



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 06/02/2014 10:03 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/02/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/02/2014 01:05 PM
 First Team Leader Assigned: [REDACTED] Date/Time 06/02/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 06/02/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect 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: TFACTS: No history found with information provided.

Family Case IDs: None

Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated No
 Death No
 Screened out No

History (not listed above):
 6/02/2014 - Intake# [REDACTED] Neglect Death Pending



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County: [REDACTED]
 Notification: None
 School/ Daycare: unknown
 Native American Descent: No
 Directions None given

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

Reporter's name/relationship: [REDACTED]

Reporter states: This child is not in DCS custody.

[REDACTED] (5) resided with his mother (name unknown) and father (name unknown). It is unknown if there are other children living in the home at this time.

[REDACTED] was taken to [REDACTED] in [REDACTED] yesterday with abdominal pain and severe nausea. [REDACTED] was life-flighted to [REDACTED] yesterday, time unknown. According to the medical examiner investigator, [REDACTED] condition continued to deteriorate and he was pronounced deceased at 9:01 AM on 6/2/2014. There is suspicion of a possible spider bite. The [REDACTED] and two investigators from [REDACTED] County are in route to [REDACTED] at this time.

[REDACTED] parents are believed to be at [REDACTED] at this time. The parents have not been interviewed yet. The reporter states that according to the local county DCS, there has been no prior instance of child fatalities or serious injuries with this family. The family has no known history of alcohol and drug abuse, mental health or domestic violence issues.

There is very limited information regarding this incident at this time. No further information is known or reported at this time.

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 or worker who may respond: no

Note: Since the cause of death is currently unknown, this intake will be screened as a Neglect Child Death.

Investigative Track - P1 - Child Death
 [REDACTED] TC, on 6/2/14 @ 12:10pm

Notified Child Death/Child Near Death Notification Group via Email:
 [REDACTED]

Reconsideration Request on 6-2-14 @ 12:54 pm by [REDACTED] TL [REDACTED] spoke with [REDACTED] County supervisor [REDACTED] and FSW [REDACTED] TL [REDACTED] was informed by [REDACTED] County DCS that the family is no longer living in [REDACTED], [REDACTED]. They state that the family moved from [REDACTED] to [REDACTED], [REDACTED] FSW [REDACTED] state that the home was foreclosed on. FSW [REDACTED] state that she went to the home on 5/29/14. She state that the child was safe and the home had electricity and running water. She state that the family is no longer living in the home in [REDACTED]. She state that they moved to [REDACTED], [REDACTED] FSW [REDACTED] state that the family live at [REDACTED]. The phone number is [REDACTED] or [REDACTED] TL [REDACTED] is requesting that this intake be screened out. FSW [REDACTED] reports that the child are safe. Recon @ 12:40 pm [REDACTED]



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Reconsideration Response: Intake is being resubmitted as a P1/Investigation to [REDACTED] as this was reconsidered in error. [REDACTED] TL on 6-2-14 @ 1:02 pm



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Asian

Age: Deceased

Address: [REDACTED]

Deceased Date: 06/02/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/02/2014

Assignment Date: 02/23/2015

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/05/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [REDACTED] (CPSI) received case with allegation of Neglect Death.

[REDACTED] is closing the case as AUPU due to the death being ruled as an accident. Case closed and family referred to services available in the community; The family is attending a grief support group at [REDACTED] on Thursdays, mainly for their daughter's sake. This case will be presented at CPIT on 10/22/2014.

D. Case Workers

Case Worker: [REDACTED]

Date: 10/07/2014

Team Leader: [REDACTED]

Date: 10/07/2014

E. Investigation Summary

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

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

CPSI was unable to interview the victim because he is deceased.

CPSI observed the home and found very clean and immaculate. The home has no visible safety hazards.

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

CPSI [REDACTED] spoke with [REDACTED] to learn more information about the case. [REDACTED] stated that the mother, [REDACTED] had taken [REDACTED] to an urgent care clinic on 5/30/14 when the child complained of leg pain. The clinic found no health concerns and sent [REDACTED] and Ms. [REDACTED] home with over the



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Case Name : ██████████

Investigation ID: ██████████

counter pain medication. Ms. ██████████ monitored the child's condition over the next two days and reported ██████████ had a mild fever and diarrhea. Ms. ██████████ stated to the detective that ██████████ woke up around 1-2am on Monday 6/2/14 and wanted a glass of water. Ms. ██████████ stated to the detective that she noticed a small red spot on his leg and it appeared to be an insect bite. Ms. ██████████ stated to the detective that she took ██████████ to ██████████ at about 4am. Ms. ██████████ stated to the detective that ██████████ walked into the hospital under his own power and only complained of leg pain. ██████████ stated that medical personnel watched the wound grow and worsen and made the decision to send ██████████ to ██████████ by LifeFlight helicopter. ██████████ stated that ██████████ condition worsened on arrival at ██████████ and medical staff attempted life-saving measures. ██████████ was pronounced dead at ██████████ at 0901 on 6/2/14. ██████████ stated that an immediate autopsy was ordered by the ██████████ because the body continued to decompose quickly. ██████████ stated that he and ██████████ observed the autopsy and the preliminary finding is the death was caused by a flesh-eating bacteria and not by a insect bite. The preliminary cause of death has been labeled "Necrotizing Fasciitis." The detective stated this has not yet been proven, but there is no indication of any abuse, neglect, or foul play that played a role in this child's death. ██████████ stated that the parents took proper steps to care for the child and bacterial infection would be easy to miss by anyone, including trained medical personnel.

