20/14

Time: 7:00

Purpose of Contact:

Safety, Well-being

Location of Contact: [REDACTED] TN

Contact/ Relationship:

[REDACTED] father

[REDACTED] mother

[REDACTED] -sibling of ACV

[REDACTED] ACV

Content:

I arrived at the [REDACTED] at 7:00 PM [REDACTED] on 6/20/14. In order to engage the family, I explained to them that some concerns had been reported to DCS and that I needed to discuss these concerns with the family. In addition, I explained to the family the MRS/Investigative process. I discussed that the allegations are Lack of Supervision.

Interviews:

It is reported 5 year old [REDACTED] was flown emergently from [REDACTED] Medical center after being found in the bottom of a swimming pool at a Holiday Inn after he had been missing for and undetermined amount of time. It is estimated 5-15 min. The child and family is vacationing from [REDACTED] IT was report the child and father were in the pool area and the father lost track of him. It is reported the father looked all over the area for the child. It was reported child could not be seen under the waterfall in the pool until someone felt his leg. It was reported the child was pulseless at the scene, and EMS/first responders arrived very quickly and CPR was administered by the father (former paramedic) which was quickly taken over by EMS. It was reported the child was intubated and given epinephrine via an IO needle. Upon arrival at [REDACTED] child was directly admitted to PICU. It was reported he was observed to be having frequent gasp-like breaths and reactive pupils. It was reported he had no other spontaneous movement, and had been given no medications during the transport interval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Near drowning with profound neurological deficits early. The staff report child is likely to pull through but will have profound deficits. Plan: The ACV is on mechanical ventilation in PICU critical care monitoring. CT Scan have been completed. Peds nuerology to be consulted.

Currently there is no discharge date.

The Department of Children services was not notified until 6/20/14. This case was assigned a P1 to CPSI [REDACTED] on 6/20/14. This CPSI interviewed the parent [REDACTED] & [REDACTED] at [REDACTED] Hospital on 6/20/14. The father reported the family was planning to go and hang out by the pool. The father said he and the ACV went down stairs and were hanging out around the pool area playing video game. The father said the mother [REDACTED] stayed in the room to feed the baby [REDACTED]. The father said he gave the child some quarters to play the video games and when he turn around after a few seconds the child was gone. The father said he started looking for the child and said to himself "Oh my God he [REDACTED] had to be in the pool area. The father said "I went to the pool immediately". The father said he did not see child in the pool area so he went to the front desk to see if the staff had seen the child. The father said staff had not seen the child so he went back to pool area to look for the child. The father said while looking there was a lady in pool who asked him "can I talk to you a minute". The father said I told her "ma'am I'm trying to find my son. The father said The lady told him when I was in the pool and I felt something". The father said "I immediately jumped in pool". The father said he dove into the pool but still could not see the child due to the waterfall. The father said he only found the child by feeling him. The father said the waterfall was keeping him [REDACTED] underwater and made it hard to see child. The father said there were at least 15 people in the pool area and 5 in the pool but no one saw the child jump or fall in. The father said it was people running around frantically looking for the child. The father said once he had the child out of the pool he immediatley started CPR. The EMS responded and child was taken to [REDACTED] medical the airlifted to [REDACTED] Hospital.

CPSI spoke with the mother [REDACTED] reported she was in the hotel room at the time of the incident feeding her infant [REDACTED] (5mo). [REDACTED] said she made it to the pool area about 5-10 minutes behind the ACV and the father. The mother said she had a instinct something wrong. The mother said when the elevator door open the father was standing in front of the door with a panic look on his face. The mother said "what's wrong". The mother said the father asked if [REDACTED] was with her. Mom said her gut said he was in the pool. The mother said everyone kept telling me " we have checked the pool". Mom said her gut feeling kept telling her I know he's in there. Then she said I kept asking everyone please look in the pool, "I know he is in the pool". The mother said she was screaming and everyone was looking at her like she was crazy. The mother said she asked a lady who already in the pool and was older is she had seen [REDACTED]. The mother said the lady initaly said she had not, but then about three minutes later said she felt something and that's when the father [REDACTED] jumped in the pool. This CPSI asked both parent if there had ever been any CPS or DCS involment with their family before today. Both [REDACTED] and [REDACTED] said "No". The parents stated this is the only time DCS has been involved with them. This CPSI asked again if DCS has been involved with their family in the state of [REDACTED] or any other state before today. Both parents denied DCS involvement.

