



Notice of Child Death/Preliminary Near Death

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	01/01/2015	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> PRELIMINARY NEAR DEATH	Date of Death/Preliminary Near Death:	01/07/2015		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	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:

Reporter states: The child, ██████████ (age 2), was transported to ██████████ Hospital from ██████████ Hospital today, 1-1-2015. ██████████ was taken to ██████████ when she was found to have difficulty breathing and eventually became non-responsive. It was told via a third party to ██████████ staff that there was possible strangulation to the child, but it was not reported who may have strangled the child. It was also claimed by another family member that ██████████ may smell like diesel fuel, but it is unknown why she would smell like diesel fuel. While ██████████ was at ██████████ it is noted that at least one family member (name and information unknown) reported concerns of abuse towards the child and neglect at the family's home. Specific information regarding what type of abuse and neglect is not known. It appears via a chart from ██████████ that the child was taken to ██████████ in reference to possible respiratory distress. ██████████ was previously taken to an outside clinic and given a nebulizer. This was reported to have taken place earlier today, January 1, 2015, when ██████████ was having difficulty breathing. ██████████ is currently at ██████████ Hospital and has been there for over an hour. Medical staff continues to work on her at this time.

Child Abuse Hotline Worker contacted ██████████ at ██████████ for additional information

██████████ is believed to be in custody of her mother, ██████████. The father of the child is unknown, but he is now at the hospital with ██████████. There are three other children residing in the home as well as three other adults residing in the home. All the names of the children and additional adults are unknown. It is noted that at the time of the beginning of the report, no parents were at the hospital, but they are there now.

██████████ does have a 2 cm linear mark to the right side of her neck. There were no other marks or injuries noted. ██████████ has been intubated and is not breathing on her own. It is noted that ██████████ had to be paralyzed and sedated. A CT has been done, but the results are still pending at this time. A full skeletal has not been done and has not been ordered at this time. It is not known at this time what would have happened to cause ██████████ to have difficulty breathing.

It is unknown if there is any medication in the home that ██████████ could have gotten into, however, the parents stated that they do not believe ██████████ got into any medication. The parents volunteered this information to the staff at ██████████ Hospital. The parents have not been interviewed at this time by hospital staff. It is unknown what the parents would say in reference to the allegations of possible strangulation. It is unknown if anyone in the home has alcohol or drug issues. The referent is unaware as to if there is anyone in the home that has mental health issues.

Neither the initial referent nor additional referent has knowledge of the behavior of the parents or their interactions with the child or staff. Law Enforcement has not been contacted at this time. ██████████ has been placed in the PICU at this time.

On 1/1/15, the attending nurse reported to [REDACTED] that the preliminary results of the CT scan were normal and without signs of trauma. [REDACTED] had been deintubated and was breathing well on her own as observed by [REDACTED]

On 1/3/15, hospital staff reported that [REDACTED] had aspirated into her lungs and gone into cardiac arrest twice requiring [REDACTED] to be placed on ECMO heart/lung bypass.

On 1/5/15, [REDACTED] reported [REDACTED] urine drug screen was positive only for medications she had received in treatment. Ms. [REDACTED] stated a diagnosis had been added of parainfluenza. Ms. [REDACTED] reported that it was very unlikely that [REDACTED] would survive.

On 1/6/15, [REDACTED] reported that every major organ system was failing for [REDACTED]. The Care Team had met with the family the previous day regarding treatment, quality of life/death. Ms. [REDACTED] reported the family was entirely appropriate asking good, appropriate questions.

On 1/7/15, [REDACTED] received notice from [REDACTED] that [REDACTED] had passed away at 4:39 am on this date. [REDACTED] received medical records from [REDACTED] Hospital which included a Report of Death for ACV [REDACTED]. Information from Report of Death includes, Date of Arrival: 01/01/2015; Date of Death: 01/07/2015; Official Time of Death: 0439; Admit Diagnosis: Respiratory Failure; Immediate Cause of Death: Acute Respiratory Distress Syndrome and Pulmonary Hemorrhage; Secondary to Parainfluenza virus. Medical examiner's office notified at 0600 of patient's death and declines.

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:

On 1/1/15 and 8:45 pm, [REDACTED] met with birth parents, [REDACTED] and [REDACTED] in Room [REDACTED], PICU at [REDACTED] Hospital. [REDACTED] asked Mr. and Mrs. [REDACTED] to recount the events of the day. Mrs. [REDACTED] stated [REDACTED] had been congested for several days but was playing normally, "running around" yesterday. Mrs. [REDACTED] stated [REDACTED] woke up several times during the night, fussing, which Mrs. [REDACTED] stated was normal and that they usually just restarted a video on TV which [REDACTED] would watch while going to sleep. Mr. and Mrs. [REDACTED] stated they had slept in on this morning and when [REDACTED] woke up, she was having difficulty breathing. Mrs. [REDACTED] stated that [REDACTED] chest was "caving in" as she was breathing. Mr. and Mrs. [REDACTED] stated they took [REDACTED] to the [REDACTED] in [REDACTED], which sent [REDACTED] to [REDACTED] Hospital by ambulance and [REDACTED] had [REDACTED] sent to [REDACTED] by Life Flight. Mrs. [REDACTED] stated [REDACTED] struggle with breathing had never happened before and that [REDACTED] had never been sick except for colds. Mr. and Mrs. [REDACTED] stated all medications were kept in a medicine cabinet, out of [REDACTED] reach. Mr. and Mrs. [REDACTED] stated they had no explanation why someone would have reported that [REDACTED] smelled of diesel fuel. Mr. [REDACTED] stated there was no diesel fuel in the home or item that would require diesel fuel. Mr. and Mrs. [REDACTED] denied knowledge of any physical force that [REDACTED] may have been subjected to that would affect her breathing. Mr. and Mrs. [REDACTED] stated that medical staff had "stuff taped to [REDACTED] neck during the ambulance ride which got her neck all red".

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

On 1/1/15 [REDACTED] made response by seeing ACV [REDACTED] at [REDACTED] Hospital. [REDACTED] spoke to the [REDACTED] at [REDACTED] Hospital. The nurse reported [REDACTED] parents had not been questioned by hospital staff. The nurse reported that a preliminary report from the CAT scan performed on [REDACTED] indicated a normal scan with out trauma. [REDACTED] observed [REDACTED] asleep and breathing normally without any assistance. The nurse stated that a full skeletal series would be scheduled for the following day.

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Distribution: Child's Case File*

Intake #:	Investigation #:	Date of Referral:
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maintained contact with throughout hospitalization of ACV. Ms. reported that family members were entirely appropriate throughout hospitalization and participated in decisions regarding ACV's quality of life/death.

Describe disposition of body (Death): Pending decision of autopsy at Medical Examiner's office

Name of Medical Examiner/Coroner: **Was autopsy requested?** No Yes

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

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

Type: Intake referral received 01/01/2015 **Case #:** **INV ID #:**

Describe law enforcement or court involvement, if applicable:

On 1/1/15, LI phoned and requested that see the other children living in the home and interview other adults in the home. On 1/1/15, went to the family residence at reported that he interviewed the maternal grandmother, and two other adults in the home. reported that Ms. stated there was a family history of asthma including herself and mother, Ms. stated difficulty breathing reminded her of an asthma attack with when was a child. Ms. stated had been wheezing a little bit the day before. Ms. stated that Mr. and Mrs. used alternative forms of discipline with their children and rarely spanked them. stated there was no history of domestic violence with the family. stated he had no concerns of foul play regarding breathing difficulty.

On 1/7/15, an autopsy was initially denied by Medical Examiner and declined by the family. has requested an autopsy. Decision for autopsy pending at this time by County Medical Examiner.

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):

The birth parents and surviving children are continuing to reside in the home of the maternal grandparents, and

Name:	Age: 5
Name:	Age: 8
Name:	Age: 6
Name:	Age:
Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
08/07/2013		LOS			No Services Needed
10/09/2011		DEC			SR&R
10/09/2011		DEC			No Services Needed
10/09/2011		DEC			No Services Needed
03/03/2008		EN			No Services Needed
12/29/2005		Sub Risk of Sexual Abuse			AUPU
/ /					

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Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	Case # 2015-006 #12/2015
Any media inquiry or is attention expected?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information: [REDACTED] [REDACTED] Medical Examiner, [REDACTED] Police Department		
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:	[REDACTED]	Telephone Number:	[REDACTED]		
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 PRELIMINARY NEAR DEATH [secure email]</p>					

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 Distribution: Child's Case File

RDA 2993



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 01/01/2015 04:49 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 01/01/2015

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 01/02/2015 08:53 AM
First Team Leader Assigned: [REDACTED] Date/Time 01/02/2015 12:00 AM
First Case Manager [REDACTED] Date/Time 01/02/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 10	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	Other Relative

Preliminary Near Death: [REDACTED]

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: TFACTS: YES
Family Case Id: [REDACTED]

Open Court Custody/FSS/FCIP None

Closed Court Custody None

Open CPS - None

Substantiated None

Fatality None

Screened out YES



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

unknown. It is noted that at the time of the beginning of the report, no parents were at the hospital, but they are there now.

