Case # 2013.012ph

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 02/04/2013 09:21 AM CT

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 02/04/2013

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 02/04/2013 01:18 PM

First Team Leader Assigned: [redacted] Date/Time 02/04/2013 12:00 AM

First Case Manager [redacted] Date/Time 02/04/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	11 Yrs	Neglect Death	Yes	[redacted]	Birth Mother
Unknown Participant [redacted] Unknown	9 Yrs	Lack of Supervision	No	[redacted]	Birth Mother

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS:

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: No
Prior INV/ASMT of Neglect: 1
Screen Out: 4

DUPLICATE REFERRAL: No

County: [redacted]
Notification: None
School/ Daycare: Home School
Native American Descent: Unknown

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

Directions: None

Reporters name/relationship: [redacted]

Reporter states: [redacted] (10) and Unknown-male (9) reside with their mother, [redacted] The referent is unaware if there is anyone else residing in the home.

Today, 02/04/2013 around 1am the mother called 911 stating that she found [redacted] submerged in the bath tub. The mother stated that she went to check on [redacted] and when she did not respond she went into the bathroom and found [redacted]

The referent states that the family keeps late hours and the mother reported that they watched the Super bowl and then did some lessons.
It was also reported that [redacted] suffers from seizures and the referent states that medication (type unknown) was found in the home.

[redacted] was taken to [redacted] Medical Center around 2am and the referent believes that around 2:30-3am Dr. [redacted] pronounced [redacted] dead. The mother accompanied [redacted] to the hospital and Unknown-male went with his grandparents (names unknown).

[redacted] will be sent to the [redacted] of TN today to have an autopsy done.

The referent did not speak with the mother they were provided with her statements by Officer [redacted] The referent states that they did observe the home and it appeared appropriate and no foul play is suspected at this time.

Unknown-male is autistic.

Per SDM: P1-Investigation. 2/4/13 @ 9:50 AM. [redacted] TL.
The familys address is listed under the oldest child in the home.

Email Notification Sent To:

[redacted]

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

Participant(s)

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: White | Age: 11 Yrs

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:
Home school

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [redacted]

Gender: Female | Date of Birth: | Partipant ID: [redacted]

SSN: | Race: | Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

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: [redacted] | Partipant ID: [redacted]

SSN: | Race: | Age: 9 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Case # 2013.012ph

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: 02/04/2013

Assignment Date: 02/04/2013

Street Adress: [redacted]

City/State/Zip: [redacted]

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted] / [redacted]	Neglect Death	[redacted]	[redacted] / [redacted]	Allegation Unfounded / Perpetrator Unfounded	Yes	[redacted] / 04/02/2013
2	[redacted]	[redacted] / [redacted]	Lack of Supervision	[redacted]	[redacted] / [redacted]	Allegation Unfounded / Perpetrator Unfounded	No	[redacted] / 04/02/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegations unfounded/perpetrator unfounded

D. Case Workers

Case Worker: [redacted]

Date: 04/02/2013

Team Leader: [redacted]

Date: 04/24/2013

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. [redacted] is nonverbal Autisic. The home appears appropriate and safe.

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

No information was obtained that supports the allegations.

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

[redacted] had seizures that were being controlled with medication. [redacted] was bathing alone when she is believed to have drown.

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

None

Tennessee Department of Children's Services

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

Case Name : [redacted] **Investigation ID:** [redacted]

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

The case was assigned on February 4, 2013 for the allegation of neglect death on [redacted] and lack of supervision on [redacted] Both allegations have been unfounded and the perpetrator, Ms. [redacted] has been unfounded. At the date of CPIT on March 26, 2013 there is no information to support the allegations. The autopsy is not expected to be completed before mid June 2013. Ms. [redacted] has sought counseling for [redacted] and herself. CM recommends this case for closure at this time.