It was reported the family has prior CPS history in [REDACTED]. It was reported that [REDACTED] had nearly drowned in [REDACTED] in March of 2012.

Both parent were visibly upset and tearful throughout the interview. The father stated he was adopting [REDACTED] and only step left was to sign the paperwork.

It is reported Det. [REDACTED] of [REDACTED] Ploice Dept has been assigned to the family case and made contact with the family on 6/8/14. This CPSI has attempted to obtain the police report but records department was closed today and Det [REDACTED] was not on duty. This CPSI has left voicemails for Det. [REDACTED] requesting a return call.

Observation:

The Department of Children services was not notified until 6/20/14. This case was assigned a P1 to CPSI [REDACTED] on 6/20/14. The child was airlifted from [REDACTED] Medical center to [REDACTED] Children Hospital on 6/9/14. The incident occurred on 6/8/14. CPSI met with [REDACTED] and [REDACTED] at [REDACTED] on 6/20/14. CPSI [REDACTED] viewed the ACV in [REDACTED] Children's Hospital on 6/20/2014.

ACV was unresponsive and made no comments. The child had breathing tubes and was hooked to several other life



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

support medical machines. There is currently no discharge date set for ACV. The hospital will contact DCS immediately with any concerns or emergencies.

This CPSI also observed the younger sibling of ACV, [REDACTED] (5mo) to be alert and bonded with the mother and father. The child was laughing and cooing during the interview. The mother did take a break to breast feed the child in another designated hospital area.

Description of the home: The family home not observed due the family residing at [REDACTED]. The Office of Child safety will request a courtesy home visit from The Dept of Child Services in [REDACTED] once family has returned home.

Assessments:

Family Composition: [REDACTED] the mother. [REDACTED] The birth father of [REDACTED] and stepfather of [REDACTED] [REDACTED] (5) and [REDACTED] (5mo).

Together, the family and I identified the following areas of concern as determined by the safety assessment questions and answers: ACV- Near drowning with profound neurological deficits early. The staff report child is likely to pull through but will have profound deficits.

Plan: The ACV is on mechanical ventilation in PICU critical care monitoring. CT Scan have been completed. Peds nuerology to be consulted.

Currently there is no discharge date.

In order to assist the family in addressing the concerns/harm factors, the family listed the following people as informal supports. The family reported all relative currently living in [REDACTED]. They have been communicating with them by phone.

The ACV [REDACTED] was airlifted from [REDACTED] Medical in [REDACTED] to [REDACTED] Hospital in [REDACTED] TN for medical treatment. Child is currently still in the hospital with no discharge date at this time. The family is currently staying at the [REDACTED] [REDACTED] House two blocks from the hospital. [REDACTED]. The [REDACTED] is set up for family with child in critical care.

The FFA 6/20/14 started with the family.

Plan:

The Department will continue to monitor ACV progress and contact LE and DCS in [REDACTED] to gain history with DCS in [REDACTED] (Explain how this relates to the assessments used.)