█ does have a 2 cm linear mark to the right side of her neck. There were no other marks or injuries noted. █ has been intubated and is not breathing on her own. It is noted that █ had to be paralyzed and sedated. A CT has been done, but the results are still pending at this time. A full skeletal has not been done and has not been ordered at this time. It is not known at this time what would have happened to cause █ to have difficulty breathing.

It is unknown if there is any medication in the home that █ could have gotten into, however, the parents stated that they do not believe █ got into any medication. The parents volunteered this information to the staff at █ Hospital. The parents have not been interviewed at this time by hospital staff. It is unknown what the parents would say in reference to the allegations of possible strangulation. It is unknown if anyone in the home has alcohol or drug issues. The referent is unaware as to if there is anyone in the home that has mental health issues.

Neither the initial referent nor additional referent has knowledge of the behavior of the parents or their interactions with the child or staff. Law Enforcement has not been contacted at this time. █ has been placed in the PICU at this time.

An immediate response is being requested at this time.

Per SDM: Investigation Track P 1 █ on 1/1/15 at 5:58 PM CST

Email notification sent to █ Regional Administrator, █ and the South Central email notification group.

█ County paged at 6:00 P.M.

01-01-15 06:00:56 PM CST

01-01-15 06:01:46 PM CST

Received



**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:

Race: Unable to

Age: 2 Yrs 10 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race: White

Age: 2 Yrs 10 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 01/01/2015

Assignment Date: 05/04/2015

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]
		[REDACTED]			[REDACTED]			02/02/2015
2	[REDACTED]	[REDACTED]	Physical Abuse	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			02/02/2015

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is insufficient evidence for the allegations of Physical Abuse and Child Neglect Death for Alleged Child Victim (ACV) [REDACTED] by Alleged Perpetrator Unknown.

D. Case Workers

Case Worker: [REDACTED]

Date: 02/02/2015

Team Leader: [REDACTED]

Date: 02/02/2015

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:

01/08/2015, [REDACTED] went to the home of [REDACTED]. [REDACTED] stated he asked to see the basement and the family was fully compliant with no resistance. [REDACTED] stated he did not see any signs of fuel, fuel containers, or signs of meth manufacture. [REDACTED] stated the basement was heated by electric heaters. [REDACTED] stated the family was at a loss to explain the reported odor or fuel on [REDACTED] suggesting it may have come from the EMS vehicle. [REDACTED] stated [REDACTED] stated she had been very sick with flu symptoms the week before but did not go to hospital because she did not have insurance. [REDACTED] stated that [REDACTED] said [REDACTED] would have been exposed for about five days. [REDACTED] stated he now believed that this exposure may be the cause for [REDACTED] initial respiratory distress.



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

Case Name : ██████████ ██████████

Investigation ID: ██████████

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

██████████ stated that there were no overt signs of trauma, foul play, neglect or abuse upon admission (to ██████████ Hospital). The Cause of Death from the Medical Examiner's report states: "Multiorgan failure due to Parainfluenza virus croup and pneumonia".

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

Not Available. Alleged Perpetrator is Unknown.

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

On 1/1/15, a referral was received stating: ██████████ (age 2) was transported to ██████████ Hospital from ██████████ Hospital when she was found to have difficulty breathing and eventually became non-responsive. ██████████ was sedated and intubated at ██████████ Hospital prior to transport to ██████████ Hospital. While ██████████ was at ██████████ Hospital, it was noted that at least one family member (name and information unknown) reported concerns of abuse towards the child and neglect at the family's home. Specific information regarding what type of abuse and neglect was not known.

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

On 01/01/2015, ██████████ interviewed the birth parents, ██████████ and ██████████ Mrs. ██████████ stated ██████████ had been congested for several days but was playing normally, "running around" yesterday. Mrs. ██████████ stated ██████████ woke up several times during the night, fussing, which Mrs. ██████████ stated was normal and that they usually just restarted a video on TV which ██████████ would watch while going to sleep. Mr. and Mrs. ██████████ stated they had slept in on this morning and when ██████████ woke up, she was having difficulty breathing. Mrs. ██████████ stated that ██████████ chest was "caving in" as she was breathing. Mr. and Mrs. ██████████ stated they took ██████████ to the ██████████ in ██████████ which sent ██████████ to ██████████ Hospital by ambulance and ██████████ had ██████████ sent to ██████████ by Life Flight. Mrs. ██████████ stated ██████████ struggle with breathing had never happened before and that ██████████ had never been sick except for colds. Mr. and Mrs. ██████████ stated all medications were kept in a medicine cabinet, out of ██████████ reach. Mr. and Mrs. ██████████ stated they had no explanation why someone would have reported that ██████████ smelled of diesel fuel. Mr. ██████████ stated there was no diesel fuel in the home or item that would require diesel fuel. Mr. and Mrs. ██████████ denied knowledge of any physical force that ██████████ may have been subjected to that would affect her breathing.

This case was presented to the ██████████ Child Protective Investigative Team on 02/02/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegations of Physical Abuse and Child Neglect Death.

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] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/14/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/14/2015

Completed date: 06/14/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/14/2015 03:25 PM Entered By: [REDACTED]

All reviews being completed Lead [REDACTED] will mail CPS Investigation Summary and Classification Decision of Child Abuse/Neglect Referral (740) to [REDACTED] per local protocol.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/10/2015

Contact Method:

Contact Time: 01:14 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/10/2015

Completed date: 06/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/10/2015 01:20 PM Entered By: [REDACTED]

This case was reviewed by IC [REDACTED], RID [REDACTED] and [REDACTED]. The case was approved for closure after Judicial and DA notice of closure have been entered. The approval was provided by [REDACTED] via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/29/2015 Contact Method:
 Contact Time: 02:40 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/29/2015
 Completed date: 04/29/2015 Completed By: [REDACTED]
 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: 04/29/2015 02:54 PM Entered By: [REDACTED]

Closing Summary for Child Death Investigation

The Department of Children's Services (DCS) received a referral on 01/01/2015 at 4:49 pm with an allegation of Physical Abuse (Severe) regarding non-custodial child [REDACTED]. Notification was sent to Child Death or Preliminary Near Death alert group DCS [REDACTED] notification group.

On 01/01/2015, [REDACTED] (age 2) was transported to [REDACTED] Hospital from [REDACTED] Hospital when she was found to have difficulty breathing and eventually became non-responsive. [REDACTED] was sedated and intubated at [REDACTED] Hospital prior to transport to [REDACTED] Hospital. While [REDACTED] was at [REDACTED] Hospital, it was noted that at least one family member (name and information unknown) reported concerns of abuse towards the child and neglect at the family's home. Specific information regarding what type of abuse and neglect was not known. Upon arrival at [REDACTED] Hospital, [REDACTED] was extubated and placed in Pediatric Intensive Care Unit. On 01/03/2015, [REDACTED] condition deteriorated requiring placement on a heart/lung machine and [REDACTED] was diagnosed Parainfluenza virus positive. On 01/05 and 01/06/2015, it was reported that [REDACTED] condition further deteriorated with major organ failures. On 01/06/2015 [REDACTED] family elected to disconnect [REDACTED] from life support. [REDACTED] was pronounced deceased at 4:39 am on 01/07/15.

The investigation into this incident was conducted by [REDACTED] DCS [REDACTED] and DCS Lead [REDACTED]. Assistance was also received from [REDACTED] Social Worker at [REDACTED] Hospital.

The Alleged Perpetrator (AP) is Unknown Participant for the allegations of Physical Abuse and Neglect Death. Interviews were conducted with the birth parents, [REDACTED] and [REDACTED] Great Aunt [REDACTED] and maternal grandparents [REDACTED]. Medical records were requested and received from [REDACTED] Medical Services, [REDACTED] Hospital, and [REDACTED] Hospital. A report was requested and received from the Office of the Medical Examiner, [REDACTED].



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

On 01/01/2015, [REDACTED] interviewed the birth parents, [REDACTED] and [REDACTED]. Mrs. [REDACTED] stated [REDACTED] had been congested for several days but was playing normally, "running around" yesterday. Mrs. [REDACTED] stated [REDACTED] woke up several times during the night, fussing, which Mrs. [REDACTED] stated was normal and that they usually just restarted a video on TV which [REDACTED] would watch while going to sleep. Mr. and Mrs. [REDACTED] stated they had slept in on this morning and when [REDACTED] woke up, she was having difficulty breathing. Mrs. [REDACTED] stated that [REDACTED] chest was "caving in" as she was breathing. Mr. and Mrs. [REDACTED] stated they took [REDACTED] to the [REDACTED] in [REDACTED] which sent [REDACTED] to [REDACTED] Hospital by ambulance and [REDACTED] had [REDACTED] sent to [REDACTED] by Life Flight. Mrs. [REDACTED] stated [REDACTED] struggle with breathing had never happened before and that [REDACTED] had never been sick except for colds. Mr. and Mrs. [REDACTED] stated all medications were kept in a medicine cabinet, out of [REDACTED] reach. Mr. and Mrs. [REDACTED] stated they had no explanation why someone would have reported that [REDACTED] smelled of diesel fuel. Mr. [REDACTED] stated there was no diesel fuel in the home or item that would require diesel fuel. Mr. and Mrs. [REDACTED] denied knowledge of any physical force that [REDACTED] may have been subjected to that would affect her breathing. Mr. and Mrs. [REDACTED] stated that medical staff had "stuff taped to [REDACTED] neck during the ambulance ride which got her neck all red". [REDACTED] observed [REDACTED] to have a neck brace around her neck. [REDACTED] observed [REDACTED] torso and limbs and saw no marks or bruises. The attending nurse stated that preliminary results from a CAT scan for [REDACTED] indicated a normal scan with no trauma.

