



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 06/19/2015 07:36 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/19/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/19/2015 10:03 AM
 First Team Leader Assigned: [REDACTED] Date/Time 06/19/2015 10:03 AM
 First Case Manager [REDACTED] Date/Time 06/19/2015 10:03 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	8 Yrs	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

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

Open Court Custody/FSS/FCIP No

Closed Court Custody Yes

Effective Date: 11-16-2000/End Date: 06-29-2001/# [REDACTED]

Effective Date: 11-16-2000/End Date: 06-29-2001/# [REDACTED]

Open: No

Substantiated:

[REDACTED] PHA [REDACTED] Substantiated/07-24-2006

[REDACTED] [REDACTED] Substantiated/02-14-2001



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

Death: No

Number of Screen Outs: 0

History (not listed above): Yes

07-31-2009/ASMT/# [REDACTED] LOS/Services Recommended and Accepted/11-25-2009

05-23-2006/INV/# [REDACTED] LOS/Unsubstantiated/07-24-2006

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: None Given

Reporter's name/relationship [REDACTED]

Reporter states:

This will serve as notice that the [REDACTED] County Medical Examiner's Office is investigating the death of [REDACTED]. This 8 year old B/M was witnessed to become unresponsive after complaining that he was having an asthma attack. Family called 911. The incident occurred at his grandfather's residence at [REDACTED]. The victim was transported to [REDACTED] Children's Hospital where resuscitation was continued for a brief time. The decedent's death was pronounced at 2006 hours by Dr. [REDACTED]. The decedent was transported to the [REDACTED] for further examination and autopsy. The cause and manner are pending at this time.

The mother's name is [REDACTED] DOB [REDACTED]. The father's name is [REDACTED] DOB [REDACTED]. There are at least three siblings who live with the mother but they are all staying with the paternal grandfather, [REDACTED], for the summer. The father does not seem to have much contact he uses the grandfather's address but does not live there per the grandfather. The first are [REDACTED] who is 4 [REDACTED] age 11 and a nine year old but the grandfather was having trouble remembering the names. There may be two more children staying with the grandfather for the summer but history was difficult to obtain. Our case number is [REDACTED].

Investigator [REDACTED]

Special Needs or Disabilities: Unknown

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

Perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: Unknown

Domestic Violence present in the home: Unknown

Per SDM: Investigative Track/P1 [REDACTED], CM2, 6-19-2015 @ 7:43 AM.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 32 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 4 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 8 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 34 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 11 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/19/2015

Assignment Date: 06/22/2015

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			Classified Date
1	[REDACTED]	[REDACTED]	Abuse Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/13/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is insufficient evidence to support the opinion that a harmful situation exist. Investigator completed all investigative tasks.

D. Case Workers

Case Worker: [REDACTED]

Date: 10/13/2015

Team Leader: [REDACTED]

Date: 10/13/2015

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:

[REDACTED] is deceased.

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

Investigator spoke with [REDACTED] and she stated [REDACTED] is a great mother. She stated she takes good care of her children. She further stated she had no concerns.

Investigator spoke with [REDACTED] grief counselor at [REDACTED] and she stated the [REDACTED] is progressing well in grief counseling. She stated she would send their progress notes.

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

The alleged perpetrator is unknown and there was no interview completed.



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

Case Name : ██████████

Investigation ID: ██████████

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

It was reported that The ██████████ County Medical Examiner's Office is investigating the death of ██████████ DOB ██████████). This 8 year old B/M was witnessed to become unresponsive after complaining that he was having an asthma attack. Family called 911. The incident occurred at his grandfather's residence at ██████████. The victim was transported to ██████████ Children's Hospital where resuscitation was continued for a brief time. The decedent's death was pronounced at 2006 hours by Dr. ██████████. The decedent was transported to the ██████████ for further examination and autopsy. The cause and manner are pending at this time.

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

The dept received a referral on 6/19/15 regarding ██████████ alleging abuse death against an unknown participant. It was reported ██████████ had an asthma attack after playing outside. The family called 911 after the breathing treatments did not work. He was transported to ██████████ Children's Hospital where he passed. According to the autopsy report, the cause of death is bronchial asthma and manner of death is natural. The case of ██████████ was presented in CPIT on 10/1/15 and it was decided to classify the case as AUPU due to no evidence of abuse.