Planning for the next contact: CPSI will make contact with medical staff, ACV and parents.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	06/20/2014	Contact Method:	
Contact Time:	03:05 PM	Contact Duration:	Less than 05
Entered By:	██████████	Recorded For:	
Location:		Created Date:	08/22/2014
Completed date:	08/22/2014	Completed By:	██████████
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

████████████████████████████████████████████████████████████████████████████████

Narrative Details

Narrative Type: Original Entry Date/Time: 08/22/2014 03:29 PM Entered By: ██████████

On June 20, 2014 at 2:42 PM ██████████ a referral was called into Child Abuse Hotline. The referral was screened into ██████████ County as P1 with the allegations of Lack of Supervision (LOS). The alleged child victim is ██████████ age 5. The alleged perpetrators are the stepfather ██████████ and mother ██████████. Response is due on June 21, 2014 by 3:03 PM ██████████. The case is assigned to Investigator ██████████. It is not known if this child is of Native American descent. This information will need to be obtained when response is met. A follow up phone call will be made and documented with the referent within 15 working days of referral per policy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	[REDACTED]	Case Name:	[REDACTED]
Case Status:	Close	Organization:	[REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/20/2014	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/22/2014
Completed date:	08/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/22/2014 03:23 PM Entered By: [REDACTED]

CASE ASSIGNMENT

Date: 6/20/14

Time: 3:00 PM [REDACTED]

This case was assigned to Child Protective Service Investigator (CPSI) [REDACTED] by Team Leader (LI) [REDACTED]

This case was assigned as a P1.

DCS Case History: No Tfact History in Tennessee. It is reproted the family had DCS involment in the state of [REDACTED] in March 2012 for similar incident on child.

Name of family [REDACTED]
Address: [REDACTED]
Incident happened at Holiday Inn located at [REDACTED]

Referent Notification was made via phone on 6/20/14.

At the conclusion of this case, a 740 will be submitted to the supervisor to be reviewed and signed, and then submitted to the Juvenile Court on a weekly basis as requested by the court.

Referral: Reporter states: [REDACTED] (5) and Unknown Child (Infant) typically reside with Mother ([REDACTED]) and Stepfather [REDACTED] at [REDACTED]. The referent states that on 06/8/2014, [REDACTED] was reportedly found floating in the pool at the Holiday Inn located at [REDACTED] in [REDACTED] Tennessee. To the referent's knowledge, the child is on life support at this time. The referent has not spoken to the family at this time pertaining to this incident yet. LE is reportedly already involved. The officer working the case is [REDACTED] and his phone number [REDACTED] is reportedly not working today. The child is presently at [REDACTED] Children's Hospital at [REDACTED]. The other child might presently be in the care of the parents. The referent is concerned for the [REDACTED] well-being. It is added that the family has prior CPS history in [REDACTED]. The referent states that [REDACTED] had nearly drowned in [REDACTED] in March of 2012. The referent would like immediate contact from the case worker at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

No further information is known or reported at this time.

Name	DOB	SSN
[REDACTED]	[REDACTED]	[REDACTED] [REDACTED]



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 06/22/2014
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

06/22/2014 - [REDACTED] - FFA - Family - It is reported 5 year old [REDACTED] was flown emergently from [REDACTED] Medical center after being found in the bottom of a swimming pool at a Holiday Inn after he had been missing for and undetermined amount of time. It is estimated 5-15 min. The child and family is vacationing from [REDACTED] IT was report the child and father were in the pool area and the father lost track of him. It is reported the father looked all over the area for the child. It was reported child could not be seen under the waterfall in the pool until someone felt his leg. It was reported the child was pulseless at the scene, and EMS/first responders arrived very quickly and CPR was administered by the father (former paramedic) which was quickly taken over by EMS. It was reported the child was intubated and given epinephrine via an IO needle. Upon arrival at [REDACTED] child was directly admitted to PICU. It was reproted he was observed to be having frequent gasp-like breaths and reactive pupils. It was reported he had no other spontaneous movement, and had been given no medications during the transport interval.

Near drowning with profound neurological deficits early. The staff report child is likely to pull through but will have profound deficits.

Plan: The ACV is on mechanical ventilation in PICU crital care monitoring. CT Scan have been completed. Peds nuerology to be consulted.