On 01/01/2015, [REDACTED] reported he went to the family residence at [REDACTED]. [REDACTED] reported that he interviewed the maternal grandmother, [REDACTED] and two other adults in the home. [REDACTED] reported that Ms. [REDACTED] stated there was a family history of asthma including herself and [REDACTED] mother. Ms. [REDACTED] stated [REDACTED] difficulty breathing reminded her of an asthma attack with [REDACTED] when [REDACTED] was a child. Ms. [REDACTED] stated [REDACTED] had been wheezing a little bit the day before. Ms. [REDACTED] stated that Mr. and Mrs. [REDACTED] used alternative forms of discipline with their children and rarely spanked them. [REDACTED] stated there was no history of domestic violence with the family. [REDACTED] stated he had no concerns of foul play regarding [REDACTED] breathing difficulty.

On 01/06/2015, [REDACTED] Social Worker at [REDACTED] Hospital, reported that the Care Team met with members of the family on 01/05/2015 including the father, the mother's grandmother and the mother's aunt. Ms. [REDACTED] stated the family was very appropriate asking good questions such as "how far do we take this". The family was told that every major organ system was failing and doctors were worried about [REDACTED] brain due to the downtime between the last cardiac arrest and being placed on the heart/lung machine. The family stated they would rely on doctors to tell the family when enough was enough (quality of life). Doctors told the family that [REDACTED] had enough of a chance to continue to be aggressive in her treatment. Ms. [REDACTED] stated that doctors had ruled out that [REDACTED] may have inhaled a chemical substance.

On 01/07/2015, [REDACTED] received medical records from [REDACTED] Hospital which included a Report of Death for ACV [REDACTED]. Information from Report of Death includes, Date of Arrival: 01/01/2015; Date of Death: 01/07/2015; Official Time of Death: 0439; Admit Diagnosis: Respiratory Failure; Immediate Cause of Death: ARDS and Pulmonary Hemorrhage; Secondary to Parainfluenza virus. Medical examiner's office notified at 0600 of patient's death and declines.

On 01/08/2015, [REDACTED] went to the home of [REDACTED]. [REDACTED] stated he asked to see the basement and the family was fully compliant with no resistance. [REDACTED] stated he did not see any signs of fuel, fuel containers, or signs of meth manufacture. [REDACTED] stated the basement was heated by electric heaters. [REDACTED] stated the family was at a loss to explain the reported odor or fuel on [REDACTED] suggesting it may have come from the EMS vehicle. [REDACTED] stated [REDACTED] stated she had been very sick with flu symptoms the week before but did not go to hospital because she did not have insurance. [REDACTED] stated that Mrs. [REDACTED] said [REDACTED] would have been exposed for about five days. [REDACTED] stated he now believed that this exposure may be the cause for [REDACTED] initial respiratory distress.

On 02/02/2015, [REDACTED] received a copy of the report from the Office of the Medical Examiner, [REDACTED]. This report is for decedent [REDACTED]. The Narrative Summary states: Reportedly, this 2 year old white female presented to [REDACTED] Hospital on 1/1/2015 with fever and weakness. The decedent was diagnosed with a viral infection, confirmed from laboratory testing. The decedent



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

developed bilateral pulmonary hemorrhages as a result of the virus. The decedent's condition steadily deteriorated until death was pronounced at 04:39 on 1/7/2015 [REDACTED] stated that there were no overt signs of trauma, foul play, neglect or abuse upon admission." This report stated the Cause of Death: "Multiorgan failure due to Parainfluenza virus croup and pneumonia".

DCS Policy Work Aid 1 (E) states Child Death is defined 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.

This case was presented to the [REDACTED] County Child Protective Investigative Team on 02/02/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegations of Physical Abuse and Child Neglect Death.

The birth parents [REDACTED] and [REDACTED] appear to have taken appropriate action regarding [REDACTED] [REDACTED] medical condition. [REDACTED] stated that there were no overt signs of trauma, foul play, neglect or abuse upon admission (to [REDACTED] Hospital). The Cause of Death from the Medical Examiner's report states: "Multiorgan failure due to Parainfluenza virus croup and pneumonia".

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

This case will be closed and classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated for the allegations of Physical Abuse and Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/29/2015

Contact Method: Face To Face

Contact Time: 01:25 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 04/29/2015

Completed date: 04/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2015 02:42 PM Entered By: [REDACTED]

4/29/15 1:25 to 1:35 pm. Sibling Interview with [REDACTED] at [REDACTED] by [REDACTED]

[REDACTED] met privately with sibling [REDACTED] at his school. [REDACTED] stated he is in the third grade and has made the straight A honor roll three times. [REDACTED] said his favorite subjects are Math and Science. [REDACTED] said he has a brother named [REDACTED] and he is doing fine. [REDACTED] said he had a sister, [REDACTED] but [REDACTED] passed when [REDACTED] was two years old. [REDACTED] said he missed his sister. [REDACTED] said he has another brother named [REDACTED] but he doesn't get to [REDACTED] very often. [REDACTED] said his mother is [REDACTED] [REDACTED] said his mother gets sad when she hears [REDACTED] name or hears the song that was played at [REDACTED] funeral. [REDACTED] said his mother is getting better and is more like his mother before [REDACTED] passed. [REDACTED] said he enjoys playing X-Box with his friends and his favorite game is Mind Craft. [REDACTED] said he visits his real father on weekends. [REDACTED] excused [REDACTED] to go back to class.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/29/2015

Contact Method: Face To Face

Contact Time: 01:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 04/29/2015

Completed date: 04/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2015 02:40 PM Entered By: [REDACTED]

4/29/15 1:10 to 1:20 pm. Sibling Interview with [REDACTED] [REDACTED] at [REDACTED] [REDACTED] by [REDACTED]

[REDACTED] met privately with sibling [REDACTED] [REDACTED] at his school. [REDACTED] stated he has poison ivy all over his body. [REDACTED] observed an area that appeared to be poison ivy on [REDACTED] forehead and temple. [REDACTED] replied that he liked to watch You Tube at home and liked playing Mind Craft with his nanny. [REDACTED] appeared to be happy and good spirits. [REDACTED] said his mom his fine. [REDACTED] said he has a brother named [REDACTED] [REDACTED] said he has another brother named [REDACTED] but he doesn't see [REDACTED] very often. [REDACTED] said he needed to tell his mommy that his poison ivy is spreading so he can go to the doctor. [REDACTED] [REDACTED] excused [REDACTED] to go back to class.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/02/2015 Contact Method:
 Contact Time: 01:10 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/02/2015
 Completed date: 03/02/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/02/2015 01:37 PM Entered By: [REDACTED]

Lead [REDACTED] [REDACTED] reviewed the Family Assessment Tool Completed by [REDACTED]. The Level of Risk and Need for this family was none. The child that passed away was determined to be from a medical condition and the family acted appropriately. The family was offered grief services but they have a huge support system and know how to obtain these services. The FAST was approved on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 02/03/2015 Contact Method:
 Contact Time: 10:15 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/03/2015
 Completed date: 03/06/2015 Completed By: System Completed
 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: 02/03/2015 10:48 AM Entered By: [REDACTED]

Lead [REDACTED] [REDACTED] [REDACTED] reviewed this case for closure on this date. This case originally came to the Department as a Near Fatality on 1/1/15 with allegations of Physical Abuse. The child subsequently passed away on 1/7/15 at 4:39 a.m. The parents, medical professionals, grandparents, as well as an Aunt. Tests were run that ruled out any abuse as alleged in the original report. The Child Fatality was reported as Neglect Death. After completing interviews with the family and Law Enforcement conducting a home visit that including ruling out any toxic chemicals or fuels, this case is being classified as Allegation Unsubstantiated for allegations of Physical Abuse and Neglect Death. The Medical Examiner's report stated that there was no overt signs of trauma, foul play, or abuse upon admission. The cause of death was Multi Organ failure due to Para Influenza, virus croup, and Pneumonia per the report. The parents acted appropriately in that as soon as they became aware of the child being sick they took her to the hospital. This case is approved for closure on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/03/2015

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2015

Completed date: 04/30/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2015 03:40 PM Entered By: [REDACTED]

Lead [REDACTED] [REDACTED] reviewed this case for closure on this date. This case originally came to the Department as a Near Fatality on 1/1/15 with allegations of Physical Abuse. The child subsequently passed away on 1/7/15 at 4:39 a.m. The parents, medical professionals, grandparents, as well as an Aunt. Tests were run that ruled out any abuse as alleged in the original report. The Child Fatality was reported as Neglect Death. After completing interviews with the family and Law Enforcement conducting a home visit that including ruling out any toxic chemicals or fuels, this case is being classified as Allegation Unsubstantiated for allegations of Physical Abuse and Neglect Death. The Medical Examiner's report stated that there was no overt signs of trauma, foul play, or abuse upon admission. The cause of death was Multi Organ failure due to Para Influenza, virus croup, and Pneumonia per the report. The parents acted appropriately in that as soon as they became aware of the child being sick they took her to the hospital. This case is approved for closure on this date. The case will be sent to Investigations Coordinator [REDACTED] [REDACTED] for Approval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 02/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/03/2015
 Completed date: 03/06/2015 Completed By: System Completed
 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: 02/03/2015 09:45 AM Entered By: [REDACTED]

Closing Summary for Child Death Investigation

The Department of Children's Services (DCS) received a referral on 01/01/2015 at 4:49 pm with an allegation of Physical Abuse (Severe) regarding non-custodial child [REDACTED]. Notification was sent to Child Death or Preliminary Near Death alert group DCS [REDACTED] notification group.