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:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [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

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigation [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [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

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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:	10/27/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/28/2015
Completed date:	10/28/2015	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: 10/28/2015 08:57 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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: 10/27/2015 Contact Method:
 Contact Time: 08:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 10/28/2015
 Completed date: 10/28/2015 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: 10/28/2015 09:00 AM Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and has been sent to Deputy Director of Investigations [REDACTED] to review for closure approval.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/27/2015 Contact Method:
 Contact Time: 08:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 10/28/2015
 Completed date: 10/28/2015 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: 10/28/2015 09:00 AM Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and has been sent to Deputy Director of Investigations [REDACTED] to review for closure approval.



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: 10/26/2015	Contact Method:
Contact Time: 09:58 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/26/2015
Completed date: 10/26/2015	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: 10/26/2015 10:01 AM Entered By: [REDACTED]

Investigations Coordinator, [REDACTED] reviewed the case of [REDACTED]. There is no evidence to support the allegation of Abuse Death. This case has been reviewed and will be forwarded to the Regional Investigations Director for further review.



**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: 10/19/2015 Contact Method:

Contact Time: 05:02 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 10/19/2015

Completed date: 10/19/2015 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: 10/19/2015 05:07 PM Entered By: [REDACTED]

This CPS/CPIT investigation has been completed by Child Protective Services' Investigator [REDACTED] I have completed my review of this case and all investigative tasks have been completed.

The case was presented to Child Protective Investigative Team and they made a collective decision for the allegation of Abuse Death to be classified as unsubstantiated.

Due to the allegation of Abused Death, this case will be submitted to Investigations Coordinator, [REDACTED] Regional Investigations' Director, [REDACTED] and Deputy Director of Investigations, [REDACTED] for further review.

Once their reviews are completed this case will be closed and a classified CS-740 will be sent to Juvenile Court for notification to the Judge and the DA.



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: 10/19/2015 Contact Method:
 Contact Time: 10:40 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/19/2015
 Completed date: 10/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/19/2015 10:47 AM Entered By: [REDACTED]

Referral assigned:

The Department of Children's Services (DCS) Investigations Unit received a referral on 6/19/15 regarding [REDACTED] alleging abuse death against an unknown participant.

Synopsis of event:

On 6/19/15, the paternal grandfather, reported on the afternoon of 6/18/15 the children were outside playing and that [REDACTED] had an asthma attack. He shared he allowed them to go outside and play yesterday due to it being cloudy outside and the sun not beaming down like had usually been. He stated he put air in all of their bikes and they were outside riding their bikes. He stated [REDACTED] came into to the home saying he couldn't breathe. Investigator inquired how long had the children been outside playing and he stated he was not sure, maybe an hour or two. [REDACTED] stated [REDACTED] assisted [REDACTED] with the breathing treatment but [REDACTED] continued to say he couldn't breathe. He shared that then he called 911. He shared that the operator gave him instructions until the paramedics arrived but that it did not work. [REDACTED] was pronounced dead at 2006 hours by Dr. [REDACTED]

Investigators involved:

The investigation into this incident was conducted by DCS Investigations, Investigator ([REDACTED]).

Alleged Perpetrator:

The report to DCS listed an unknown participant, as the alleged perpetrator of Abuse Death. Interviews were conducted with [REDACTED] (paternal grandfather, [REDACTED] (birth mother) [REDACTED] (birth father) and the siblings of [REDACTED]

Details of interviews:

[REDACTED] (mother) stated that all of her children were visiting their grandfather, [REDACTED] for the summer. She shared that [REDACTED] is not [REDACTED] grandson; however, [REDACTED] allows him to come over anytime he gets the rest of the children. She shared the children had been over [REDACTED] home visiting for the summer and she communicated with them via text messages daily because her phone service was disconnected. [REDACTED] stated on yesterday she talked with [REDACTED] via text message and he told her the children were outside riding their bikes. She shared that she received a text from [REDACTED] around 7:30pm and it stated to call asap. She further shared she called and he told her that he was sorry but [REDACTED] had passed due to an asthma attack. She shared that when she made it to [REDACTED] hospital the doctor told her they had done everything to save him and they could not resuscitate him because he was brain dead. [REDACTED] stated that [REDACTED] told her [REDACTED] came into the house crying saying he couldn't breathe and that they put him on the breathing machine. She stated he said [REDACTED] continued to holler and say he



Tennessee Department of Children's Services
Case Recording Summary

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

could not breathe and that he wanted his mother so then [REDACTED] called 911.

