



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 03/02/2015 02:01 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/02/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 03/03/2015 07:52 AM
 First Team Leader Assigned: [REDACTED] Date/Time 03/03/2015 07:52 AM
 First Case Manager [REDACTED] Date/Time 03/03/2015 07:52 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Medical Maltreatment	No	[REDACTED]	Birth Mother
[REDACTED]	1 Yr	Medical Maltreatment	No	Unknown Participant [REDACTED] Unknown	Birth Father

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: Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP: No
 Prior number of INV/ASMT: 1
 Prior INV/ASMT within the last three years: No
 Number of Screen Outs: 0
 DUPLICATE REFERRAL: No
 County: [REDACTED]
 Notification: Email



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

School/ Daycare: Unknown

Native American Descent: No

Directions: [REDACTED]

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] resides with his birth mother, [REDACTED] and birth father, (name unknown). There are additional children and adults residing in the home, but their demographic information is unknown.

[REDACTED] is a patient in the cardiology unit and has been going to his appointments. Dr. [REDACTED] (Medical Facility) is [REDACTED] primary cardiologist, and has informed the family that [REDACTED] has total vian anemology. If [REDACTED] doesn't have surgery to correct this, he will die. The family was informed that [REDACTED] will die without this procedure, his surgery was scheduled with [REDACTED] but the family has not showed up twice. The family has TENCARE and [REDACTED] surgery will be covered under their plan. [REDACTED] also offers services to have the family transported to their facility

[REDACTED] and the families' primary care physician have attempted to contact them, but have been unable to get through. The family does not speak English and an interpreter has called the family, and will be required upon visit. The family is aware that numerous attempts to reach them have been done, but refuse to answer the phone when the see specific numbers.

Special needs or Disabilities: None

Child's current location/is the child safe at this time: Unknown

Perpetrator's location at this time: Unknown

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

Domestic Violence present in the home: There are no known safety concerns

Per SDM: Investigative Track, P1 - [REDACTED] Case Manager 1 3-2-2015 (2:20) PM



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Unable to Age: 1 Yr

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:

Participant ID: [REDACTED]

SSN:

Race: Unable to

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: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Unable to

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/02/2015

Assignment Date: 03/06/2015

Street Address:

City/State/Zip:

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	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 04/29/2015
2	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 04/29/2015
3	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 04/29/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: "The case will be closed and classified as AUPU for the allegation of Child Neglect Death". Medical Maltreatment will be classified as AUPU, as well due to there being no evidence to substantiate the allegation.

D. Case Workers

Case Worker: [REDACTED]

Date: 04/29/2015

Team Leader: [REDACTED]

Date: 04/29/2015

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:

Saw the baby ([REDACTED]), spoke with the older 2 children (19 year old son and 23 year old daughter) and the 3 younger children at the initial home visit. The middle children were at Bible Study but all were later seen at the home visit after baby [REDACTED] death.



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)?

Reporter states:

██████████) resides with his birth mother, ██████████ and birth father, (name unknown). There are additional children and adults residing in the home, but their demographic information is unknown.

██████████ is a patient in the cardiology unit and has been going to his appointments. Dr. ██████████ (Medical Facility) is ██████████ primary cardiologist, and has informed the family that ██████████ has total vian anemology. If ██████████ doesn't have surgery to correct this, he will die. The family was informed that ██████████ will die without this procedure, his surgery was scheduled with ██████████ but the family has not showed up twice. The family has TENCARE and ██████████ surgery will be covered under their plan. ██████████ also offers services to have the family transported to their facility

██████████ and the families' primary care physician have attempted to contact them, but have been unable to get through. The family does not speak English and an interpreter has called the family, and will be required upon visit. The family is aware that numerous attempts to reach them have been done, but refuse to answer the phone when the see specific numbers.

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

They each stated that the mother had taken the baby to ██████████ in January but the surgery was not done due to the child having a temp - they were sent back home. They went to the cardiologist @ ██████████ February 3rd and was told to go back to ██████████ (February 23rd). One of the doctors (I could not determine if it was the pediatrician ██████████ or the cardiologist @ ██████████ told her that if the baby is ill not to take him. She stated she was given to liquid Tylenol for him for the fever; which she used all of it. She stated she was told that the rasping in his chest should last 2 weeks but it has been longer than 2 weeks. She stated that they could not give her any medicine for the chest. She stated that the rasping is the reason they did not go. She admitted that she did not call either of the hospitals or the pediatrician to report why she did not bring him. Originally she stated she did not have ██████████ phone number. I asked her if she was not given phone number or address how she would now where to go. I asked to let me see any paperwork from ██████████ and she showed the paperwork that is in English. Investigator told her that the doctors have been trying to get in touch with her. They stated she has a phone but no signal at the residence. Investigator asked her what she would do if she needed to call 911 and they stated they would go to a neighbor and ask to use their phone. The mother stated that she would like for it to be done at ██████████ She stated that she has other children that she will not have anybody to keep when she & the baby is in ██████████ Investigator told her that if ██████████ asked her to go to another hospital it is likely that they can't do it there. The mother stated that she has a total of 8 children. Her son works at ██████████ and her daughter has her own 4 month old son that is 10 days older than her brother. I spoke with the mother and the father separately as the father was in the kitchen during my talk with the mother in the living room. Each said the same reasoning. She stated that she wanted them to do it in ██████████ because she has other children and if they are in ██████████ has no one to watch the other children. She stated that she was told by the doctor if her son does not have the surgery he could live 1 or 2 years. She stated that a little girl at her church had the surgery 2 times and only lived 1 month. I told the mother and her adult son to take the child to the Pediatrician's (Dr. ██████████ office the next morning and to sign a release so that he can speak with me. Investigator told them that if the doctor had told them it could last 2 weeks that what they were telling me it had been longer than 2 weeks. They stated that their mother is hard to understand what they say to her is the reason I asked her adult son to go with her. He has a license and can drive.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