On 01/01/2015, [REDACTED] (age 2) was transported to [REDACTED] Hospital from [REDACTED] Hospital when she was found to have difficulty breathing and eventually became non-responsive. [REDACTED] was sedated and intubated at [REDACTED] Hospital prior to transport to [REDACTED] Hospital. While [REDACTED] was at [REDACTED] Hospital, it was noted that at least one family member (name and information unknown) reported concerns of abuse towards the child and neglect at the family's home. Specific information regarding what type of abuse and neglect was not known. Upon arrival at [REDACTED] Hospital, [REDACTED] was extubated and placed in Pediatric Intensive Care Unit. On 01/03/2015, [REDACTED] condition deteriorated requiring placement on a heart/lung machine and [REDACTED] was diagnosed Parainfluenza virus positive. On 01/05 and 01/06/2015, it was reported that [REDACTED] condition further deteriorated with major organ failures. On 01/06/2015 [REDACTED] family elected to disconnect [REDACTED] from life support. [REDACTED] was pronounced deceased at 4:39 am on 01/07/15.

The investigation into this incident was conducted by [REDACTED] DCS [REDACTED] and DCS Lead [REDACTED]. Assistance was also received from [REDACTED] Social Worker at [REDACTED] Hospital.

The Alleged Perpetrator (AP) is Unknown Participant for the allegations of Physical Abuse and Neglect Death. Interviews were conducted with the birth parents, [REDACTED] and [REDACTED] Great Aunt [REDACTED] and maternal grandparents [REDACTED] and [REDACTED]. Medical records were requested and received from [REDACTED] Emergency Medical Services, [REDACTED] Hospital, and [REDACTED] Hospital. A report was requested and received from the Office of the Medical Examiner, [REDACTED].



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

On 01/01/2015, [REDACTED] interviewed the birth parents, [REDACTED] and [REDACTED]. Mrs. [REDACTED] stated [REDACTED] had been congested for several days but was playing normally, "running around" yesterday. Mrs. [REDACTED] stated [REDACTED] woke up several times during the night, fussing, which Mrs. [REDACTED] stated was normal and that they usually just restarted a video on TV which [REDACTED] would watch while going to sleep. Mr. and Mrs. [REDACTED] stated they had slept in on this morning and when [REDACTED] woke up, she was having difficulty breathing. Mrs. [REDACTED] stated that [REDACTED] chest was "caving in" as she was breathing. Mr. and Mrs. [REDACTED] stated they took [REDACTED] to the [REDACTED] which sent [REDACTED] to [REDACTED] Hospital by ambulance and [REDACTED] had [REDACTED] sent to [REDACTED] by Life Flight. Mrs. [REDACTED] stated [REDACTED] struggle with breathing had never happened before and that [REDACTED] had never been sick except for colds. Mr. and Mrs. [REDACTED] stated all medications were kept in a medicine cabinet, out of [REDACTED] reach. Mr. and Mrs. [REDACTED] stated they had no explanation why someone would have reported that [REDACTED] smelled of diesel fuel. Mr. [REDACTED] stated there was no diesel fuel in the home or item that would require diesel fuel. Mr. and Mrs. [REDACTED] denied knowledge of any physical force that [REDACTED] may have been subjected to that would affect her breathing. Mr. and Mrs. [REDACTED] stated that medical staff had "stuff taped to [REDACTED] neck during the ambulance ride which got her neck all red". [REDACTED] observed [REDACTED] to have a neck brace around her neck. [REDACTED] observed [REDACTED] torso and limbs and saw no marks or bruises. The attending nurse stated that preliminary results from a CAT scan for [REDACTED] indicated a normal scan with no trauma.

On 01/01/2015, [REDACTED] reported he went to the family residence at [REDACTED]. [REDACTED] reported that he interviewed the maternal grandmother, [REDACTED] and two other adults in the home. [REDACTED] reported that Ms. [REDACTED] stated there was a family history of asthma including herself and [REDACTED] mother. Ms. [REDACTED] stated [REDACTED] difficulty breathing reminded her of an asthma attack with [REDACTED] when [REDACTED] was a child. Ms. [REDACTED] stated [REDACTED] had been wheezing a little bit the day before. Ms. [REDACTED] stated that Mr. and Mrs. [REDACTED] used alternative forms of discipline with their children and rarely spanked them. [REDACTED] stated there was no history of domestic violence with the family. [REDACTED] stated he had no concerns of foul play regarding [REDACTED] breathing difficulty.

On 01/06/2015, [REDACTED] Social Worker at [REDACTED] Hospital, reported that the Care Team met with members of the family on 01/05/2015 including the father, the mother's grandmother and the mother's aunt. Ms. [REDACTED] stated the family was very appropriate asking good questions such as "how far do we take this". The family was told that every major organ system was failing and doctors were worried about [REDACTED] brain due to the downtime between the last cardiac arrest and being placed on the heart/lung machine. The family stated they would rely on doctors to tell the family when enough was enough (quality of life). Doctors told the family that [REDACTED] had enough of a chance to continue to be aggressive in her treatment. Ms. [REDACTED] stated that doctors had ruled out that [REDACTED] may have inhaled a chemical substance.

On 01/07/2015, [REDACTED] received medical records from [REDACTED] Hospital which included a Report of Death for ACV [REDACTED]. Information from Report of Death includes, Date of Arrival: 01/01/2015; Date of Death: 01/07/2015; Official Time of Death: 0439; Admit Diagnosis: Respiratory Failure; Immediate Cause of Death: ARDS and Pulmonary Hemorrhage; Secondary to Parainfluenza virus. Medical examiner's office notified at 0600 of patient's death and declines.

On 01/08/2015, [REDACTED] went to the home of [REDACTED] and [REDACTED]. [REDACTED] stated he asked to see the basement and the family was fully compliant with no resistance. [REDACTED] stated he did not see any signs of fuel, fuel containers, or signs of meth manufacture. [REDACTED] stated the basement was heated by electric heaters. [REDACTED] stated the family was at a loss to explain the reported odor or fuel on [REDACTED] suggesting it may have come from the EMS vehicle. [REDACTED] stated [REDACTED] stated she had been very sick with flu symptoms the week before but did not go to hospital because she did not have insurance. [REDACTED] stated that Mrs. [REDACTED] said [REDACTED] would have been exposed for about five days. [REDACTED] stated he now believed that this exposure may be the cause for [REDACTED] initial respiratory distress.

On 02/02/2015, [REDACTED] received a copy of the report from the Office of the Medical Examiner, [REDACTED]. This report is for decedent [REDACTED]. The Narrative Summary states: Reportedly, this 2 year old white female presented to [REDACTED] Hospital on 1/1/2015 with fever and weakness. The decedent was diagnosed with a viral infection, confirmed from laboratory testing. The decedent



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

developed bilateral pulmonary hemorrhages as a result of the virus. The decedent's condition steadily deteriorated until death was pronounced at 04:39 on 1/7/2015. [REDACTED] stated that there were no overt signs of trauma, foul play, neglect or abuse upon admission." This report stated the Cause of Death: "Multiorgan failure due to Parainfluenza virus croup and pneumonia".

DCS Policy Work Aid 1 (E) states Child Death is defined 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.

This case was presented to the [REDACTED] County Child Protective Investigative Team on 02/02/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegations of Physical Abuse and Child Neglect Death.

The birth parents [REDACTED] and [REDACTED] appear to have taken appropriate action regarding [REDACTED] [REDACTED] medical condition. [REDACTED] stated that there were no overt signs of trauma, foul play, neglect or abuse upon admission (to [REDACTED] Hospital). The Cause of Death from the Medical Examiner's report states: "Multiorgan failure due to Parainfluenza virus croup and pneumonia".

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

This case will be closed and classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated for the allegations of Physical Abuse and Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/02/2015

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/03/2015

Completed date: 02/03/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/03/2015 09:42 AM Entered By: [REDACTED]

2/2/15 11:00 am. Collateral Contact with [REDACTED], by [REDACTED]

[REDACTED] met with [REDACTED] at the [REDACTED] [REDACTED] provided [REDACTED] with a copy of the report from the Office of the Medical Examiner, [REDACTED] [REDACTED] This report is for decedent [REDACTED]. The Narrative Summary states: "Reportedly, this 2 year old white female presented to [REDACTED] Hospital on 1/1/2015 with fever and weakness. The decedent was diagnosed with a viral infection, confirmed from laboratory testing. The decedent developed bilateral pulmonary hemorrhages as a result of the virus. The decedent's condition steadily deteriorated until death was pronounced at 04:39 on 1/7/2015. [REDACTED] stated that there were no overt signs of trauma, foul play, neglect or abuse upon admission. The case had been screened by [REDACTED] on 1/6/2015, at which time Medical Examiner jurisdiction was declined. The decedent was next released directly to [REDACTED] Funeral Home." This report stated the Cause of Death: "Multiorgan failure due to Parainfluenza virus croup and pneumonia".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/02/2015

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/03/2015

Completed date: 02/03/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, 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 09:40 AM Entered By: [REDACTED]
 2/2/15 10:00 am. CPIT

CASE PRESENTED TO Child Protective Investigative Team (CPIT)

-- [REDACTED] presented this case to [REDACTED] County CPIT. Members were present from DCS, Law Enforcement, the District Attorney, Juvenile Court, and the Child Advocacy Center (CAC).