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]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	05/07/2013	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/07/2013
Completed date:	05/07/2013	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2013 01:56 PM Entered By: [redacted]

This case has been reviewed by TL [redacted] and is approved for closure. There was no evidence to show intentional neglect of this child. The victim had a history of seizures to include gran mal seizures and it is suggested that this could be a possibliity of cause of death. Case classification summary (740) will be sent to appropriate parties per written protocol.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/30/2013	Contact Method:	
Contact Time:	09:19 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/30/2013
Completed date:	04/30/2013	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/30/2013 08:24 AM Entered By: [redacted]

Dr. [redacted] began treating [redacted] for seizures on 8/30/2012. [redacted] had a brief history of seizure activity prior to her death. Dr. [redacted] was using medication management to treat [redacted] seizure activity. Dr. [redacted] notes can be located in the document section in this case.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/25/2013	Contact Method:	Phone Call
Contact Time:	01:55 PM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	04/25/2013
Completed date:	04/25/2013	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/25/2013 01:14 PM Entered By: [redacted]

Mr. and Mrs. [redacted] plan to sue for custody of [redacted] within the next few weeks due to their concern for the lack of attention that is being given to help [redacted] with developmental and cognitive problems do his autism. Mrs. [redacted] will give Mr. [redacted] a message to call CM.

Narrative Type: Addendum 1 Entry Date/Time: 04/25/2013 01:19 PM Entered By: [redacted].

[redacted] is [redacted] step-mother.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/02/2013	Contact Method:	
Contact Time:	04:37 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/02/2013
Completed date:	04/02/2013	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: 04/02/2013 03:39 PM Entered By: [redacted]

This case was assigned as an Investigation case to CM [redacted] on February 4, 2013 for [redacted] All times are recorded in [redacted]. The response priority was P 1 the allegations are neglect death and lack of supervision. The alleged victims are [redacted] and [redacted] [redacted] and the alleged perpetrator is [redacted] Referent was contacted on February 4, 2013 by phone. CPIT was convened with [redacted] [redacted] The Juvenile Judge, [redacted] was notified on February 4, 2013 by fax. The District Attorney, [redacted] was notified by fax. Response was met on February 4, 2013 at 3:05 pm.

Household competition:
Victim: [redacted] (deceased) Age: 10
Victim: [redacted] Age: 12
Mother/perpetrator: [redacted]
Father (does not live in home): [redacted]
Family address: [redacted]
Family telephone: [redacted]

DCS history:
CM [redacted] reviewed case history of the family on February 4, 2013. There is DCS history.

Date: 9/13/2011
Victims: [redacted]
Allegation: Educational neglect
Classification: No services needed
Perpetrator: [redacted]

Date: 9/13/2011
Victim [redacted]
Allegation: Medical maltreatment
Classification: No services needed

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted]

Perpetrator: [redacted]

Current Referral States:
[redacted] (10) and Unknown-male (9) reside with their mother, [redacted]. The referent is unaware if there is anyone else residing in the home.
Today, 02/04/2013 around 1am the mother called 911 stating that she found [redacted] submerged in the bath tub. The mother stated that she went to check on [redacted] and when she did not respond she went into the bathroom and found [redacted]

The referent states that the family keeps late hours and the mother reported that they watched the Super bowl and then did some lessons.
It was also reported that [redacted] suffers from seizures and the referent states that medication (type unknown) was found in the home.
[redacted] was taken to [redacted] Medical Center around 2am and the referent believes that around 2:30-3am Dr. [redacted] pronounced [redacted] dead. The mother accompanied [redacted] to the hospital and Unknown-male went with his grandparents (names unknown).
[redacted] will be sent to the [redacted] of TN today to have an autopsy done.
The referent did not speak with the mother they were provided with her statements by Officer [redacted] The referent states that they did observe the home and it appeared appropriate and no foul play is suspected at this time.
Unknown-male is autistic.

CM [redacted] explained Ms. [redacted] the Clients 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 Clients 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. February 4, 2013 at 3:05 pm

Investigation Narrative/Family Story:

Date: 2/4/2013
Time: 3:05 pm
Type of Contact: Face to face
Location of Contact: Maternal grandparents home
Primary person(s) to be interviewed and relationship: [redacted] mother/perpetrator, [redacted] victim, [redacted] and [redacted], maternal grandparents
CM met with the Mrs. [redacted] and [redacted] at the maternal grand parents home on 2/4/2013 at 3:05 pm. [redacted] is the father to both children. [redacted] began having seizures in 2009. The treating neurologist is Dr. [redacted] The treating pediatrician is Dr. [redacted]. [redacted] last saw Dr. [redacted] on or about December 18, 2012. Her medication remained the same, but the dose was increased. [redacted] last saw Dr. [redacted] on or about September 2012. She is current on her well-child. [redacted] last seizure was on December 12, 2012. [redacted] has a diagnosis of Epilepsy. Ms. [redacted] was asked to give a timeline from noon on 2/3/2013 to the incident. [redacted] played in the snow and built a snowman. She was her normal happy chatter box self. She appeared normal all day. [redacted] ate and played fine. On 2/4/2013 at approximately 12:15 am [redacted] got into the bath tub. Ms. [redacted] yelled at [redacted] on two different occasions. [redacted] replied mommy I am fine. Ms. [redacted] stated that she frequently would call [redacted] name for a response. Ms. [redacted] stated that she again called for [redacted] and [redacted] did not respond. She called again then entered the bathroom to find [redacted] laying in the bathtub on her right side. [redacted] was pasty white and her lips had begun to turn grey in color. Ms. [redacted] removed [redacted] from the bathtub heard heart beat but she was not breathing. The maternal grandmother, [redacted] called 911. [redacted] County dispatch talked the maternal grandfather, [redacted] and Ms. [redacted] threw CPR. Ms. [redacted] stated she could hear gurgling and blood came out of [redacted] nose once when she blew into her mouth. [redacted] wore pull ups because she has occasional bed wetting. Ms. [redacted] put [redacted] pull up and pajama bottoms on [redacted] Ms. [redacted] stated that [redacted] has become protective of her private. Ms. [redacted] did not want [redacted] waking up with people in the home and [redacted] naked. Ms. [redacted] reports being afraid her brain was not getting what it needed and may cause her more problems. Ms. [redacted] reports CPR was continued until paramedics arrived and took over. Ms. [redacted] describes [redacted] as an average ten year old girl that loved animals. [redacted] was shy at first, but very loveable. [redacted] body was taken to [redacted] for an autopsy. Funeral arrangements are being planned at [redacted] Funeral Home in [redacted] Tennessee.

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted]

CM talked to [redacted] He has severe autism and is labeled non-verbal. He was watching cartoons. He would only make eye contact with CM
CM photographed the area where [redacted] body was reportedly located. The bathroom and hallway was clean. [redacted] bedroom was age appropriate. [redacted] bedroom did not have a door on it, but a gate that goes half way up the doorway to prevent him from blocking himself in his room.
Both children have been homeschooled. [redacted] will continue to home schooled.
Mr. and Mrs. [redacted] agree to help Ms. [redacted] with [redacted]
Ms. [redacted] agrees to grief counseling for herself and [redacted]

Content and Observations:
CM conducted local background checks on February 6, 2013 for [redacted] No history was located in [redacted] County, Tennessee.
CM searched the internet databases for sexual, felony, meth, and health registries for [redacted] on February 6, 2013. No records were located.

Family Assessment:
Assessment of Safety [redacted] appears to be safe at this time.
Maltreatment Allegations On 9/13/2011, there was an allegation of medical maltreatment on [redacted] The allegation was classified as no services needed.
Delinquent or Unruly Behaviors There are no reported delinquent or unruly behaviors in the home.
Domestic Violence There are no reports of domestic violence in the home.
Substance Abuse There are no reports of substance abuse in the home.
Home Environment The home is a four bedroom two bathroom mobile home.
Community The family lives in a rural community.
Neighborhood The family lives in a residential area with small farms.

Assessment of Well Being-
Current Functioning The family appears to be functioning appropriately at this time.
Family's Parenting Capabilities Ms. [redacted] has the ability to parent [redacted]
Education [redacted] is homeschooled through the [redacted] Academy. Both Ms. [redacted] and Mr. [redacted] graduated from high school.
Employment Ms. [redacted] is the primary caregiver to [redacted] Mr. [redacted] works for [redacted] Physical and Mental Health [redacted] was diagnosed with Epilepsy in 2009. [redacted] is severely autistic and is labeled non verbal, but does communicate verbally some with the family. Ms. [redacted] don not report any physical or mental health issues.
Relationships The family appears to have appropriate relationship skills.
Connections The family currently receives Foodstamps, Families First, Social Security, TNCare, and Child Support.