Telephone call with [REDACTED] Hospital social worker - She stated that in the patient chart on the 24th it is charted "did not show up for pre-op but records shows the patient will be rescheduled". She stated she has not met dad but the mom was very attentive to the baby. She was very nice & pleasant. She stated the mother has limited understanding and is limited. Communication is a barrier. Mom has very limited communication and English skills. The mother was there the end of January to have the surgery but baby [REDACTED] was not able to undergo the surgery due to his illness.

Home visit with the family. They stated that January 16th they were in [REDACTED] February 3rd they went to a doctor here and February 23rd he was scheduled for the appointment. Mom filled the medicine. The doctor took the baby off the respirator without asking and put glue on his eyes to close them at 2:00 or so. She stated that in the ambulance they injected the medicine in his leg. They stated that the mom was praying the baby would be okay. The mom said they took the tubes out of him. The mother was holding the baby. They did not say anything to her. They took all the tubes out when the baby opened his eyes. He was okay and they took the tubes out. They stated their brother was treated worst than an animal. She stated that the family was there and their pastor. The doctor says they put liquid in his leg with the needle to get the blood to circulate. The funeral is scheduled tomorrow at [REDACTED] on [REDACTED] Ave at 9 AM. The family attends [REDACTED] close to McDonald's. They are using the cemetery off [REDACTED] on [REDACTED]

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

The family identified THEIR CHURCH CONGREGATION AS sources of support. The family has a vehicle for transportation. The children have TennCare for health insurance. [REDACTED] WORKS FOR [REDACTED] THE FATHER HAS JUST RECENTLY BEGAN EMPLOYMENT. THE [REDACTED] SOCIAL WORKER HAS AGREED TO SET THEM UP WITH AVAILABLE GRIEF COUNSELOR AND HAS OFFERED TO ASSIST WITH TO ATTEMPT GET DONATIONS OR TO FIND DONORS WHO MAY ASSIST WITH THE 41734.31 BURIAL EXPENSE. THIS INVESTIGATOR GAVE THEM THE UNITED WAY LISTING OF AVAILABLE RESOURCES AND PHONE NUMBERS FOR EACH AGENCY. INVESTIGATOR ALSO RECOMMENDED THEY CONTACT THE SALVATION ARMY ON [REDACTED] AVENUE WHO HAS SERVICES AND SPANISH SPEAKING SOCIAL WORKER. LASTLY, INVESTIGATOR SUGGESTED EACH SCHOOL AGED CHILD SPEAK WITH THE COUNSELORS AT THEIR SCHOOL FOR GRIEF COUNSELING.

Distribution Copies: Juvenile Court in All Cases
 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/05/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/05/2015

Completed date: 10/05/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/05/2015 03:11 PM Entered By: [REDACTED]

LI received formal permission from [REDACTED], to approve case for closure. All investigative task have been completed and closure approved by LI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:25 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

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Contact Time:	02:25 PM	Contact Duration:	
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Location:		Created Date:	10/12/2015
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/12/2015 01:25 PM Entered By: [REDACTED]
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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:25 PM	Contact Duration:	
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Contact Time:	02:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
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Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:25 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:25 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/12/2015 01:25 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

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Completed date:	10/12/2015	Completed By:	[REDACTED]
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Children Concerning**Participant(s)****Narrative Details**

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Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Case Id: [REDACTED]

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Case Status: Close

Organization: [REDACTED] Region

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Case Status: Close

Organization: [REDACTED] Region

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

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Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:25 PM Entered By: [REDACTED]
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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/05/2015

Contact Method:

Contact Time: 02:25 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/12/2015

Completed date: 10/12/2015

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Narrative Type: Original Entry Date/Time: 10/12/2015 01:25 PM Entered By: [REDACTED]

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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/15/2015

Contact Method:

Contact Time: 09:10 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/15/2015

Completed date: 09/15/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2015 08:15 AM Entered By: [REDACTED]

LI reviewed submitted closing SDM assessment. Investigator submitted a "safe" assessment; approved by LI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/03/2015 Contact Method:
Contact Time: 09:30 AM Contact Duration:
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Created Date: 09/03/2015
Completed date: 09/03/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Administrative Review
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/03/2015 Contact Method:
Contact Time: 09:30 AM Contact Duration:
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Created Date: 09/03/2015
Completed date: 09/03/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Administrative Review
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/03/2015 Contact Method:
Contact Time: 09:30 AM Contact Duration:
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Created Date: 09/03/2015
Completed date: 09/03/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Administrative Review
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/03/2015 Contact Method:
Contact Time: 09:30 AM Contact Duration:
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Created Date: 09/03/2015
Completed date: 09/03/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Administrative Review
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/03/2015
Completed date:	09/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/03/2015
 Completed date: 09/03/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/03/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/03/2015
 Completed date: 09/03/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/03/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/03/2015