Investigator inquired about [REDACTED] past asthma issues and she stated he had an inhaler and breathing machine at her house and [REDACTED] home. Investigator observed a prescription of Proventil 6.7 mg which was dated for 4/17/15. Investigator asked if she had gotten refills and she stated she called the refill in 3 days ago at Walgreens but she hadn't picked them up because they still had medicine left. She shared that [REDACTED] has asthma also. Investigator informed [REDACTED] that she needed to go and pick up the current refill for [REDACTED] and she stated she would. [REDACTED] stated that [REDACTED] often overplays but when he is home with her she makes him take breaks when he is outside playing. She shared that she would make him come inside and take a 30 minute break and then allow him to go back and play. She further shared that she took an asthma class at [REDACTED] so she was trained on knowing the effects and triggers of asthma. When asked the last time [REDACTED] had been to the doctor and she stated in May. She shared that she took all five of the children for checks up to Dr. [REDACTED]

[REDACTED] (father) stated that his children usually visit his father on weekends and in the summer. He shared that on yesterday his father called and told him that [REDACTED] had an asthma attack. He shared by the time he made it to his father's home the ambulance had already transported [REDACTED] to the hospital. He stated that his father told him that [REDACTED] had been outside playing and then started to complain about not being able to breathe. He further stated that his father stated they gave [REDACTED] a breathing treatment but it wasn't working so he called 911. Investigator inquired if he was interested in grief counseling and he stated no.

[REDACTED] grandfather of [REDACTED], reported on yesterday afternoon the children were outside playing and that [REDACTED] had an asthma attack. He shared he allowed them to go outside and play yesterday due to it being cloudy outside and the sun not beaming down like had usually been. He stated he put air in all of their bikes and they were outside riding their bikes. He stated [REDACTED] came into to the home saying he couldn't breathe. Investigator inquired how long had the children been outside playing and he stated he was not sure, maybe an hour or two. [REDACTED] stated [REDACTED] assisted [REDACTED] with the breathing treatment but [REDACTED] continued to say he couldn't breathe. He shared that then he called 911. He shared that the operator gave him instructions until the paramedics arrived but that it did not work.

[REDACTED] (brother of [REDACTED] reported his brother, [REDACTED] was outside playing and then he came in and took his medicine and then went to the hospital and now he is dead.

[REDACTED] (brother of [REDACTED] reported his brother, [REDACTED] got sick and died. Investigator asked what happened and he stated that at first they were outside playing riding their bikes and then he and [REDACTED] began to race each other. He stated that [REDACTED] was sitting on a tire stoop judging who was running the fastest. He shared after they finished racing, he asked [REDACTED] if he wanted to ride his bike again and that [REDACTED] stated no because he couldn't breathe. [REDACTED] stated they all went in the house behind [REDACTED] and that [REDACTED] put him on his breathing machine. He further stated [REDACTED] was crying and hollering and saying he can't breathe and that he wanted their mother. [REDACTED] stated his grandfather then called 911. [REDACTED] also noted that they had played basketball also that day. [REDACTED] stated that operator told his grandfather things to do to [REDACTED] such as placing him on the floor but that it did not help.

[REDACTED] (sister of [REDACTED] reported they were riding bikes and then [REDACTED] watched her and [REDACTED] race. She shared after they raced [REDACTED] started to cry and holler that he could not breathe. She further shared they went into the home and he took two pumps from his inhaler and then she helped him get on his breathing machine. When asked where her grandfather was, she stated he was in the home with them. Investigator asked if she assists [REDACTED] a lot with his breathing machine and she stated yes. [REDACTED] stated [REDACTED] continued to holler that he could not breathe and that her grandfather then called 911. She shared that [REDACTED] eyes were rolling in the back of his head and the operator told them to put him on the floor and pump his chest. [REDACTED] stated when the paramedics arrived they placed a mask on [REDACTED] face and that he woke up for a minute and then he went back out. Investigator asked how often [REDACTED] would have asthma attacks and she stated she did not know. She shared that he had on a couple months ago, but it was not as bad as this one and that he just got on his breathing machine.

[REDACTED] (brother of [REDACTED] reported they were all outside riding bikes when [REDACTED] stopped riding and went in the house. [REDACTED] stated when [REDACTED] went in the house [REDACTED] came in and made him take a breathing treatment because he was saying he couldn't breathe. [REDACTED] stated when [REDACTED] was taking his breathing treatment he started falling asleep and he woke up hollering saying he could not breathe and he went back to sleep. [REDACTED] stated then his grandfather called 911 and the ambulance people came. [REDACTED] stated the "ambulance people told [REDACTED] to get on the floor and when he did he closed his eyes again and he stopped breathing and died



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

on the floor". [REDACTED] stated "ambulance people" put [REDACTED] on a yellow thing (stretcher) and put him in the back of the ambulance and took him to [REDACTED] to work on him some more.