Assessment of Permanence-
Current Placement [redacted] is deceased. [redacted] remains in the home with his mother.
Stability and Transitions [redacted] is severely autistic. He will most likely require assistance for the remainder of his life.
Long-term view and Concurrent Plan [redacted] will continue to live with his mother and receive grief counseling.
Transition to Adulthood: [redacted] will mostly need assistance with daily living needs.

Assessment of Resources-
Family Supports The family has a church family.
CFT members roles [redacted] mother/perpetrator, Mr. and Mrs. [redacted] family support/maternal grandparents.
Access and Coordination of Team The family has the contact information for the Tennessee Department of Children Services.
Services CM has requested Dr. [redacted] assistance in locate an appropriately grief therapist for [redacted] Ms. [redacted] will seek grief counseling.

The Initial Safety Assessment was completed on February 4, 2013 and rated conditionally safe.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

A final Safety Assessment was completed on March 25, 2013 and rated safe.
FAST was completed on February 4, 2013 and scored low intensity.
FFA was initiated on February 6, 2013 and has been entered in the system.

Closing Summary:
The case was assigned on February 4, 2013 for the allegation of neglect death on [redacted] and lack of supervision on [redacted]. Both allegations have been unfounded and the perpetrator, Ms. [redacted] has been unfounded. At the date of CPIT on March 26, 2013 there is no information to support the allegations. The autopsy is not expected to be completed before mid June 2013. CM recommends this case for closure at this time.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	03/25/2013	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	Less than 45
Entered By:	[redacted].	Recorded For:	
Location:	Family Home	Created Date:	04/02/2013
Completed date:	04/02/2013	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

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 03:28 PM Entered By: [redacted]

CM met with [redacted] and Ms. [redacted] in their home on the above date and time. [redacted] was laughing and gave CM a thumbs up when asked how is was doing. Ms. [redacted] has begun counseling with [redacted] in [redacted] Tennessee. The counselors within the group are going to work with [redacted] [redacted] primary care doctor is working with Ms. [redacted] to ensure [redacted] receives the counseling as needed. CM does not have any safety concerns at this time.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/28/2013	Contact Method:	
Contact Time:	04:35 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/28/2013
Completed date:	02/28/2013	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/28/2013 03:40 PM Entered By: [redacted]

CM spoke with Ms. [redacted] on the telephone. Ms. [redacted] is seeking counseling for herself and [redacted] Counseling should begin by mid March 2013.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/19/2013	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/21/2013
Completed date:	02/21/2013	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/21/2013 01:00 PM Entered By: [redacted]

Dr. [redacted]/Neurologist dictation can be located in the documents sections.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/19/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/20/2013
Completed date:	02/20/2013	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/20/2013 12:04 PM Entered By: [redacted]

This case was staffed with CM [redacted] to determine classification for closure. All tasks have been completed that can be up to this point. CPIT was convened with Investigator [redacted] and ADA [redacted] There is no evidence to show this incident was due to negligence by the caretaker. Child has a long history of grand mal seizures and it is believed that is what she suffered from. She is ten years old, therefore, did bathe by herself. The seizures were being medically treated and had been stablized since December with new medication.
TL and CM contacted [redacted] for media notification as policy requires.
Home visit was made to the residence where the incident occurred and observed.
All interviews have been conducted at this time.
Grief counseling has been recommended for the family. A follow up will be conducted to re-assess the need for counseling.
Fatality/Near Fatality document was sent to all appropriate parties, including the e-mail address as required by policy.
CM has spoken to the autopsy personnel and they will be sending a written autopsy report when it is completed. There is no suspicion of child abuse or neglect at this time.
TL [redacted] notified/staffed this case with TC [redacted] and RA [redacted] to notify and obtain further direction for this fatality case.