Completed date: 09/03/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2015 10:28 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/29/2015

Contact Method:

Contact Time: 10:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/29/2015

Completed date: 04/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2015 09:21 PM Entered By: [REDACTED]

LI reviewed recommended classification. Investigator has recommended an Unsubstantiated classification for all allegations. Severe classification was presented to, and accepted by the CPIT panel on today's date. LI also concurs. Notification of Classification will be sent to [REDACTED] Co. Juvenile Court and the District Attorney's Office via 740 forms. Case needs to be reviewed by Central Office prior to closing.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/29/2015	Contact Method:
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 09/14/2015
Completed date: 09/14/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/14/2015 01:14 PM Entered By: [REDACTED]

Notification to the Judge/DA were made according to regional protocol. An autopsy was not completed on the ACV but the Hospital's discharge Summary is uploaded in Documents.

The referral was received on 3/2/15 for Medical Maltreatment with [REDACTED] as the ACV. This is a non-custodial & there is no DCS (Department of Children Services) history with this family. Investigators [REDACTED] & [REDACTED] went to the home on 3/2/15 and discussed the allegations with the family and the need to follow up with the pediatrician (Dr. [REDACTED] - [REDACTED] on [REDACTED] the following morning. The mother is very limited and speaks Spanish. Her adult son was asked to accompany her to the pediatrician so that the child could be seen. On 3/3/15 the family went to the Pediatrician's office and the child stopped breathing. CPR was started at the pediatrician's office and the child was transported to [REDACTED] Children's office via ambulance. The child was placed in the Pediatric Intensive Care Unit at [REDACTED] until he passed away 3/6/15 @ 3:05 AM. Dr. [REDACTED] was the attending physician.

Office of Child Safety Investigators [REDACTED] (assisted with the Spanish translations) and [REDACTED] (on call worker). DCS Attorney, [REDACTED] & [REDACTED] Coordinator [REDACTED] were consulted. The incident happened in [REDACTED] Police Department's jurisdiction. Officer [REDACTED] phoned Investigator to notify to take statement of involvement for the report. This case was not assigned to a Detective in the Criminal Investigation Department. Doctor [REDACTED] (Hospital) was consulted regarding the condition (Total Anomalous Pulmonary Venous Return (TAPVR) as well as Hospital Social Worker [REDACTED] Hospital Social Worker) & [REDACTED] (Children's Cardiology) were involved. Assistant District Attorney [REDACTED] consulted.

The alleged perpetrator in the Medical Maltreatment is listed as the parents [REDACTED] - birth mother & [REDACTED] - birth father) and the mother is listed as the alleged perpetrator in the Neglect Death. Individual interviews were held with the family members, law enforcement, and with medical professionals.

Family members - Each stated the child had been taken for the surgery in January but the surgery was not done because the child was ill. They stated the mother did not take him to [REDACTED] in February due to 1) the child was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

congested; 2) she has other minor children and did not have anyone to keep the other children while she is in [REDACTED] 2 days and her husband could not because he has only worked 1 week at his job; 3) was told that the child may live 1 or 2 years without the surgery but they know of a girl who lived 2 weeks after her 2nd surgery; 4) weather was a factor - iced over in [REDACTED] and [REDACTED] county schools were closed; 5) instructions provided in English which she doesn't understand English and she did not know that medication was to be refilled; 6) she did not phone the hospital nor pediatrician because her cell phone does not get service at her home.

Law Enforcement - Inquired about DCS's allegation and open case as they were provided Investigator's business card by the family; to notify Investigator that child stopped breathing at the hospital and was being transported to Children's Hospital via ambulance

Medical Professionals - Missed pre-op (2/23/15) and surgery (2/24/15) scheduled at [REDACTED] Hospital; Mother is very limited in Spanish, understands very little English, attends the appointments with child alone and instructions were provided in English. They, also, explained the condition (Total Anomalous Pulmonary Venous Return (TAPVR)).

Hospital Social Workers - Mother was attentive to child; [REDACTED] appointment was to be rescheduled; instrument stuck in the child's right leg bone caused it to bruise (black & blue) and if the child survives, his leg would have to be amputated.

Medical Neglect is defined as: A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment applies to procedures or treatment that a physician or other medical professional deems necessary. Medical neglect does not include elective health care or treatment. Medical neglect may rise to the level of severe abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

The Medical Maltreatment allegation @ intake was not marked Severe so CPIT was not convened and a police report was not made prior to meeting and making response. However, the case was presented to CPIT on 3/25/15 (within 30 day time frame) and again on 4/29/15. During the 3/25/15 the ADA was given a copy of the file which included photographs of the child in the home with the family members and in the hospital with the father as well as medical records from [REDACTED] dated 2/4/15 - 03/6/15 (date of death).