Currently there is no discharge date.

B. Family Story:

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

B. Family Significant Needs/Risks/Concerns:

III. Person Information:

A. Children:

B. Adults:

C. Family Together History:

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]		CPS	[REDACTED]

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
-------------	-----------------	-------------	----------------	-------------------	-----------------

IV. Assessment of Safety:

06/22/2014 - [redacted] - Safety - [redacted] - [redacted] - t is reported 5 year old [redacted] was flown emergently from [redacted] Medical center after being found in the bottom of a swimming pool at a Holiday Inn after he had been missing for and undetermined amount of time. It is estimated 5-15 min. The child and family is vacationing from [redacted] IT was report the child and father were in the pool area and the father lost track of him. It is reported the father looked all over the area for the child. It was reported child could not be seen under the waterfall in the pool until someone felt his leg. It was reported the child was pulseless at the scene, and EMS/first responders arrived very quickly and CPR was administered by the father (former paramedic) which was quickly taken over by EMS. It was reported the child was intubated and given epinephrine via an IO needle. Upon arrival at [redacted] child was directly admitted to PICU. It was reproted he was observed to be having frequent gasp-like breaths and reactive pupils. It was reported he had no other spontaneous movement, and had been given no medications during the transport interval.

It was reported by [redacted] Social Service Worker of [redacted] the family has prior CPS history in [redacted] It was reported that [redacted] had nearly drowned in [redacted] in March of 2012. Mrs. [redacted] reported the allegations were classified Unsubstantiated. Near drowning with profound neurological deficits early. The staff report child is likely to pull through but will have profound deficits. Plan: The ACV is on mechanical ventilation in PICU crital care monitoring. CT Scan have been completed. Peds nuerology to be consulted. Currently there is no discharge date.

08/22/2014 - [redacted] - Safety - [redacted] - [redacted] - 12. It was reported the family has prior CPS history in [redacted] It was reported that [redacted] had nearly drowned in [redacted] in March of 2012. A CPS referral has been called into [redacted] to continue monitoring family.

06/22/2014 - [redacted] - FFA - Family - The ACV [redacted] was airlifted from [redacted] Medical in [redacted] to [redacted] Hospital in [redacted] TN for medical treatment. Child is currently still in the hospital with no discharge date at this time. The family is currently staying at the [redacted] two blocks from the hospital. [redacted] The [redacted] house is set up for family with child in crital care. This CPSI also observed the younger child [redacted] to be alert and bonded with the mother and father. The child was laughing and cooing during the interview. The mother did take a break to breast feed the child in another designated hospital area. The mother and father alternate watching [redacted] at the [redacted] house while the other is sitting with [redacted] in PICU. The [redacted] is reproted to have staff 24 hours. CPSI [redacted] viewed the ACV in [redacted] Children's Hospital on 6/20/2014. Child was unresponsive and made no comments. The child had breathing tubes and was hooked to several other life support medical machines. There is currently no discharge date set for ACV. The hospital will contact DCS immediately with any concerns or emergencies.

V. Assessment of Well Being:

08/22/2014 [redacted] FFA - Family - [redacted] was transferred to [redacted] children's Hospital on 7/14/14 for continued care. There is currently no discharge date. A CPS referral was called into [redacted] DCS to continue monitoring the family. Case worker is [redacted]

VI. Assessment of Permanence:

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
------	-------------------------	--------	----------	-------------------	-----------------

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
------	-------------------------	--------	----------	----------------------	--------------------

Worker's Signature

Date

Supervisor's Signature

Date



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]
County: [Redacted]
Date of Referral: 6/20/14 2:03 PM
Assessment Type: Initial

TN DCS Intake ID #: [Redacted]
Worker:
Date of Assessment: 6/20/14 12:00 AM
Number of Children in the Household: 2

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): ACV at [redacted] with No discharge date

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: _____