A final CPIT will be held on February 26th at 10:00 for classification. Case classification summary (740) will be sent to appropriate parties per written protocol.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/07/2013	Contact Method:	
Contact Time:	01:58 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/07/2013
Completed date:	02/07/2013	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/07/2013 12:59 PM Entered By: [redacted]

Funeral services for [redacted] age 10, of [redacted] TN will be held Friday February 8, 2013 at 1pm CST from the [redacted] Funeral Home. The family will receive friends on Friday from 11am-1pm CST two hours prior to the service at [redacted] Funeral Home. Burial will be in [redacted] Cemetery. She is survived by her mother [redacted] father and step mother [redacted] and [redacted] and maternal grandparents [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/04/2013	Contact Method:	Face To Face
Contact Time:	03:05 PM	Contact Duration:	Less than 02 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/07/2013
Completed date:	02/07/2013	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/07/2013 12:49 PM Entered By: [redacted]

CM met with the Mrs. [redacted] and [redacted] at the maternal grand parents home on 2/4/2013 at 3:05 pm. [redacted] is the father to both children. [redacted] began having seizures in 2009. The treating neurologist is Dr. [redacted] The treating pediatrician is Dr. [redacted]. [redacted] last saw Dr. [redacted] on or about December 18, 2012. Her medication remained the same, but the dose was increased. [redacted] last saw Dr. [redacted] on or about September 2012. She is current on her well-child. [redacted] last seizure was on December 12, 2012. [redacted] has a diagnosis of Epilepsy. Ms. [redacted] was asked to give a timeline from noon on 2/3/2013 to the incident. [redacted] played in the snow and built a snowman. She was her normal happy chatter box self. She appeared normal all day. [redacted] ate and played fine. On 2/4/2013 at approximately 12:15 am [redacted] got into the bath tub. Ms. [redacted] yelled at [redacted] on two different occasions. [redacted] replied mommy I am fine. Ms. [redacted] stated that she frequently would call [redacted] name for a response. Ms. [redacted] stated that she again called for [redacted] and [redacted] did not respond. She called again then entered the bathroom to find [redacted] laying in the bathtub on her right side. [redacted] was pasty white and her lips had begun to turn grey in color. Ms. [redacted] removed [redacted] from the bathtub heard heart beat but she was not breathing. The maternal grandmother, [redacted] called 911. [redacted] County dispatch talked the maternal grandfather, [redacted] and Ms. [redacted] threw CPR. Ms. [redacted] stated she could hear gurgling and blood came out of [redacted] nose once when she blew into her mouth. [redacted] wore pull ups because she has occasional bed wetting. Ms. [redacted] put [redacted] pull up and pajama bottoms on [redacted] Ms. [redacted] stated that [redacted] has become protective of her private. Ms. [redacted] did not want [redacted] waking up with people in the home and [redacted] naked. Ms. [redacted] reports being afraid her brain was not getting what it needed and may cause her more problems. Ms. [redacted] reports CPR was continued until paramedics arrived and took over. Ms. [redacted] describes [redacted] as an average ten year old girl that loved animals. [redacted] was shy at first, but very loveable. [redacted] body was taken to [redacted] for an autopsy. Funeral arrangements are being planned at [redacted] Funeral Home in [redacted] Tennessee.

CM talked to [redacted] He has severe autism and is labeled non-verbal. He was watching cartoons. He would only make eye contact with CM

CM photography the area where [redacted] body was reportedly located. The bathroom and hallway was clean. [redacted] bedroom was age appropriate. [redacted] bedroom did not have a door on it, but a gate that goes half way up the doorway to prevent him from blocking himself in his room.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Both children have been homeschooled. [redacted] will continue to home schooled.

Mr. and Mrs. [redacted] agree to help Ms. [redacted] with [redacted]

Ms. [redacted] agrees to grief counseling for herself and [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/04/2013	Contact Method:	Face To Face
Contact Time:	03:05 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/21/2013
Completed date:	02/21/2013	Completed By:	[redacted]

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

Contact Type(s): Initial ACV Face To Face,Notation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/21/2013 01:07 PM Entered By: [redacted]

CM was unable to view the body of [redacted] on this day due to the body being at [redacted] for an autopsy.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/04/2013	Contact Method:	Phone Call
Contact Time:	12:18 PM	Contact Duration:	Less than 05 Hour
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/06/2013
Completed date:	02/06/2013	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/06/2013 03:56 PM Entered By: [redacted]