Policy:

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

CPIT:

The case of [REDACTED] was presented to the Child Protective Investigation Teams (CPIT) in [REDACTED] County on 10/1/15. The Child Protective Investigations Teams (CPIT) and District Attorney (DA) deemed this case to be classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated (AUPU) for the allegation of Abuse Death.

Results of interview:

[REDACTED] interview was conducted in the home on 6/19/15. She explained the events that were told to her that lead to [REDACTED] asthma attack. [REDACTED] was extremely emotional while being interviewed. Investigator had to often take breaks so [REDACTED] could gather herself and calm down. She cried throughout the entire interview.

[REDACTED] interview was conducted via phone on 6/19/15. He explained the events that lead to [REDACTED] asthma attack. His voice was soft spoken when discussing the details.

Preponderance of evidence:

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

Closing and classification:

The case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated (AUPU) for the allegation of Abuse Death.



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: 10/19/2015 Contact Method: Attempted Phone Call
 Contact Time: 10:13 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/19/2015
 Completed date: 10/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED] Unknown, Unknown

Narrative Details

Narrative Type: Original Entry Date/Time: 10/19/2015 10:15 AM Entered By: [REDACTED]

The alleged perpetrator is unknown therefore an interview was not completed.



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: 10/19/2015 Contact Method:
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/19/2015
 Completed date: 10/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/19/2015 10:13 AM Entered By: [REDACTED]
 Investigator scanned the autopsy report along with the medical records into document in TFACTS.



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: 10/19/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/19/2015
 Completed date: 10/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/19/2015 12:08 PM Entered By: [REDACTED]

According to the FAST, there are no identified services needed.



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: 10/19/2015	Contact Method: Phone Call
Contact Time: 08:45 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/20/2015
Completed date: 10/20/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/20/2015 10:35 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] and she stated [REDACTED] is a great mother. She stated she takes good care of her children. She further stated she had no concerns.



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: 10/19/2015	Contact Method:
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/19/2015
Completed date: 10/19/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/19/2015 12:20 PM Entered By: [REDACTED]

Investigator received the service plan from the family's grief counseling from [REDACTED] (grief provider). It stated the goals were the following: to follow up with referral for grief and loss therapy to explore and resolve issues related to losing a family member and to create a memorial service with family members to facilitate a ritual that assists in the grieving process and reduces the level of anxiety and risk complicated by grief. A copy of the plan will be placed in the case file.



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:	10/16/2015	Contact Method:	
Contact Time:	12:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/16/2015
Completed date:	10/16/2015	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: 10/16/2015 12:30 PM Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [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: 10/09/2015	Contact Method:
Contact Time: 11:34 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/09/2015
Completed date: 10/09/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/09/2015 11:38 AM Entered By: [REDACTED]

This IC reviewed the case of [REDACTED] for completion of investigation tasks. The results of the review has been emailed to the investigator and the Lead.



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: 10/01/2015	Contact Method: Correspondence
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/13/2015
Completed date: 10/13/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/13/2015 11:20 AM Entered By: [REDACTED]

The case [REDACTED] was presented today in CPIT. The autopsy report was examined by the team. The team deemed DCS to handle as appropriate and classify as AUPU.



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: 09/30/2015 Contact Method:
 Contact Time: 10:57 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/13/2015
 Completed date: 10/13/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/13/2015 11:25 AM Entered By: [REDACTED]
 Investigator staffed case with [REDACTED] via email and it was determined there were no concerns and the case should be classified as AUPU.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/30/2015	Contact Method:
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/30/2015
Completed date: 09/30/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/30/2015 10:44 AM Entered By: [REDACTED]
 The autopsy report of [REDACTED] was received. According to the report, the cause of death is bronchial asthma.

Narrative Type: Addendum 1 Entry Date/Time: 10/20/2015 10:45 AM Entered By: [REDACTED]
 According to the autopsy report the manner of death is natural. A copy will be placed in the case file.



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: 09/21/2015 Contact Method: Phone Call
 Contact Time: 12:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/21/2015
 Completed date: 09/21/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/21/2015 12:31 PM Entered By: [REDACTED]
 Investigator spoke with [REDACTED], grief counselor at [REDACTED], and she stated the [REDACTED] is progressing well in grief counseling. She stated she would send their progress notes.