Request for [REDACTED] Medical Records were faxed to [REDACTED] on 3/3/15 received 3/12/15. 3/25/15 was the next CPIT date after the records were received.

Referral for Tennessee Early Intervention Services (TEIS) & Help Us Grow Stronger (HUGS) were also, faxed on 3/3/15. The medical records obtained are in a file labeled under the mother's name Medical Records.

Per policy and Work Aid 1, 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 direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse; Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

There is not a preponderance of evidence to substantiate the allegation. The alleged perpetrator was acting appropriately at the time of the incident.

This case was discussed in [REDACTED] County Child Protective Investigative Team on 3/25/15 in which the Assistant District Attorney [REDACTED] requested CPS file. The complete file and medical records were provided. The case was presented to the Child Protective Investigative Team panel again on 4/29/15.

"The case will be closed and classified as AUPU for the allegation of Child Neglect Death". Medical Maltreatment will be classified as AUPU, as well due to there being no evidence to substantiate the allegation.

Narrative Type: Addendum 3 Entry Date/Time: 09/16/2015 12:56 PM Entered By: [REDACTED]

Background Checks completed via Internet:

[REDACTED] County General Sessions or Criminal Court did not have a match for [REDACTED] or [REDACTED].

Closing Safety Assessment completed and marked "Safe".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Medical Discharge Summary was scanned into the TFACTS document file and marked "Autopsy Report".

Narrative Type: Addendum 2 Entry Date/Time: 09/15/2015 07:56 AM Entered By: [REDACTED]

Medical records are included from the Date Of Birth - the Date Of Death are included in a rather thick file of its own under the mother's name & Medical Records.

Narrative Type: Addendum 1 Entry Date/Time: 09/15/2015 07:37 AM Entered By: [REDACTED]

I documented that I have records in the file from 2/4/15 until the death 3/6/15 but I actually have records that began 1/14/15 when he was initially diagnosed with the heart condition.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/29/2015 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 04/29/2015
 Completed date: 04/29/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2015 08:54 AM Entered By: [REDACTED]

No evidence to substantiate the allegation either allegation.

Neglect Death - CPIT members (ADA [REDACTED] Juvenile court Rep, DCSI & LI) met and agreed on 4/29/15 on AUPU Classification



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 04/28/2015	Contact Method:
Contact Time: 08:00 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/28/2015
Completed date: 04/29/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 04/28/2015 08:53 AM Entered By: [REDACTED]

The referral was received on 3/2/15 for Medical Maltreatment with [REDACTED] as the ACV. This is a non-custodial & there is no DCS (Department of Children Services) history with this family. Investigators [REDACTED] & [REDACTED] went to the home on 3/2/15 and discussed the allegations with the family and the need to follow up with the pediatrician (Dr. [REDACTED] - [REDACTED] on [REDACTED] the following morning. The mother is very limited and speaks Spanish. Her adult son was asked to accompany her to the pediatrician so that the child could be seen. On 3/3/15 the family went to the Pediatrician's office and the child stopped breathing. CPR was started at the pediatrician's office and the child was transported to [REDACTED] Children's office via ambulance. The child was placed in the Pediatric Intensive Care Unit at [REDACTED] until he passed away 3/6/15 @ 3:05 AM. Dr. [REDACTED] was the attending physician.

Office of Child Safety Investigators [REDACTED] (assisted with the Spanish translations) and [REDACTED] (on call worker). DCS Attorney, [REDACTED] & Investigations Coordinator [REDACTED] were consulted. The incident happened in [REDACTED] Police Department's jurisdiction. Officer [REDACTED] phoned Investigator to notify to take statement of involvement for the report. This case was not assigned to a Detective in the Criminal Investigation Department. Doctor [REDACTED] ([REDACTED] Hospital) was consulted regarding the condition (Total Anomalous Pulmonary Venous Return (TAPVR) as well as Hospital Social Worker [REDACTED] Hospital Social Worker) & [REDACTED] (Children's Cardiology) were involved. Assistant District Attorney [REDACTED] consulted.

The alleged perpetrator in the Medical Maltreatment is listed as the parents [REDACTED] - birth mother & [REDACTED] - birth father) and the mother is listed as the alleged perpetrator in the Neglect Death. Individual interviews were held with the family members, law enforcement, and with medical professionals.

Family members - Each stated the child had been taken for the surgery in January but the surgery was not done because the child was ill. They stated the mother did not take him to [REDACTED] in February due to 1) the child was congested; 2) she has other minor children and did not have anyone to keep the other children while she is in [REDACTED] 2 days and her husband could not because he has only worked 1 week at his job; 3) was told that the child may live 1 or 2 years without the surgery but they know of a girl who lived 2 weeks after her 2nd surgery; 4) weather



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

was a factor - iced over in [REDACTED] and [REDACTED] county schools were closed; 5) instructions provided in English which she doesn't understand English and she did not know that medication was to be refilled; 6) she did not phone the hospital nor pediatrician because her cell phone does not get service at her home.