CM convened CPIT on the above date and time. CM notified DA [redacted] by fax. CM notified Mr. [redacted] by telephone. CM will met response on the case and interview the mother. No formal interviews were conducted at the scene. CM staffed with TL [redacted] CM will talk with referent, convene CPIT with Law enforcement and district attorney, complete child fatality form, get email on how to send fatality form, interview the family, obtain the police incident report, obtain the autopsy report, grief counseling, gathering information on Amish religion, go to the home and photo are of incident and Ms. [redacted] statement, and get a copy of Ms. [redacted] statement from law enforcement.

CM called Officer [redacted] and left a message for him to return my call at 12:35 pm
At 1:37 pm CM call DCS media representative, Ms. [redacted] Her voice stated that for am emergency to call her cell phone [redacted] CM called her cell home and left a message. CM emailed Ms. [redacted] requested a telephone call.
CM called the [redacted] telephone that was listed in TFACTS. A recording said the number had been disconnected.

Case # 2013.012ph

Tennessee Department of Children's Services

Notice of Child Fatality/Near Fatality

Investigation #:		Date of Notification:	2/4/2013	Date of Death/ Incident:	2/4/2013
Type: *(Please check one)*	☒ FAT ALITY	☐ NEAR FATALITY			
Child' Name:	[redacted]	DOB:	[redacted]	TFACTS #	[redacted]
Gender: Male:	☐ Female:	☒	Ra ce/Ethnicity:	White (No	County/Region [redacted]
Parent's Name(s):	Mother:	[redacted]		Father:	[redacted]
Was child in custody at time of incident?	Yes:	☐	No:	☒ Adjudication:	N/A
If child is in DCS custody, list placement type and name:	N/A				

Describe *(in detail)* cause or circumstance regarding the death/injury: Around 1am the mother called 911 stating that she found [redacted] submerged in the bath tub. The mother stated that she went to check on [redacted] and when she did not respond she went into the bathroom and found [redacted]

Investigator [redacted] states that the family keeps late hours and the mother reported that they watched the Super bowl and then did some lessons.

It was also reported that [redacted] suffers from seizures and the medication (type unknown) was found in the home.

[redacted] was taken to [redacted] Medical Center around 2am. Investigator [redacted] believes that around 2:30-3am Dr. [redacted] pronounced [redacted] dead. The mother accompanied [redacted] to the hospital and Unknown-male (brother) went with his grandparents.

[redacted] will be sent to [redacted] to have an autopsy done.

Investigator [redacted] did observe the home and it appeared appropriate and no foul play is suspected at this time.

Describe *(in detail)* interview with family: CM met with the [redacted] and [redacted] at the maternal grand parent's home on 2/4/2013 at 3:05 pm. [redacted] is the father to both children. [redacted] began having seizures in 2009. The treating neurologist is [redacted]. The treating pediatrician is [redacted]. [redacted] last saw [redacted] on or about December 18, 2012. Her medication remained the same, but the dose was increased. [redacted] last saw [redacted] on or about September 2012. She is current on her well-child. [redacted] last seizure was on December 12, 2012. [redacted] has a diagnosis of Epilepsy. [redacted] was asked to give a timeline from noon on 2/3/2013 to the incident. [redacted] played in the snow and built a snowman. She was her normal happy chatter box self. She appeared normal all day. [redacted] ate and played fine. On 2/4/2013 at approximately 12:15 am [redacted] got into the bath tub. [redacted] yelled at [redacted] on two different occasions. [redacted] replied "mommy I am fine". [redacted] stated that she frequently would call [redacted] name for a response. [redacted] stated that she again called for [redacted] and [redacted] did not respond. She called again then entered the bathroom to find [redacted] laying in the bathtub on her right side. [redacted] was pasty white and her lips had begun to turn grey in color. [redacted] removed [redacted] from the bathtub "heard heart beat but she was not breathing". The maternal grandmother, [redacted], called 911. [redacted] County dispatch talked the maternal grandfather, [redacted], and [redacted] threw CPR. [redacted] stated she could hear gurgling and blood came out of [redacted] nose once when she blew into her mouth. [redacted] wore pull ups because she has occasional bed wetting. [redacted] put [redacted] pull up and pajama bottoms on [redacted] [redacted] stated that [redacted] has become protective of her private. [redacted] did not want [redacted] waking up with people in the home and [redacted] naked. [redacted] reports being afraid her brain was not getting what it needed and may cause her more problems. [redacted] reports CPR was continued until paramedics arrived and took over. [redacted] describes [redacted] as an average ten year old girl that loved animals. [redacted] was shy at first, but very loveable. [redacted] body was taken to [redacted] for an autopsy. Funeral arrangements are being planned at [redacted] Funeral Home in [redacted] [redacted].