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: 09/21/2015	Contact Method: Phone Call
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/21/2015
Completed date: 09/21/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/21/2015 10:03 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] and she shared everything was going fine. Investigator inquired if she and the children were attending grief counseling with [REDACTED] and she stated yes. She shared grief counseling is still doing going good. She stated they were not having any problems.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/21/2015	Contact Method: Phone Call
Contact Time: 11:25 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/21/2015
Completed date: 08/21/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/21/2015 11:28 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] and she shared everything was going fine. Investigator inquired if she and the children were attending grief counseling with [REDACTED] and she stated yes. She shared grief counseling has been helpful with her and the children.



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: 08/21/2015 Contact Method:
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/21/2015
 Completed date: 08/21/2015 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: 08/21/2015 11:01 AM Entered By: [REDACTED]

LI has reviewed this case and has approved for the investigation to remain open pending the completion of the autopsy report. LI gave CPSI additional investigative tasks to complete.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/12/2015	Contact Method: Correspondence
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/21/2015
Completed date: 08/21/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/21/2015 11:27 AM Entered By: [REDACTED]

The case of [REDACTED] was presented today in CPIT. The team deemed DCS to Handle and Return.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/22/2015	Contact Method: Attempted Phone Call
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/21/2015
Completed date: 08/21/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/21/2015 11:25 AM Entered By: [REDACTED]
Investigator attempted to speak with [REDACTED] however, no one answered the phone. Investigator left a message.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/11/2015	Contact Method:
Contact Time: 09:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/13/2015
Completed date: 10/13/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/13/2015 12:48 PM Entered By: [REDACTED]

Investigator received medical records regarding [REDACTED] from [REDACTED]. He was seen 8/11, 1/12, and 4/12 for wheezing problems. 6/15 he was admitted for cardiac arrest. A copy will be 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] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/09/2015	Contact Method:
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/13/2015
Completed date: 10/13/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/13/2015 12:47 PM Entered By: [REDACTED]

Investigator received the medical records from [REDACTED] and [REDACTED] PCP clinic (Dr. [REDACTED] C). According to the medical records, all of the children were seen at their PCP regularly. There are several dates for each child where they attended the doctor's office. The children were last seen at Dr. [REDACTED] office 4/17/15. A copy of the medical records will be placed in the case file.



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: 06/29/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/19/2015
 Completed date: 10/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/19/2015 12:02 PM Entered By: [REDACTED]

According to the FAST, there is a moderate risk.



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: 06/25/2015 Contact Method: Phone Call
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/25/2015
 Completed date: 06/25/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/25/2015 11:20 AM Entered By: [REDACTED]

[REDACTED] reported that he was aware to give [REDACTED] his inhaler and/or breathing treatment on the machine if he had an asthma attack. He further reported that [REDACTED] or his older sister, [REDACTED] is the only ones who operated the machine whenever [REDACTED] had to use it at his home. He stated he did not operate the machine. When asked if there were any restrictions regarding [REDACTED] due to his asthma issues and he stated yes. [REDACTED] stated "he knew not to allow [REDACTED] to play in the sunshine or rain".



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/22/2015	Contact Method:
Contact Time: 11:55 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/22/2015
Completed date: 06/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/22/2015 12:01 PM Entered By: [REDACTED]

Investigator referral the family to grief counseling at [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/22/2015	Contact Method:
Contact Time: 11:45 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/22/2015
Completed date: 06/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/22/2015 12:00 PM Entered By: [REDACTED]
 Investigator faxed over a request for medicals record for [REDACTED] Dr. [REDACTED] and [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 10/13/2015 12:02 PM Entered By: [REDACTED]
 Investigator requested medical records for all of the children in the home.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/22/2015	Contact Method:
Contact Time: 11:40 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/22/2015
Completed date: 06/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/22/2015 11:59 AM Entered By: [REDACTED]
Investigator faxed over a request for autopsy report for [REDACTED]



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: 06/22/2015 Contact Method:
 Contact Time: 10:40 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/22/2015
 Completed date: 06/22/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/22/2015 10:50 AM Entered By: [REDACTED]

Investigator completed the Initial Safety Assessment. There are current immediate harm factors and interventions. The safety decision is: Conditionally Safe.



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: 06/22/2015 Contact Method:
 Contact Time: 10:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/22/2015
 Completed date: 06/22/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/22/2015 10:44 AM Entered By: [REDACTED]

[REDACTED] does have previous history with the dept.

7/09 The dept received a referral regarding [REDACTED] alleging LOS against [REDACTED]. The case was classified as Services Recommended and Accepted.