Law Enforcement - Inquired about DCS's allegation and open case as they were provided Investigator's business card by the family; to notify Investigator that child stopped breathing at the hospital and was being transported to Children's Hospital via ambulance

Medical Professionals - Missed pre-op (2/23/15) and surgery (2/24/15) scheduled at [REDACTED] Hospital; Mother is very limited in Spanish, understands very little English, attends the appointments with child alone and instructions were provided in English. They, also, explained the condition (Total Anomalous Pulmonary Venous Return (TAPVR)).

Hospital Social Workers - Mother was attentive to child; [REDACTED] appointment was to be rescheduled; instrument stuck in the child's right leg bone caused it to bruise (black & blue) and if the child survives, his leg would have to be amputated.

Per policy and Work Aid 1, 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 direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse; Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

There is not a preponderance of evidence to substantiate the allegation. The alleged perpetrator was acting appropriately at the time of the incident.

This case was discussed in [REDACTED] County Child Protective Investigative Team on 3/25/15 in which the Assistant District Attorney [REDACTED] requested CPS file. The complete file and medical records were provided. The case was presented to the Child Protective Investigative Team panel again on 4/29/15.

"The case will be closed and classified as AUPU for the allegation of Child Neglect Death". Medical Maltreatment will be classified as AUPU, as well due to there being no evidence to substantiate the allegation.

Narrative Type: Created In Error Entry Date/Time: 09/14/2015 01:25 PM Entered By: [REDACTED]

Medical Neglect allegation definition left out



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2015

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/15/2015

Completed date: 04/15/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2015 02:22 PM Entered By: [REDACTED]

Investigator sent email requesting that this overdue case be put back on the docket but was not on today's docket.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/26/2015

Contact Method:

Contact Time: 04:11 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/26/2015

Completed date: 03/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2015 03:21 PM Entered By: [REDACTED]

LI reviewed submitted SDM assessment. Investigator has submitted a "safe" assessment; approved by LI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2015

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/26/2015

Completed date: 03/26/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2015 09:31 AM Entered By: [REDACTED]

CASE PRESENTED TO CPIT - PASSED TO ALLOW ADA TO LOOK AT THE FILE. PHOTOGRAPHS & MEDICAL RECORDS PRIOR TO THE HOSPITAL STAY THAT BEGAN 3/3/15 WERE PROVIDED. THE RECORDS PROVIDED TO INVESTIGATOR DID NOT INCLUDE THE 3/3/15 - 03/16/15 STAY BUT HAVE BEEN REQUESTED FROM [REDACTED]/HEALTHPORT. [REDACTED] (MEDICAL RECORDS) STATED THEY WERE MAILED OUT 3/23/15.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Investigator told them the Social Worker from [REDACTED] was trying to reach them but the voice mail was full and she could not leave a message. They stated that they could not get service there. Investigator asked if they had another number she could call and [REDACTED] provided her phone number to be given.

Investigator apologized for only having the United Way/211 listing in English but gave it to [REDACTED] and explained its uses. Investigator explained the CPIT process to them but told them it is a process that has to be completed and if Law Enforcement contacts them to just tell the truth and answer the questions just like they did me. Investigator explained that it is a formality due to the child death. The process concerned the father because he is not a citizen and he stated that he doesn't want them to think he did anything wrong to his son. Investigator explained that she would not be able to attend the services but wanted to come to offer condolences. They thanked Investigator for doing so.

Narrative Type: Addendum 1 Entry Date/Time: 03/26/2015 07:29 AM Entered By: [REDACTED]

Telephone call with [REDACTED] Hospital social worker - She stated that in the patient chart on the 24th it is charted "did not show up for pre-op but records shows the patient will be rescheduled". She stated she has not met dad but the mom was very attentive to the baby. She was very nice & pleasant. She stated the mother has limited understanding and is limited. Communication is a barrier. Mom has very limited communication and English skills. The mother was there the end of January to have the surgery but baby [REDACTED] was not able to undergo the surgery due to his illness.

Home visit with the family. They stated that January 16th they were in [REDACTED] February 3rd they went to a doctor here and February 23rd he was scheduled for the appointment. Mom filled the medicine. The doctor took the baby off the respirator without asking and put glue on his eyes to close them at 2:00 or so. She stated that in the ambulance they injected the medicine in his leg. They stated that the mom was praying the baby would be okay. The mom said they took the tubes out of him. The mother was holding the baby. They did not say anything to her. They took all the tubes out when the baby opened his eyes. He was okay and they took the tubes out. They stated their brother was treated worst than an animal. She stated that the family was there and their pastor. The doctor says they put liquid in his leg with the needle to get the blood to circulate. The funeral is scheduled tomorrow at [REDACTED] on [REDACTED] Ave at 9 AM. The family attends [REDACTED] on [REDACTED] close to McDonald's. They are using the cemetery off [REDACTED] on [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/06/2015

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2015

Completed date: 03/10/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/10/2015 09:55 PM Entered By: [REDACTED]

Hospital Social worker [REDACTED] phoned to report that the child expired. She asked if Investigator was coming to the hospital and stated that a bunch of people were up there. Investigator told her that she was not.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/04/2015	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	03/10/2015
Completed date:	03/10/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/10/2015 09:30 PM Entered By: [REDACTED]

Investigator [REDACTED] went to [REDACTED] and met with Dr. [REDACTED] and Hospital Social Worker, [REDACTED]. Dr. [REDACTED] explained the child's condition, the fact that blood was only traveling through the right side of the child's heart and not the left side which causes his right side to be overworked. She stated the medicine (to help) given to the mother was not refilled and resulted in the rasping. She stated that she understand that the instructions were in English, the mother is limited even in Spanish and the child is no longer a candidate for the surgery due to his weak heart. She stated that there has been several systematic errors. She asked if Investigator could imagine that she understands English and the med ology has to be explained how it would be for someone who is limited in Spanish but doesn't read nor write in English. Hospital discharge instructions were provided to the mother in English. The prescription was in English. Dr. [REDACTED] stated she could not say the parents were negligent.