-- Allegation: Physical Abuse, Neglect Death

-- AP: Unknown

-- ACV: [REDACTED] [REDACTED]

-- Classification Decision: It was agreed to classify this case as Physical Abuse AUPU and Neglect Death AUPU.

-- A copy of the signed CPIT form can be found in the DCS physical file.



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:	01/13/2015	Contact Method:	Phone Call
Contact Time:	08:15 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/13/2015
Completed date:	01/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/13/2015 08:22 AM Entered By: [REDACTED]
 1/13/15 8:15 am. Collateral Contact with [REDACTED], by phone by [REDACTED]
 [REDACTED] phoned [REDACTED] and reported that the Medical Examiner's report for ACV [REDACTED] would be available in eight to fourteen weeks.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2015

Completed date: 01/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2015 09:04 AM Entered By: [REDACTED]

1/8/15 2:00 pm. Notation

On this date [REDACTED] [REDACTED] [REDACTED] requested and received medical records for ACV [REDACTED] [REDACTED] from [REDACTED] [REDACTED]. A copy of the record has been placed in the case file.



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: 01/08/2015 Contact Method: Phone Call
 Contact Time: 10:50 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/08/2015
 Completed date: 01/08/2015 Completed By: [REDACTED]
 Purpose(s): Well Being,Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:50 PM Entered By: [REDACTED]

1/8/15 10:50 to 11:00 am. Collateral Contact with [REDACTED], by phone by [REDACTED]

[REDACTED] received a phone call from [REDACTED] stated he went to the [REDACTED] home on this date and spoke to [REDACTED] and [REDACTED] and [REDACTED] and [REDACTED] stated he explained to the family why an autopsy had been requested. [REDACTED] stated that [REDACTED] stated he and other family members had wanted a full autopsy done but [REDACTED] had asked the uncle, [REDACTED] who told [REDACTED] staff they did not want an autopsy done. [REDACTED] stated he asked to see the basement and the family was fully compliant with no resistance. [REDACTED] stated he did not see any signs of fuel, fuel containers, or signs of meth manufacture. [REDACTED] stated the basement was heated by electric heaters. [REDACTED] stated the family was at a loss to explain the reported odor or fuel on [REDACTED] suggesting it may have come from the EMS vehicle. [REDACTED] stated [REDACTED] stated she had been very sick with flu symptoms the week before but did not go to hospital because she did not have insurance. [REDACTED] stated that Mrs. [REDACTED] said [REDACTED] would have been exposed for about five days. [REDACTED] stated he now believed that this exposure may be the cause for [REDACTED] initial respiratory distress. [REDACTED] stated he told the family they could contact the Medical Examiner if they were still interested in having a full autopsy done. [REDACTED] stated the family still questioned why [REDACTED] condition suddenly worsened while at the hospital. [REDACTED] stated he had not heard from the Medical Examiner's office regarding the request for autopsy. [REDACTED] stated [REDACTED] did not show up as scheduled for questioning.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/07/2015 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/08/2015
 Completed date: 01/08/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Collateral Contact, Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2015 12:49 PM Entered By: [REDACTED]

1/7/15 3:00 to 3:15 pm. Parent Interview with [REDACTED] Collateral Contact with [REDACTED] and [REDACTED] and Sibling Observation with [REDACTED] and [REDACTED] at the family residence at [REDACTED] by [REDACTED]

[REDACTED] made an unscheduled visit to the residence of [REDACTED] and [REDACTED] maternal grandparents. [REDACTED] identified self and was met at the door by [REDACTED] Mr. [REDACTED] stated that if [REDACTED] was there to question the family, [REDACTED] would not be admitted into the home because the family had gone through enough. [REDACTED] stated [REDACTED] was there to offer condolences to the family and offer services. [REDACTED] was admitted into the front room of the home. [REDACTED] observed the home to be relatively clean and full of furniture. [REDACTED] observed the home to be an older frame home, in slight disrepair. [REDACTED] detected no pet odor in the home. [REDACTED] spoke to [REDACTED] and [REDACTED] and uncle [REDACTED] offering condolences to the family for the death of ACV [REDACTED] Mr. [REDACTED] stated he was an over the road truck driver and was on the road when [REDACTED] became sick. Mrs. [REDACTED] stated [REDACTED] had been playing normally the day before, on New Year's Eve, but had a slight cough. Mrs. [REDACTED] stated she gave [REDACTED] some cough medicine before going to bed. Mrs. [REDACTED] stated when the family awoke the next morning, she saw that [REDACTED] was having trouble breathing similar to asthma attack she had seen in her daughter when her daughter was young. Mrs. [REDACTED] stated she encouraged [REDACTED] and [REDACTED] to take their daughter to the [REDACTED] and the family got around and left in approximately fifteen minutes after awakening. [REDACTED] asked to speak to [REDACTED] Mr. [REDACTED] came into the room. Mr. [REDACTED] appeared quiet, sad and subdued. [REDACTED] offered condolences and expressed the need for services for members of the family, especially for [REDACTED] Mrs. [REDACTED] stated that the hospital had scheduled counseling services for Mrs. [REDACTED] at [REDACTED] and an appointment was set for next Monday at 8:30 am. Mr. [REDACTED] declined services at this time. [REDACTED] briefly observed siblings [REDACTED] and [REDACTED] in next room and inquired about their mental health. Mrs. [REDACTED] stated each had cried but she had explained to them that their sister would now be their guardian angel which seemed to comfort them. Mr. [REDACTED] left the room. Mrs. [REDACTED] stated that Mrs. [REDACTED] had slept with some of [REDACTED] toys wrapped in a blanket and had spent part of the day looking through old picture albums. Mr. and Mrs. [REDACTED] described how there were 30 or 40 family members present when [REDACTED] died and how the hospital allowed the family members to say goodbye before drawing the curtains and ending life support.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Mrs. [REDACTED] stated it was only a few minutes later that [REDACTED] died. [REDACTED] [REDACTED] thanked the family for sharing this and noted that [REDACTED] social work had described how well the family had handled the last several days of [REDACTED] life. [REDACTED] [REDACTED] again explained that counseling services were available for the family. Mr. and Mrs. [REDACTED] thanked [REDACTED] for condolences.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/07/2015	Contact Method:	Face To Face
Contact Time:	02:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	01/08/2015
Completed date:	01/08/2015	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: 01/08/2015 12:46 PM Entered By: [REDACTED]

1/7/15 2:15 to 2:45 pm. Collateral Contact with [REDACTED] by [REDACTED]

[REDACTED] met face to face with [REDACTED] at [REDACTED] residence. [REDACTED] reported that the [REDACTED] County Medical Examiner would do a full topical autopsy on ACV [REDACTED] and toxicology if blood could be found from [REDACTED] Hospital or [REDACTED] Hospital. [REDACTED] stated that if anything was found, a full autopsy would be done. [REDACTED] stated that he had received allegations of Meth manufacture and use by [REDACTED] and [REDACTED] from [REDACTED] the mother of [REDACTED] ex-husband. [REDACTED] stated he was scheduled to meet with [REDACTED] on the following morning and would try to determine if there was any substance to the allegation. [REDACTED] stated he would also meet with the [REDACTED] family at their residence to explain the reason for the autopsy request and question further the report of the odor of fuel on [REDACTED] provided [REDACTED] a copy of the medical records for [REDACTED] from [REDACTED] Hospital as requested. [REDACTED] informed [REDACTED] that [REDACTED] would be going to the [REDACTED] residence. [REDACTED] asked [REDACTED] not to question the issue of fuel smell unless [REDACTED] observed fuel or fuel container at the residence.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:45 PM Entered By: [REDACTED]

1/7/15 12:30 pm. Notation

[REDACTED] [REDACTED] received, by mail, medical records for ACV [REDACTED] from [REDACTED] [REDACTED] Hospital. A copy of the records will be placed in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 12:07 PM Entered By: [REDACTED]

[REDACTED] notified all parties involved in the case that the child had passed away after life support was suspended. [REDACTED] and LI [REDACTED] have been in contact with each other regarding next steps. The family will be offered services. A home visit will be completed. The ADA and [REDACTED] [REDACTED] is working on this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method:

Contact Time: 10:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:49 AM Entered By: [REDACTED]
 1/7/15 10:20 am. Notation

At the request of [REDACTED] all medical records received to date from [REDACTED]
 [REDACTED] Hospital and [REDACTED] were faxed to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	01/07/2015	Contact Method:	Correspondence
Contact Time:	08:45 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/07/2015
Completed date:	01/07/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:47 AM Entered By: [REDACTED]

1/7/15 8:45 am. Collateral Contact with [REDACTED] Hospital by fax correspondence by [REDACTED]

[REDACTED] received medical records from [REDACTED] Hospital which included a Report of Death for ACV. Information from Report of Death includes, Date of Arrival: 01/01/2015; Date of Death: 01/07/2015; Official Time of Death: 0439; Admit Diagnosis: Respiratory Failure; Immediate Cause of Death: ARDS and Pulmonary Hemorrhage; Secondary to Parainfluenza virus. Medical examiner's office notified at 0600 of patient's death and declines.