5/06 The dept received a referral regarding [REDACTED] alleging LOS and PHA against [REDACTED]. The case was classified as ASPS regarding the physical abuse allegation and AUPU regarding the LOS allegation.

[REDACTED]
 Jssi: 2009 Theft of property \$500 or less
 TBI (sex offender): No data found for your search
 National (sex offender): 0 hits
 Felony Offender: No results that match the search
 Meth Offender: No records found
 Dept of Health check: No records found



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: 06/22/2015 Contact Method:
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/13/2015
 Completed date: 10/13/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 12:00 PM Entered By: [REDACTED]

Investigator completed the Child Death Notification Form.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/22/2015	Contact Method: Correspondence
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/22/2015
Completed date: 06/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/22/2015 11:58 AM Entered By: [REDACTED]

The case of [REDACTED] was presented today in CPIT. The team deemed DCS to Handle and return and get autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/22/2015	Contact Method: Phone Call
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/22/2015
Completed date: 06/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/22/2015 10:37 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] and she stated she met [REDACTED] and the other children up at [REDACTED] on Saturday to get [REDACTED] medically cleared also.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/20/2015	Contact Method: Phone Call
Contact Time: 10:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/22/2015
Completed date: 06/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/22/2015 10:37 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] [REDACTED] and he stated he was at [REDACTED] with [REDACTED]. He stated a nurse at [REDACTED] wanted to speak with Investigator. Investigator spoke with a nurse and informed the nurse that the children just needed a well-being check to get medically cleared due to the death of their sibling.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/19/2015	Contact Method: Face To Face
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/22/2015
Completed date: 06/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/22/2015 10:35 AM Entered By: [REDACTED]

Investigator along with DCS intern [REDACTED] completed a face to face visit with [REDACTED] and [REDACTED] at [REDACTED] was present also.

[REDACTED] was interviewed privately and separately. [REDACTED] stated he was 10 years old and that he attended [REDACTED]. When asked if he feels safe, he stated yes. Investigator inquired if anything happened yesterday at his grandfather's home and he stated yes. He shared that his brother [REDACTED] got sick and died. Investigator asked what happened and he stated that at first they were outside playing riding their bikes and then he and [REDACTED] began to race each other. He stated that [REDACTED] was sitting on a tire stoop judging who was running the fastest. He shared after they finished racing, he asked [REDACTED] if he wanted to ride his bike again and that [REDACTED] stated no because he can't breathe. [REDACTED] stated they all went in the house behind [REDACTED] and that [REDACTED] put him on his breathing machine. He further stated [REDACTED] was crying and hollering and saying he can't breathe and that he wanted their mother. [REDACTED] stated his grandfather then called 911. [REDACTED] also noted that they had played basketball also too that day. [REDACTED] stated that operator told his grandfather things to do to [REDACTED] such as placing him on the floor but that it did not help.

[REDACTED] was interviewed privately and separately. [REDACTED] stated she was 12 years old and that she attended [REDACTED]. When asked if she feels safe, she stated yes. Investigator inquired if anything happened yesterday at her grandfather's home and she stated yes. [REDACTED] stated they were riding bikes and then [REDACTED] watched her and [REDACTED] race. She shared after they race [REDACTED] started to cry and holler that he could not breathe. She further shared they went into the home and he took two pumps from his inhaler and then she helped him get on his breathing machine. When asked where her grandfather was, she stated he was in the home with them. Investigator asked if she assists [REDACTED] a lot with his breathing machine and she stated yes. [REDACTED] stated [REDACTED] continued to holler that he could not breathe and that her grandfather then called 911. She shared that [REDACTED] eyes were rolling in the back of his head and the operator told them to put him on the floor and pump his chest. [REDACTED] stated when the paramedics arrived they placed a mask on [REDACTED] face and that he woke up for a minute and then he went back out. Investigator asked how often [REDACTED] would have asthma attacks and she stated she did not know. She shared that he had on a couple months ago but it was not as bad as this one and that he just got on his breathing machine.

[REDACTED] was interviewed privately and separately. [REDACTED] stated he was 6 years old. When asked if he feels safe, he



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

stated yes. Investigator inquired what happened on yesterday and he stated they were all outside riding bikes when [REDACTED] stopped riding and went in the house. [REDACTED] stated when [REDACTED] went in the house [REDACTED] came in and made him take a breathing treatment because he was saying he couldn't breathe. [REDACTED] stated when [REDACTED] was taking his breathing treatment he started falling asleep and he woke up hollering saying he could not breathe and he went back to sleep. [REDACTED] stated then his grandfather called 911 and the ambulance people came. [REDACTED] stated the "ambulance people told [REDACTED] to get on the floor and when he did he closed his eyes again and he stopped breathing and died on the floor". [REDACTED] stated "ambulance people" put [REDACTED] on a yellow thing (stretcher) and put him in the back of the ambulance and took him to [REDACTED] to work on him some more.