Hospital social worker stated that she doesn't think the child under 10 is valued in their culture because he isn't able to work. She asked if Investigator was going to see the child in PICU and Investigator stated she would. She then explained to Investigator that when attempting to stick a needle in the child's leg had been stuck in the child's bone causing his leg to turn blue and if he survives the leg would have to be amputated. She agreed to take Investigator to see the child. Investigator informed them that referrals had been made to HUGS (Help Us Grow Stronger) & TEIS for in home services to assist the family by this Investigator and informed them that a Spanish speaking worker was requested for the family.

Investigator asked them about the weather in [REDACTED] & [REDACTED] on the 23rd & 24th. Each agreed that it was forecasted a "Wintery Mix" and that schools may have been out in [REDACTED] county and the conditions were worst in [REDACTED]. They stated they do not know if TNCare transportation would have taken her. Investigator told them that if schools were out she would have the school age children as well.

Investigator went to the PICU and was told by the nurses that a male was in with the child but it was not the one that had been there with the mother and they did not know who he was. Investigator went to the room and told them that the man with the child is his father. Investigator spoke with Mr. [REDACTED] and took pictures of he & his son. The leg was discolored bluish/black from below the knee. The social worker stated she would notify Investigator if the condition change. Investigator thanked her and left the hospital afterwards.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 1 Entry Date/Time: 03/26/2015 10:21 AM Entered By: [REDACTED]

Meeting with Dr. [REDACTED] & [REDACTED] who stated that the condition is known as Total Anomalous Pulmonary Venus Return (TAPVR). Dr. [REDACTED] explained that the blood should come from lungs w/oxygen (left atrium to the left ventricle) and then the blood to the body through the aorta. It comes back without oxygen to the interior or superior vena cava then same as above but on the right. It was noted at 6 weeks. [REDACTED] blood is only partially oxygenated to the body. His is mixed with "yucky" blood. Dr. [REDACTED] stated that it could result in congestive heart failure. Once diagnosed the surgery was to put the veins in the right place. In January the kid had a bad cold. [REDACTED] sent him home w/medicine (Lissinoprel & Lasix) to keep from going into failure. 2 or 3 weeks they ran out of prescriptions and he was supposed to take the medicine until... He is in PICU. There is no way to survive. Dr. [REDACTED] stated that she think that it is not intentional but that there were "several system errors". She stated that he is no longer a candidate for the surgery because he is "too weak". Social Worker accompanied the Investigator to the PICU.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/02/2015	Contact Method: Face To Face
Contact Time: 05:00 PM	Contact Duration: Less than 05 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/06/2015
Completed date: 03/10/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview,Referent Interview,Sibling Interview/Observation	

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/06/2015 12:54 PM Entered By: [REDACTED]

4:30 PM - Telephone call with the referent who stated that the last time the patient was in their office was 2/3/15 and was scheduled to go to [REDACTED] for pre-op on 2/23 and the surgery was to take place on 2/24/15. The referent stated that attempts to contact the family was unsuccessful due to each attempt the phone number was recognized and unanswered. She stated that the cardiology office & [REDACTED] was unsuccessful in phone attempts.

Investigator [REDACTED] went to the home with Investigator [REDACTED] (to interpret - Spanish); On the 1st Visit Investigators were told that mother and child were not there but was gone to the store by family member - The daughter asked for a business card and was provided one. They stated that she did not have a phone when Investigator asked for her number but they stated they would have her call when she returned. Investigator asked how she would call without a phone. Her brother stated that if he was still there he would allow her to use his phone. Investigator thanked them & left.

I spoke with DCS attorney [REDACTED] about the circumstances of the case. She instructed me to phone the hospital to see if the case is a Medical Emergency and would provide it in writing and if they would we would file petition on tomorrow but if they could not certify in writing that it is medically necessary we could not. I attempted to phone Dr. [REDACTED] and the referent but did not get an answer at either.

7:00 PM- Returned to the home and spoke with the mother ([REDACTED]), saw the baby ([REDACTED]), spoke with the older 2 children (19 year old son and 23 year old daughter) and the father of the child ([REDACTED]). They each stated that the mother had taken the baby to [REDACTED] in January but the surgery was not done due to the child having a temp - they were sent back home. They went to the cardiologist @ [REDACTED] February 3rd and was told to go back to [REDACTED] (February 23rd). One of the doctors (I could not determine if it was the pediatrician [REDACTED] or the cardiologist @ [REDACTED] told her that if the baby is ill not to take him. She stated she was given to liquid Tylenol for him for the fever; which she used all of it. She stated she was told that the rasping in his chest should last 2 weeks but it has been longer than 2 weeks. She stated that they could not give her any medicine for the chest. She stated that the rasping is the reason they did not go. She admitted that she did not call either of



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

the hospitals or the pediatrician to report why she did not bring him. Originally she stated she did not have [REDACTED] phone number. I asked her if she was not given phone number or address how she would now where to go. I asked to let me see any paperwork from [REDACTED] and she showed the paperwork that is in English.