A copy of this medical report has been placed in the case file.

Narrative Type: Created In Error Entry Date/Time: 03/12/2015 02:02 PM Entered By: [REDACTED]

Excerpts from report to be marked in quotation marks.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/07/2015	Contact Method:	Correspondence
Contact Time:	08:45 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/12/2015
Completed date:	03/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/12/2015 02:07 PM Entered By: [REDACTED]

1/7/15 8:45 am. Collateral Contact with [REDACTED] [REDACTED] Hospital by fax correspondence by [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] received medical records from [REDACTED] [REDACTED] Hospital which included a Report of Death for ACV. Information from Report of Death includes: "Date of Arrival: 01/01/2015"; "Date of Death: 01/07/2015"; "Official Time of Death: 0439"; "Admit Diagnosis: Respiratory Failure"; "Immediate Cause of Death: ARDS and Pulmonary Hemorrhage"; "Secondary to Parainfluenza virus." "Medical examiner's office notified at 0600 of patient's death and declines."

A copy of this medical report has been placed in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/07/2015	Contact Method:	Phone Call
Contact Time:	08:40 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/07/2015
Completed date:	01/07/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:46 AM Entered By: [REDACTED]
 1/7/15 8:40 am. Collateral Contact with [REDACTED] Social Worker at [REDACTED] Hospital by phone by [REDACTED]

[REDACTED] received a phone call from [REDACTED] Hospital. Ms. [REDACTED] stated she had spoken to [REDACTED]. Ms. [REDACTED] confirmed that ACV [REDACTED] body was still in the hospital morgue. Ms. [REDACTED] stated the [REDACTED] stated the [REDACTED] County DA would need to talk to the [REDACTED] County Medical Examiner at [REDACTED] directly regarding an autopsy. While on the phone with [REDACTED] Ms. [REDACTED] confirmed that Decedent Affairs will put a hold on the body until notified. Ms. [REDACTED] asked to be notified by [REDACTED] or [REDACTED] County DA if and when body could be released. Ms. [REDACTED] expressed concern that the family would find out that a hold had been placed and become concerned.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/07/2015 Contact Method:
 Contact Time: 08:25 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/07/2015
 Completed date: 01/07/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:44 AM Entered By: [REDACTED]
 1/7/15 8:25 am. Notation

[REDACTED] phoned LI [REDACTED] and notified LI of the death of ACV [REDACTED] LI [REDACTED] stated LI [REDACTED] would notify the Child Abuse Hotline and [REDACTED] regarding the child's death and status of 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:	01/07/2015	Contact Method:	Phone Call
Contact Time:	08:15 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/07/2015
Completed date:	01/07/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:43 AM Entered By: [REDACTED]
 1/7/15 8:15 am. Collateral Contact with [REDACTED] Social Worker at [REDACTED] Hospital by phone by [REDACTED]

[REDACTED] received a phone call from Social Worker [REDACTED] Hospital. Ms. [REDACTED] stated that ACV [REDACTED] had died at 4:39 am this morning. Ms. [REDACTED] stated the family had decided the prior evening not to continue treatment. Ms. [REDACTED] stated that [REDACTED] County Medical Examiner had denied an autopsy be performed. Ms. [REDACTED] stated the family declined an autopsy. [REDACTED] informed Ms. [REDACTED] that [REDACTED] and [REDACTED] County DA wanted an autopsy performed. [REDACTED] asked Ms. [REDACTED] to fax a copy of the Death Report to [REDACTED] and to confirm that [REDACTED] body was still at 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: 01/06/2015 Contact Method:
 Contact Time: 06:00 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 01/07/2015
 Completed date: 01/07/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:41 AM Entered By: [REDACTED]
 1/6/15 6:00 to 6:45 pm. Notation

At approximately 6:00 pm., [REDACTED] received a phone call from [REDACTED] Police Dept. [REDACTED] stated he had just received information from a friend who worked for EMS that ACV [REDACTED] had passed away. [REDACTED] stated he had also received concerns from a family member that [REDACTED] may have ingested Coleman fuel. [REDACTED] stated he would follow up on this. [REDACTED] stated that a family member had informed [REDACTED] of a picture posted to Facebook of [REDACTED] hooked up to tubes in the hospital bed. [REDACTED] said the picture had been taken down but the family member was concerned about bruising on [REDACTED] arms in the picture. [REDACTED] informed [REDACTED] that the social worker at [REDACTED] had informed [REDACTED] that the immediate family was concerned about the father's side of the family taking bits of information and blowing them out of proportion and that [REDACTED] had not observed bruising on [REDACTED] arms on 1/1/15. [REDACTED] stated that [REDACTED] had not been informed by [REDACTED] of [REDACTED] death.

Following the phone call from [REDACTED] phoned LI [REDACTED] and reported [REDACTED] conversation. LI [REDACTED] asked [REDACTED] to phone [REDACTED] Hospital and confirm. LI [REDACTED] she would notify [REDACTED] County DA. [REDACTED] phoned [REDACTED] Hospital and requested PICU. A PICU nurse identified as [REDACTED] stated she would call [REDACTED] back. At 6:45 pm, Nurse [REDACTED] phoned [REDACTED] and reported that ACV [REDACTED] "was still a patient there" and that a Social Worker would phone [REDACTED] in the morning. [REDACTED] phoned LI [REDACTED] and reported the nurse's statement. LI [REDACTED] stated that the [REDACTED] County DA was interested in having an autopsy performed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2015

Contact Method: Correspondence

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:39 AM Entered By: [REDACTED]

1/6/15 4:30 pm. Collateral with [REDACTED] [REDACTED] by fax correspondence by [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] received medical records from [REDACTED] [REDACTED] [REDACTED] by fax correspondence. Records indicate: On 1/1/15 at 12:48 pm, 27 month old white female is here with parents concerning labored respiration started a few hours ago. No known causes. Denies fever, chills, recent illness. Denies any history of reactive airway disease. Mother stated that baby was fine when went to bed. Noticed child in this condition of heavy labored breathing and chest restriction. The assessment was acute respiratory distress and was treated with one Albuterol breathing treatment with no improvement. Activated EMS immediately to transfer to [REDACTED] ED.

A copy of this medical record has been placed in the case file.



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: 01/06/2015 Contact Method: Phone Call
 Contact Time: 01:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/07/2015
 Completed date: 01/07/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:38 AM Entered By: [REDACTED]

1/6/15 1:00 pm. Collateral Contact by phone with [REDACTED] Social Worker at [REDACTED] Hospital, by [REDACTED]

[REDACTED] phoned [REDACTED] Social Worker at [REDACTED] Hospital, to request and update on ACV [REDACTED]. Ms. [REDACTED] reported that the Care Team met with members of the family yesterday including the father, the mother's grandmother and the mother's aunt. Ms. [REDACTED] stated the family was very appropriate asking good questions. Ms. [REDACTED] stated that family was trying to protect [REDACTED] mother from getting too much information at once. Ms. [REDACTED] stated the father reported that the mother had been suffering from depression that was not being currently treated. Ms. [REDACTED] reported that the family stated the mother said she would jump off of the top of the parking garage if [REDACTED] died. All family members stated that [REDACTED] had been the only person that kept the mother from her depression. The father stated he wanted to communicate to the mother regarding [REDACTED] condition. Ms. [REDACTED] stated the family asked appropriate questions such as "how far do we take this". The family was told that every major organ system was failing and doctors were worried about [REDACTED] brain due to the downtime between the last cardiac arrest and being placed on the heart/lung machine. The family stated they would rely on doctors to tell the family when enough was enough (quality of life). Doctors told the family that [REDACTED] had enough of a chance to continue to be aggressive in her treatment. Ms. [REDACTED] stated a safety plan had been devised for the mother so that she would always have family members present, informed the family of Crisis Intervention, and taking the mother next door to the psychiatric hospital if needed.

Ms. [REDACTED] stated that doctors had ruled out that [REDACTED] may have inhaled a chemical substance.