[REDACTED] stated that his children usually visit his father on weekends and in the summer. He shared that on yesterday his father called and told him that [REDACTED] had an asthma attack. He shared by the time he made it to his father's home the ambulance had already transported [REDACTED] to the hospital. He stated that his father told him that [REDACTED] had been outside playing and then started to complain about not being able to breathe. He further stated that his father stated they gave [REDACTED] a breathing treatment but it wasn't working so he called 911. Investigator inquired if he was interested in grief counseling and he stated no.

All of the children were dressed appropriately. There were no visible marks or bruises on [REDACTED] and [REDACTED] had an old burn on his right hand and he stated he got burn a long time ago when he was six years old. When asked what happened, he stated he could not remember.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 06/19/2015 Contact Method: Phone Call
Contact Time: 12:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 06/22/2015
Completed date: 06/22/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Collateral Contact
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/22/2015 10:36 AM Entered By: [REDACTED]

Investigator spoke with [REDACTED] grandfather of [REDACTED] and he stated that on yesterday afternoon the children were outside playing and that [REDACTED] had an asthma attack. He shared he allowed them to go outside and play yesterday due to it being cloudy outside and the sun not beaming down like had usually been. He stated he put air in all of their bikes and they were outside riding their bikes. He stated [REDACTED] came into to the home saying he couldn't breathe. Investigator inquired how long had the children been outside playing and he stated he was not sure, maybe an hour or two. [REDACTED] stated [REDACTED] assisted [REDACTED] with the breathing treatment but [REDACTED] continued to say he couldn't breathe. He shared that then he called 911. He shared that the operator gave him instructions until the paramedics arrived but that it did not work.

Investigator asked if he was keeping the children just for that day and he stated no. He shared that they usually visit him often and that they had been at his house for a week or so. When asked if this was [REDACTED] first asthma attack at his home and he stated no. He shared that usually the breathing treatment would help [REDACTED] and it would not be an issue.

Narrative Type: Addendum 1 Entry Date/Time: 10/19/2015 03:07 PM Entered By: [REDACTED]

Household Composition of [REDACTED]

Paternal grandmother [REDACTED]

Birth father [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/19/2015 Contact Method: Face To Face
 Contact Time: 10:45 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/22/2015
 Completed date: 06/22/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/22/2015 10:31 AM Entered By: [REDACTED]
 Investigator along with DCS interim [REDACTED] met response time with [REDACTED]
 [REDACTED] (mother) along with [REDACTED] (sibling) were present. [REDACTED] was not present due to him
 being deceased.

Household Composition:

ACV [REDACTED]
 Sibling, [REDACTED]
 Sibling, [REDACTED]
 Sibling, [REDACTED]
 Sibling, [REDACTED]
 Mother, [REDACTED]

[REDACTED] was interviewed privately and separately. [REDACTED] stated he was 4yrs old. When asked if he feels safe at home, he stated yes. Investigator inquired what happened on yesterday and he stated his brother, [REDACTED] was outside playing and then he came in and took his medicine and then went to the hospital and now he is dead.

Investigator provided proper sympathy to [REDACTED]

Investigator explained the allegations and provided the mother with copies of The Client Rights Handbook, HIPPA Notice of Privacy Practices, A Family's Rights (Multiple Response) Pamphlet and the Notification of Equal Access to Programs and Services and Grievance Procedures. The mother signed the Native American Heritage Veto Verification Form and the Authorization for Release of Information.

[REDACTED] stated that all of her children were visiting their grandfather, [REDACTED] for the summer. She shared that [REDACTED] is not [REDACTED] grandson; however, [REDACTED] allows him to come over anytime he gets the rest of the children. She shared the children had been over [REDACTED] home visiting for the summer and she communicated with them via text messages daily because her phone service was disconnected. [REDACTED] stated on yesterday she talked with [REDACTED] via text message and he told her the children were outside riding their bikes. She shared that she



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

received a text from [REDACTED] around 7:30pm and it stated to call asap. She further shared she called and he told her that he was sorry but [REDACTED] had passed due to an asthma attack. She shared that when she made it to [REDACTED] hospital the doctor told her they had done everything to save him and they could not resuscitate him because he was brain dead. [REDACTED] stated that [REDACTED] told her [REDACTED] came into the house crying saying he couldn't breathe and that they put him on the breathing machine. She stated he said [REDACTED] continued to holler and say he could not breathe and that he wanted his mother so then [REDACTED] called 911.