Investigator told her that the doctors have been trying to get in touch with her. They stated she has a phone but no signal at the residence. Investigator asked her what she would do if she needed to call 911 and they stated they would go to a neighbor and ask to use their phone. The mother stated that she would like for it to be done at [REDACTED]. She stated that she has other children that she will not have anybody to keep when she & the baby is in [REDACTED]. Investigator told her that if [REDACTED] asked her to go to another hospital it is likely that they can't do it there. The mother stated that she has a total of 8 children. Her son works at [REDACTED] and her daughter has her own 4 month old son that is 10 days older than her brother.

I spoke with the mother and the father separately as the father was in the kitchen during my talk with the mother in the living room. Each said the same reasoning. She stated that she wanted them to do it in [REDACTED] because she has other children (age 1 1/2 & 4 that are not in school & 4 children who are in school) and if they are in [REDACTED] has no one to watch the other children.

She stated that she was told by the doctor if her son does not have the surgery he could live 1 or 2 years. She stated that a little girl at her church had the surgery 2 times and only lived 1 month.

I told the mother and her adult son to take the child to the Pediatrician's (Dr. [REDACTED] office the next morning and to sign a release so that he can speak with me. Investigator told them that if the doctor had told them it could last 2 weeks that what they were telling me it had been longer than 2 weeks. They stated that their mother is hard to understand what they say to her is the reason I asked her adult son to go with her. He has a license and can drive. He works at [REDACTED] and it is an off day for him. His father has only been working a week at a tomato place (possibly a farm) but neither knew the name of his employer and stated he could not take off work.

Investigator provided the paperwork in Spanish and explained MRS, the Client's Rights Handbook to include the Parents' Bill of Rights and HIPPA and provided the family with copies of each and kept copies of signature pages for the HIPPA and Client's Rights Handbook. CM asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification.

Walkthrough of the home was done. Each of the rooms were seen and photographs of the children were taken. The 1 1/2 & the 4 year old were asleep. The demographic information was provided for each of the household members.

Investigator phoned IC [REDACTED] of the status & returned call to DCS Attorney to notify of the update.

Narrative Type: Addendum 1 Entry Date/Time: 03/26/2015 09:04 AM Entered By: [REDACTED]

Telephone call to the DCS attorney ([REDACTED]) - may need to file a petition on tomorrow. Instructed to go back to the house (make a 2nd attempt). The father is unknown on the referral. Contact the cardiologist to see what the parameters are, if it is a medical emergency. If it is would need medical documentation from [REDACTED] and to tell Dr. [REDACTED] we need this in writing. We had given the 23 year old the business card and instructed her to have her mother call Investigator. DCS Attorney asked that we call Dr. [REDACTED] tonight to get the medical records. If Dr. [REDACTED] stated that we have to get the bay tonight then that is what we have to do. Investigator phoned but did not get an answer.

The investigators were able to see baby [REDACTED]. The baby appeared to be okay. He was coughing and when asked how long he had been coughing they stated 3 days. The mother stated she took the baby to [REDACTED]. The baby had a fever and was coughing 1/12/15. He was there for a week. They wanted to check his heart on February 3rd or 4th and then they were given an appointment to go back to [REDACTED] February 23rd. They said if he has a fever don't bring him. The mother stated she went to [REDACTED] for a week. She stated she doesn't have a phone. Just the uncle who lives in [REDACTED] has a place with grandfather (Dad's father) lives in [REDACTED] or [REDACTED]. 19 year old [REDACTED] is the oldest son. 23 year old [REDACTED] is the oldest daughter and she has a 4 month old, [REDACTED]. Dr. [REDACTED] is the pediatrician. They saw him January 12th or so. [REDACTED] says his brother has a virus in the heart and they know that it is serious. It is a circulation problem. The father [REDACTED] works at a restaurant. Their brother is too small they gave him infant Tylenol. The mother is going to take the baby to the doctor tomorrow. When the mother was asked what she knows about her son's condition she stated that he could live 1 - 2 years if he doesn't have the surgery. A friend had the same surgery on her baby girl 2 times and that baby

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

only lived 1 month after the 2nd surgery. Baby [REDACTED] was born at 36 weeks. [REDACTED] baby weighs 13 pounds now and baby [REDACTED] may weigh 12 pounds. [REDACTED] stated that baby [REDACTED] was a little sick so he could not get his shots. She stated that he is behind on his shots.