If child was hospitalized, describe *(in detail)* DCS involvement during hospitalization: Child was deceased and pronounced dead by attending physician after arriving at the hospital via ambulance.

Case # 2013.012ph

Describe disposition of body *(Fatality)*:	Body had been moved by the mother and dressed before child was observed by first responders. Further, the bath tub was drained before first responders arrived.		
Name of Medical Examiner or Coroner:	[redacted]	Was autopsy requested?	Yes ☒ No ☐
Did CPS open an investigation on this Fatality/Near Fatality?	Open ☒ Clo	sed ☐	
Was there an open investigation at the time of Fatality/Near Fatality?	Yes ☐ No	☒	
If so, describe *(in detail)* law enforcement or court involvement: N/A			
Alleged perpetrator and relationship to child:	[redacted], mother		
Describe *(in detail)* action taken to ensure safety of other children *(list names and ages of children)* and or victim *(Near Fatality) (attach safety plan, if applicable):*			
[redacted], age 12	He was placed with grandparents by law enforcement prior to DCS referral.		
Prior DCS involvement, include dates, findings, and/or adjudications:			
9/16/2011 Assessment for Medical Maltreatment and Educational Neglect			
Classified No Services			
Has there been any media inquiry or is attention expected?	Yes ☐ No	☒	
Contact Person/Phone Number(s) *(include CM, TL, and TC):*	CM [redacted]; TL [redacted]; TC [redacted]		
ATTACH a copy of the TFACTS Incident Report or Form *CS-0496, Serious Incident Report* to this notice if TFACTS is inoperable:	Yes ☐ No ☐		

FAX TO OFFICE OF CHILD SAFETY @ [redacted]

Family Functional Assessment

Case Name:	[redacted]	**Case ID:**	[redacted]
Primary Case Worker:		**Begin Date:**	02/06/2013
Last Review By:		**Last Review Date:**	

I. Current Circumstances:

A. Reason For Involvement:

B. Family Story:

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

B. Family Significant Needs/Risks/Concerns:

III. Person Information:

A. Children:

B. Adults:

C. Family Together History:

D. Other Significant Relationships:

E. Legal/Court/DCS History:

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

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

IV. Assessment of Safety:

03/21/2012 - [redacted] - Safety - [redacted]

02/06/2013 - [redacted] - Safety - [redacted] - Due to the death of [redacted] daughter/victim; Mr. and Mrs. [redacted] maternal grandparents, have agreed to assist with [redacted] is severily autisc and has been labeled nonverbal.

V. Assessment of Well Being:

VI. Assessment of Permanence:

VII. Assessment of Resources:

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

Worker's Signature	Date	Supervisor's Signature	Date

Case # 2013.012ph

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Assessment

Family Name: [redacted]

TN DCS Intake ID #: [redacted]

County: [redacted]

Worker:

Date of Referral: 2/4/13 9:21 AM

Date of Assessment: 2/4/13 12:00 AM

Assessment Type: [X] Iinitial [ ] Closing [ ] Other

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		
[ ]	[X]	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.
[ ]	[X]	2.	Child sexual abuse is suspected,and circumstances suggest that the child's safety may be of immediate concern.
[ ]	[X]	3.	Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
[ ]	[X]	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.
[ ]	[X]	5.	The family refuses access to the child, or there is reason to believe that the family is about to flee.
[ ]	[X]	6.	Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
[ ]	[X]	7.	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
[ ]	[X]	8.	Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
[ ]	[X]	9.	Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.

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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 umber 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:** _____