Investigator inquired about [REDACTED] past asthma issues and she stated he had an inhaler and breathing machine at her house and [REDACTED] home. Investigator observed a prescription of Proventil 6.7 mg which was dated for 4/17/15. Investigator asked if she had gotten refills and she stated she called the refill in 3 days ago at Walgreens but she hadn't picked them up because they still had medicine left. She shared that [REDACTED] has asthma also. Investigator informed [REDACTED] that she needed to go and pick up the current refill for [REDACTED] and she stated she would. [REDACTED] stated that [REDACTED] often overplays but when he is home with her she makes him takes breaks when he is outside playing. She shared that she would make him come inside and take a 30 minute break and then allow him to go back and play. She further shared that she took the CHAMP class for asthma at [REDACTED] so she was trained on knowing the effects and triggers of asthma. When asked the last time [REDACTED] had been to the doctor and she stated in May. She shared that she took all five of the children for checks up to Dr. [REDACTED]

[REDACTED] reported that the other three children were with their [REDACTED]). Investigator explained that she had to see the other children also. Investigator also explained to [REDACTED] that all of the children needed to be medically cleared as soon as possible or at least by Monday. She shared that she would take them. Investigator inquired if she wanted grief counseling and she stated yes. She shared she wanted it for her and the children.

[REDACTED] reported that she is unemployed and receives \$925 for food stamps. She reported her rent is \$50. She further reported that the birth father of [REDACTED] is [REDACTED]; however, he is not involved nor does she have any contact information on the father.

[REDACTED] was dressed in pajamas. There were no visible marks or bruises on his body. Investigator completed a walk-through of the home. Food was observed. There were no visible safety hazards observed.

Narrative Type: Addendum 1 Entry Date/Time: 08/21/2015 11:30 AM Entered By: [REDACTED]

Per work aid 2 : It is not required for the DCS case manager to observe the deceased child



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/19/2015	Contact Method: Attempted Face To Face
Contact Time: 10:15 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/22/2015
Completed date: 06/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Initial ACV Face To Face	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/22/2015 10:13 AM Entered By: [REDACTED]

Investigator attempted to meet response time with [REDACTED]
 No one answered the door. Investigator left her contact information.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/19/2015	Contact Method: Phone Call
Contact Time: 09:40 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/22/2015
Completed date: 06/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Referent Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/22/2015 10:12 AM Entered By: [REDACTED]

Investigator spoke with the referent and the referent did not have any additional information. The referent did provide Investigator with the birth mother's address.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 06/19/2015 Contact Method:
Contact Time: 09:30 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 06/22/2015
Completed date: 06/22/2015 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: 06/22/2015 10:11 AM Entered By: [REDACTED]
Investigator was assigned this case on 6/19/15. The dept received a referral on 6/19/15 regarding [REDACTED] alleging abuse death against unknown participant.

It was reported that The [REDACTED] County Medical Examiner;s Office is investigating the death of [REDACTED] ([REDACTED]). This 8 year old B/M was witnessed to become unresponsive after complaining that he was having an asthma attack. Family called 911. The incident occurred at his grandfather's residence at [REDACTED]. The victim was transported to [REDACTED] Children's Hospital where resuscitation was continued for a brief time. The decedent's death was pronounced at 2006 hours by Dr. [REDACTED]. The decedent was transported to the WTRFC for further examination and autopsy. The cause and manner are pending at this time.

The mother's name is [REDACTED]. The father's name is [REDACTED]. There are at least three siblings who live with the mother but they are all staying with the paternal grandfather, [REDACTED] for the summer. The father does not seem to have much contact he uses the grandfather's address but does not live there per the grandfather. The first are [REDACTED] who is 4, [REDACTED] age 11 and a nine year old but the grandfather was having trouble remembering the names. There may be two more children staying with the grandfather for the summer but history was difficult to obtain. Our case number is [REDACTED].

Investigator [REDACTED]

Referent notification was sent on 6/19/15 CARAT system along with notification to the judge and DA.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/19/15 7:36 AM

Date of Assessment: 6/22/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 5

Section 1: Immediate Harm Factors

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

Yes No

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



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.



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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: _____