When the father was asked why baby [REDACTED] didn't go to [REDACTED] he stated that the baby was coughing and they were planning to take him to the doctor tomorrow. The family stated that when the baby was breathing faint, they did take him to the doctor. Investigator gave them another business card to take with them to the pediatrician and they were told to be there when the office opened and to give it to them so that they could sign a release and allow them to speak with the Investigator.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/02/2015	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/26/2015
Completed date:	03/26/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2015 07:31 AM Entered By: [REDACTED]

CASE NAME: [REDACTED]
INTAKE DATE & TIME: 3/2/15 3:01 PM

This case was assigned as an Investigation case to CM [REDACTED] on 03/02/15 for [REDACTED] County. All times are recorded in [REDACTED]. The response priority was P1 and the allegation is [MEDICAL MALTREATMENT]. The alleged victim is [REDACTED] and the alleged perpetrator(s) are [REDACTED] & [REDACTED] [Birth PARENTS]. Referent was contacted on 03/02/15 by phone. Response was met on 03/2/2015 at 6:40 PM [REDACTED]

FAMILY COMPOSITION

VICTIM (S):

CHILD: [REDACTED]
DOB: [REDACTED] DOD:03/06/15
ADDRESS: [REDACTED]

CHILD: [REDACTED]
DOB: [REDACTED]
ADDRESS: [REDACTED]

CHILD: [REDACTED]
DOB: [REDACTED]
ADDRESS: [REDACTED]

CHILD: [REDACTED]
DOB: [REDACTED]
ADDRESS: [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

SIBLING: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]

SIBLING: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]

SIBLING: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]

PARENT: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]
 CELL PHONE: [REDACTED]

PARENT: [REDACTED]
 DOB: [REDACTED]
 ADDRESS: [REDACTED]

OTHER:
 NAME: [REDACTED] (19) & [REDACTED] (23)
 ADDRESS: [REDACTED]
 RELATIONSHIP TO VICTIM(S): BROTHER & SISTER

Allegations and Presenting Problems:

CPS/DCS History:

CM [REDACTED] reviewed case history of the family on 03/02/15 and there is no DCS History with this family. INVESTIGATOR FOUND CASE ON [REDACTED] (LOS - ACV [REDACTED]) BUT THEY DO NOT KNOW THE FATHER LISTED IN THE CASE OR HAVE A SISTER NAMED [REDACTED] THEIR 4 YEAR OLD SISTER IS [REDACTED]

CURRENT REFERRAL:

Reporter states:

[REDACTED] resides with his birth mother [REDACTED] and birth father, (name unknown). There are additional children and adults residing in the home, but their demographic information is unknown.

[REDACTED] is a patient in the cardiology unit and has been going to his appointments. Dr. [REDACTED] ([REDACTED] Medical Facility) is [REDACTED] primary cardiologist, and has informed the family that [REDACTED] has total vian anemology. If [REDACTED] doesn't have surgery to correct this, he will die. The family was informed that [REDACTED] will die without this procedure, his surgery was scheduled with [REDACTED] but the family has not showed up twice. The family has TENCARE and [REDACTED] surgery will be covered under their plan. [REDACTED] also offers services to have the family transported to their facility

[REDACTED] and the families' primary care physician have attempted to contact them, but have been unable to get through. The family does not speak English and an interpreter has called the family, and will be required upon visit. The family is aware that numerous attempts to reach them have been done, but refuse to answer the phone when the see specific numbers.

Investigation Narrative/Family Story:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

DURING THE HOME VISIT CM [REDACTED] PROVIDED SPANISH VERSIONS OF EACH FORM AND CM [REDACTED] TRANSLATED MRS, the Client's Rights Handbook to include the Parents' Bill of Rights and HIPPA and provided the family with copies of each and kept copies of signature pages for the HIPPA and Client's Rights Handbook. CM asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification. CM obtained demographic information and completed the pictorial tool. CM obtained all appropriate releases of information at that time.

Family Assessment:

The family identified THEIR CHURCH CONGREGATION AS sources of support. The family has a vehicle for transportation. The children have TennCare for health insurance. [REDACTED] WORKS FOR [REDACTED] THE FATHER HAS JUST RECENTLY BEGAN EMPLOYMENT. THE [REDACTED] SOCIAL WORKER HAS AGREED TO SET THEM UP WITH AVAILABLE GRIEF COUNSELOR AND HAS OFFERED TO ASSIST WITH TO ATTEMPT GET DONATIONS OR TO FIND DONORS WHO MAY ASSIST WITH THE 41734.31 BURIAL EXPENSE. THIS INVESTIGATOR GAVE THEM THE UNITED WAY LISTING OF AVAILABLE RESOURCES AND PHONE NUMBERS FOR EACH AGENCY. INVESTIGATOR ALSO RECOMMENDED THEY CONTACT THE SALVATION ARMY ON [REDACTED] AVENUE WHO HAS SERVICES AND SPANISH SPEAKING SOCIAL WORKER. LASTLY, INVESTIGATOR SUGGESTED EACH SCHOOL AGED CHILD SPEAK WITH THE COUNSELORS AT THEIR SCHOOL FOR GRIEF COUNSELING.

The Initial Safety Assessment was completed on 03/02/2015 and rated safe.

Narrative Type: Addendum 1 Entry Date/Time: 09/14/2015 01:40 PM Entered By: [REDACTED]

Notification to the Judge/DA were made according to regional protocol.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 3/2/15 2:01 PM Date of Assessment: 3/2/15 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

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: _____