Ms. [REDACTED] stated that the family reported that the father's side of the family was taking every little bit of information and blowing it way out of proportion and wished to shield the father's side of the family from receiving information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/05/2015 Contact Method: Phone Call
 Contact Time: 11:45 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/07/2015
 Completed date: 01/07/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:36 AM Entered By: [REDACTED]

1/5/15 11:45 am. Collateral Contact by phone with [REDACTED] [REDACTED] Social Worker at [REDACTED] [REDACTED] Hospital, by [REDACTED]
 [REDACTED]

[REDACTED] received a phone call from [REDACTED] Ms. [REDACTED] stated she had followed up with doctors attending ACV [REDACTED] Ms. [REDACTED] urine drug screen was positive only for medications that were associated with her initial medical treatment. Ms. [REDACTED] explained that the diagnosis of para-influenza meant that it was a respiratory illness, not a specific virus such as Influenza A. Ms. [REDACTED] stated that there was no clear cause for [REDACTED] condition at the initial presentation but doctors could not say that it was 100% medical. Ms. [REDACTED] stated an airway obstruction was the cause for [REDACTED] condition deterioration 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:	01/05/2015	Contact Method:	Correspondence
Contact Time:	10:15 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/07/2015
Completed date:	01/07/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:34 AM Entered By: [REDACTED]

1/5/15 - 10:15 am. Collateral Contact with [REDACTED] Hospital by fax correspondence by [REDACTED]

[REDACTED] received medical records for ACV [REDACTED] from [REDACTED] Hospital by fax correspondence. Medical records indicate [REDACTED] was admitted on 1/1/15. Assessment and Plan: 27 month old female [REDACTED] who no sig PMH, never hospitalized, with no Fhx of asthma, who presents as transfer from [REDACTED] intubated for acute onset respiratory distress. Plan by Systems: Neuro: Stop sedation and attempt to extubate. Respiratory: Etiology of respiratory distress unclear. Most likely aspiration of FB. No FB on CXR, and no FB on initial read of CT. No signs of singed nares to prompt bronchoscopy. On 1/3/15, records indicate, Interval History: Patient required intubation this AM. Patient thought to have aspiration leading to respiratory failure. Patient initially with right-sided infiltrate, requiring 100% FIO2 and a PEEP of 10. Hypoxia worsened, requiring bagging, then INO and HFOV. The patient had copious bloody output from ETT. The patient had hypotension with increased MAP. She was given copious fluid resuscitation, epinephrine and dopamine infusions. The patient suffered pulseless cardiac arrest associated with hypoxia. The patient had two brief arrests with ROSC after epinephrine doses and chest compression. ECPR alert was called for cannulation. Patient went into pulseless arrest again. The patient was emergently cannulated for VA ECMO by [REDACTED]. Time of this last arrest until initiation of ECMO was approximately 27 minutes. Diagnoses: Cardiac Diagnoses: ECPR for cardiac arrest associated with hypoxia on 1/3/15. Pulmonary/Respiratory Diagnoses: acute respiratory failure. Infectious Disease/Immune Diagnoses: Parainfluenza positive.

A copy of this report has been placed in the case file.



**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:	Phone Call
Contact Time:	10:10 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/07/2015
Completed date:	01/07/2015	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: 01/07/2015 11:33 AM Entered By: [REDACTED]
 1/5/15 10:10 am. Collateral Contact by phone with [REDACTED] Social Worker at [REDACTED] Hospital, by [REDACTED]

[REDACTED] received a phone call from [REDACTED] who stated she would be assigned the case regarding ACV [REDACTED]. Ms. [REDACTED] stated she had been reviewing records involving [REDACTED]. Ms. [REDACTED] stated that on Saturday, 1/3/15, [REDACTED] had an acute problem requiring [REDACTED] to be placed on ECMO which is essentially a heart/lung bypass machine. Ms. [REDACTED] stated that [REDACTED] was "para-influenza positive." [REDACTED] explained that [REDACTED] Police Dept., had spoken to family members who stated that [REDACTED] had the flu and that was the cause of [REDACTED] initial respiratory distress. [REDACTED] asked if this could be confirmed or clarified with doctors. Ms. [REDACTED] stated she would follow up and call back. Ms. [REDACTED] stated she would fax [REDACTED] medical records to [REDACTED] attention.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/05/2015	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/07/2015
Completed date:	01/07/2015	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: 01/07/2015 11:31 AM Entered By: [REDACTED]
 1/5/15 10:00 am. Collateral Contact by phone with [REDACTED] [REDACTED] Social Worker at [REDACTED] [REDACTED] Hospital by [REDACTED]
 [REDACTED] [REDACTED] contacted the pager number [REDACTED] for [REDACTED] [REDACTED] and left the DCS office number for call back.



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:	Phone Call
Contact Time:	08:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/07/2015
Completed date:	01/07/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:30 AM Entered By: [REDACTED]

1/5/15 8:30 am. Collateral Contact with [REDACTED] Police Department, by phone by [REDACTED]

[REDACTED] received a phone call from [REDACTED]. Mr. [REDACTED] stated that he had heard from family members that ACV [REDACTED] had a relapse on 1/3/15. Mr. [REDACTED] stated that family members had stated that [REDACTED] has a new strain of the flu virus and her temperature had gone up to 104.9 and required an ice bath. Mr. [REDACTED] responded that family members stated that they had been advised that the flu virus may have been the initial cause of [REDACTED] respiratory distress.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/02/2015

Contact Method: Attempted Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Other Persons Living in Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 11:27 AM Entered By: [REDACTED]

1/2/15 12:00 pm. Unsuccessful Face to Face with maternal grandmother [REDACTED] [REDACTED] at the family residence at [REDACTED] [REDACTED] by [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] made an unscheduled visit to the residence of maternal grandmother [REDACTED] [REDACTED]. There was no response at the door.



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: 01/02/2015 Contact Method: Phone Call
 Contact Time: 11:45 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 01/02/2015
 Completed date: 01/02/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/02/2015 04:14 PM Entered By: [REDACTED]
 1/2/15 11:55 am. Collateral Contact with [REDACTED] Police Dept. by phone by [REDACTED]

[REDACTED] phoned [REDACTED] Police Department. [REDACTED] reported that on 1/1/15, he went to the family residence at [REDACTED] and two other adults in the home. [REDACTED] reported that he interviewed the maternal grandmother, [REDACTED] and two other adults in the home. [REDACTED] reported that Ms. [REDACTED] stated there was a family history of asthma including herself and [REDACTED] mother. [REDACTED] Ms. [REDACTED] stated [REDACTED] difficulty breathing reminded her of an asthma attack with [REDACTED] when [REDACTED] was a child. Ms. [REDACTED] stated [REDACTED] had been wheezing a little bit the day before. Ms. [REDACTED] stated that Mr. and Mrs. [REDACTED] used alternative forms of discipline with their children and rarely spanked them. [REDACTED] stated there was no history of domestic violence with the family. [REDACTED] stated he had no concerns of foul play regarding [REDACTED] breathing difficulty.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/02/2015	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/07/2015
Completed date:	01/07/2015	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: 01/07/2015 11:25 AM Entered By: [REDACTED]

1/2/15 9:00 am. Collateral Contact with [REDACTED] [REDACTED] Social Worker at [REDACTED] [REDACTED] by phone by [REDACTED] [REDACTED]

[REDACTED] [REDACTED] received a phone call from [REDACTED] [REDACTED] Social Worker at [REDACTED] [REDACTED] Hospital. Ms. [REDACTED] stated ACV [REDACTED] [REDACTED] had been seen by Ophthalmology and no retinal problems were observed. Ms. [REDACTED] provided her pager number as [REDACTED]. [REDACTED] [REDACTED] faxed a Release of Information to Ms. [REDACTED] attention at [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: 01/01/2015 Contact Method: Face To Face
 Contact Time: 08:45 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 01/02/2015
 Completed date: 01/08/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact, Initial ACV Face To Face, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/02/2015 04:13 PM Entered By: [REDACTED]

1/1/15 8:45 to 9:45 pm. Initial ACV Interview/Observation with [REDACTED] Parent Interviews with [REDACTED] and [REDACTED] and Collateral Interviews with Great Aunt [REDACTED] and nursing staff at [REDACTED] Hospital by [REDACTED]

[REDACTED] arrived at the PICU floor of [REDACTED] Hospital. [REDACTED] identified self and spoke briefly to the attending nurse for ACV [REDACTED]. The attending nurse stated that preliminary results from a CAT scan for [REDACTED] indicated a normal scan with no trauma. The attending nurse stated [REDACTED] parents had not been questioned by hospital staff. The attending nurse stated a full skeletal series would be scheduled for the next day when the hospital was fully staffed. [REDACTED] entered Room [REDACTED] and identified self and explained the nature of the visit. Birth mother [REDACTED] father [REDACTED] and great aunt [REDACTED] identified selves. Ms. [REDACTED] stated she had transported Mr. and Mrs. [REDACTED] from [REDACTED] to [REDACTED] Hospital and then to [REDACTED] Hospital on this day. [REDACTED] asked Mr. and Mrs. [REDACTED] to recount the events of the day. Mrs. [REDACTED] stated [REDACTED] had been congested for several days but was playing normally, "running around" yesterday. Mrs. [REDACTED] stated [REDACTED] woke up several times during the night, fussing, which Mrs. [REDACTED] stated was normal and that they usually just restarted a video on TV which [REDACTED] would watch while going to sleep. Mr. and Mrs. [REDACTED] stated they had slept in on this morning and when [REDACTED] woke up, she was having difficulty breathing. Mrs. [REDACTED] stated that [REDACTED] chest was "caving in" as she was breathing. Mr. and Mrs. [REDACTED] stated they took [REDACTED] to the [REDACTED] in [REDACTED] which sent [REDACTED] to [REDACTED] Hospital by ambulance and [REDACTED] had [REDACTED] sent to [REDACTED] by Life Flight. Mrs. [REDACTED] stated [REDACTED] struggle with breathing had never happened before and that [REDACTED] had never been sick except for colds. Mr. and Mrs. [REDACTED] stated all medications were kept in a medicine cabinet, out of [REDACTED] reach. Mr. and Mrs. [REDACTED] stated they had no explanation why someone would have reported that [REDACTED] smelled of diesel fuel. Mr. [REDACTED] stated there was no diesel fuel in the home or item that would require diesel fuel. Mr. and Mrs. [REDACTED] denied knowledge of any physical force that [REDACTED] may have been subjected to that would affect her breathing. Mr. and Mrs. [REDACTED] stated that medical staff had "stuff taped to [REDACTED] neck during the ambulance ride which got her neck all red".

[REDACTED] observed ACV [REDACTED] asleep and breathing normally without any kind of assistance. At



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

one time, [REDACTED] woke up and appeared groggy. [REDACTED] was held by [REDACTED] until [REDACTED] completed paperwork with Mrs. [REDACTED]. Mrs. [REDACTED] then held [REDACTED] in her arms sitting in a chair next to [REDACTED] bed. [REDACTED] went back to sleep. [REDACTED] observed [REDACTED] to have a neck brace around her neck. [REDACTED] observed [REDACTED] torso and limbs and saw no marks or bruises.

[REDACTED] explained the MRS/Assessment process. [REDACTED] also provided the family with a brochure describing the Multiple Response Approach. [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.

[REDACTED] and [REDACTED] stated they were unemployed and had recently moved from [REDACTED] to [REDACTED] to live with the maternal grandmother, [REDACTED] until they could afford a place of their own again. Mrs. [REDACTED] stated they received Food Stamps. Mrs. [REDACTED] stated [REDACTED] received medical services and immunizations with the [REDACTED] and [REDACTED] is covered by TN Care Blue Care.

[REDACTED] stated [REDACTED] would follow up with the family in several days.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/01/2015 Contact Method: Phone Call
 Contact Time: 07:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 01/02/2015
 Completed date: 01/02/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/02/2015 04:11 PM Entered By: [REDACTED]

1/1/15 7:00 pm. Collateral Contact with [REDACTED] [REDACTED] [REDACTED] by phone by [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] received a phone call [REDACTED] [REDACTED] [REDACTED] County Sheriff's Dept. [REDACTED] [REDACTED] stated he had spoken to his Chief and to [REDACTED] [REDACTED] [REDACTED] stated the address for ACV [REDACTED] [REDACTED] was a city address and that the [REDACTED] [REDACTED] [REDACTED] Police Dept. would be assigned. [REDACTED] [REDACTED] stated he would contact [REDACTED] [REDACTED] with the information regarding the investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/01/2015	Contact Method:	Phone Call
Contact Time:	06:40 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	01/02/2015
Completed date:	01/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, 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: 01/02/2015 04:10 PM Entered By: [REDACTED]

1/1/15 6:40 pm. CPIT CONVENED

-- CPIT was convened with [REDACTED] [REDACTED] [REDACTED] a member of the [REDACTED] County CPIT on 1/1/15, as required by DCS policy.

-- Allegation: Physical Abuse

-- AP: Unknown

-- ACV: [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/01/2015

Contact Method: Phone Call

Contact Time: 06:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/02/2015

Completed date: 01/02/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/02/2015 04:08 PM Entered By: [REDACTED]

1/1/15 6:30 pm. Collateral Contact with [REDACTED] [REDACTED] by phone by [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] phoned [REDACTED] [REDACTED] Hospital [REDACTED] . Ms. [REDACTED] stated ACV [REDACTED] was in Room [REDACTED] in PICU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/01/2015	Contact Method:	Phone Call
Contact Time:	06:25 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	01/02/2015
Completed date:	01/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/02/2015 04:06 PM Entered By: [REDACTED]

1/1/15 6:25 pm. REFERENT CONTACT

-- [REDACTED] [REDACTED] contacted referent on 1/1/15 to inquire about reported information and any additional case relevant information available.



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: 01/01/2015 Contact Method:
 Contact Time: 06:20 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/02/2015
 Completed date: 01/02/2015 Completed By: [REDACTED]
 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: 01/02/2015 04:04 PM Entered By: [REDACTED]

INITIAL CASE SUMMARY

-- On 01/01/15 at 4:49 pm, a P1 intake was called into the DCS Child Abuse Hotline. The intake was screened into [REDACTED] County at 5:58 pm with allegation of Physical Abuse against alleged perpetrator, Unknown. The alleged child victim is [REDACTED]. The intake was assessed and assigned by Lead [REDACTED] to [REDACTED] on 01/02/15. Response is due on: 01/02/15 at 4:49 pm. It is unknown at this time if the child(ren) are of Native American decent. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. Contact will be made with the referent within 30 days if necessary.

-- The intake stated:

The child, [REDACTED] (age 2), was transported to [REDACTED] Hospital from [REDACTED] Hospital today, 1-1-2015. [REDACTED] was taken to [REDACTED] when she was found to have difficulty breathing and eventually became non-responsive. The referent has limited information on the family and does not know if the family has history with the [REDACTED] Department of Children Services, domestic violence or any other concerns. The reporter notes that at this time there is no parent or caretaker with the child and the caretaker has not made contact with [REDACTED] Hospital.

[REDACTED] staff reports that they have made a referral to the Tennessee Department of Children Services (Note - no other referral could be found regarding this situation.) It was told via a third party to [REDACTED] staff that there was possible strangulation to the child, but it was not reported who may have strangled the child. It was also claimed by another family member that [REDACTED] may smell like diesel fuel, but it is unknown why she would smell like diesel fuel. It is unknown how [REDACTED] arrived at [REDACTED] Hospital. While [REDACTED] was at [REDACTED] it is noted that at least one family member (name and information unknown) reported concerns of abuse towards the child and neglect at the family's home. Specific information regarding what type of abuse and neglect is not known.

It appears via a chart from [REDACTED] that the child was taken to [REDACTED] in reference to possible respiratory distress. [REDACTED] was previously taken to an outside clinic and given a nebulizer. This was reported to have taken place earlier today, January 1, 2015, when [REDACTED] was having difficulty breathing.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] is currently at [REDACTED] Hospital and has been there for over an hour. Medical staff continues to work on her at this time.

Child Abuse Hotline Worker contacted [REDACTED] for additional information

[REDACTED] is believed to be in custody of her mother, [REDACTED]. The father of the child is unknown, but he is now at the hospital with [REDACTED]. There are three other children residing in the home as well as three other adults residing in the home. All the names of the children and additional adults are unknown. It is noted that at the time of the beginning of the report, no parents were at the hospital, but they are there now.

[REDACTED] does have a 2 cm linear mark to the right side of her neck. There were no other marks or injuries noted. [REDACTED] has been intubated and is not breathing on her own. It is noted that [REDACTED] had to be paralyzed and sedated. A CT has been done, but the results are still pending at this time. A full skeletal has not been done and has not been ordered at this time. It is not known at this time what would have happened to cause [REDACTED] to have difficulty breathing.

It is unknown if there is any medication in the home that [REDACTED] could have gotten into, however, the parents stated that they do not believe [REDACTED] got into any medication. The parents volunteered this information to the staff at [REDACTED] Hospital. The parents have not been interviewed at this time by hospital staff. It is unknown what the parents would say in reference to the allegations of possible strangulation. It is unknown if anyone in the home has alcohol or drug issues. The referent is unaware as to if there is anyone in the home that has mental health issues.

Neither the initial referent nor additional referent has knowledge of the behavior of the parents or their interactions with the child or staff. Law Enforcement has not been contacted at this time. [REDACTED] has been placed in the PICU at this time.

TFACTS HISTORY CHECK

-- [REDACTED] performed a search in TFACTS on 01/01/15 for DCS history on the family members and other involved individuals and reviewed all results from that search.

08/07/13, INV # [REDACTED] LOS NSN; ACV [REDACTED] AP [REDACTED]
 10/09/11, INV # [REDACTED] DEC SR&R; ACV [REDACTED] AP [REDACTED] DEC NSN; ACV [REDACTED]
 [REDACTED] AP [REDACTED]
 03/03/08, INV # [REDACTED] EN NSN; ACV [REDACTED]
 [REDACTED]
 10/09/11, INV # [REDACTED] DEC NSN; ACV [REDACTED] AP [REDACTED]
 12/29/05, INV # [REDACTED] Sub Risk of Sexual Abuse AUPU; ACV [REDACTED] AP [REDACTED]

REFERENT NOTIFICATION

-- The referent notification is through the CARAT.

HOUSEHOLD COMPOSITION

-- The ACV(s) primary household is comprised of the following individuals:

1. ACV [REDACTED]
2. [REDACTED], age 8, sibling
3. [REDACTED], age 6, sibling
4. [REDACTED] Birth Mother
5. [REDACTED] Birth Father, Step-Father
6. [REDACTED] Maternal Grandmother
7. [REDACTED]



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 1/1/15 4:49 PM Date of Assessment: 1/1/15 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 3

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: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 1/1/15 4:49 PM

Date of Assessment: 2/2/15 12:00 AM

Assessment Type: Closing

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.
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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:

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1. Intervention or direct services by worker as part of a safety plan.
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Tennessee Department of Children's Services
SDM™ Safety Assessment

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