CPSI ██████████ received the autopsy report for ██████████. The summary of the case showed that the leg injury from a fall resulted in necrotizing fasciitis due to Group A Streptococcus. The manner of death is listed as accident.

CPSI ██████████ called the collateral, ██████████. He states that he is the maternal uncle to ██████████. The family has been devastated since the loss of ██████████ and his mother, can't even talk about it yet. ██████████ has an older sibling ██████████ and the whole family is in mourning still. He states that it is the Indian culture to mourn for a year, and he said it is going to be a long year. Children are not supposed to die before their parents. He states that ██████████ and ██████████ are great parents would never do anything to hurt their children. He wishes that DCS would leave the family alone to mourn. CPSI ██████████ explained that we are just trying to close the case. He stated that it is their religion not to talk about the de

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

The AP is unknown.

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

The mother, Ms. ██████████ stated that she is not sure what kind of injury caused the death of her child ██████████. Ms. ██████████ stated that ██████████ was balancing on a beach chair inside the home of the maternal grandparents in ██████████ when he fell Thursday afternoon 5/29/14. Ms. ██████████ stated that she took ██████████ to ██████████ in ██████████ when ██████████ complained that his leg hurt. Ms. ██████████ stated the clinic prescribed over the counter pain medication and sent ██████████ home. Ms. ██████████ stated that she did not see any marks until about 2am on 6/2/14 when she noticed a small red dot that could be a spider bite on the child's left leg. Ms. ██████████ stated that she was aware that spiders and insects could be inside the grandparent's home and has checked her children for ticks they may have picked up while playing in the yard. Ms. ██████████ stated that she took ██████████ to ██████████ at about 4am Monday on 6/2/14 when the child complained of continued leg pain and nausea. Ms. ██████████ stated that medical personnel took ██████████ to ██████████ as his condition worsened and where ██████████ was pronounced dead. CPSI ██████████ observed the sibling of the ACV ██████████ at her aunt's home in ██████████. ██████████ was playing with 3 other female cousins inside the home. ██████████ stated that she felt healthy and was having fun today. ██████████ disclosed no information indicative of abuse or neglect and presented with no physical or behavioral evidence of abuse or neglect. She gave an age appropriate definition of safety and reported feeling safe in her home, with basic needs met. She appeared to be dressed in clean and appropriate clothing, with appropriate hygiene. She appeared comfortable and uninhibited when speaking with Investigator ██████████ exhibiting no abnormal or noteworthy behaviors. She appeared physically and developmentally appropriate for her age. CPSI ██████████ followed up with ██████████ at ██████████. ██████████ was very hesitant to speak with CPSI ██████████. She states



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

that she is very sad about her brother, [REDACTED] dieing and wants to remember the good times that they had together. He got sick so fast and they still wonder if a spider bite had any thing to do with it. Her momma cries a lot and is sad, the family goes to counseling at [REDACTED] [REDACTED] in [REDACTED] they talk about loosing [REDACTED]. She said that he was a good brother. Her parents want to have more children because there has to be a boy to carry on the family name. She is looking forward to another baby in the family some day.

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

CPSI [REDACTED] attempted to follow up with the family. No one was home, CPSI [REDACTED] left a business card with instructions to call. [REDACTED] called back to say that they will not meet with CPSI [REDACTED] that they spoke to one worker and they will not talk to anyone else. They have nothing to say that they didn't tell the [REDACTED] [REDACTED] and deny any wrong doing. They were good parents and feel like they are being harassed.

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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: 05/08/2015

Contact Method:

Contact Time: 05:11 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/08/2015

Completed date: 05/08/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/08/2015 05:12 PM Entered By: [REDACTED]

IC [REDACTED] received permission from the RID & Deputy Director of Investigations to close the 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: 04/10/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2015

Completed date: 04/21/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2015 09:11 AM Entered By: [REDACTED]

Case has been submitted for review.



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: 03/10/2015

Contact Method:

Contact Time: 05:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2015

Completed date: 03/11/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2015 05:40 PM Entered By: [REDACTED]

Case has been submitted for review.



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: 02/10/2015

Contact Method:

Contact Time: 08:47 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/10/2015

Completed date: 02/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/10/2015 08:48 AM Entered By: [REDACTED]

Case Conference

LI [REDACTED] conducted a case conference monthly with [REDACTED] [REDACTED] in regards to the case. All investigative task have been completed on the case and submitted for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/04/2015 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: School Created Date: 02/12/2015
 Completed date: 02/12/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/12/2015 12:06 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the sister, [REDACTED] school, [REDACTED] to follow up with the family. [REDACTED] states that she had the flu last week and missed three days of school.

[REDACTED] was very hesitant to speak with CPSI [REDACTED] states that she told her mother that CPSI [REDACTED] came to her school in the fall and her mother told her not to talk to DCS. She said that the family believes that if they talk about the deceased that the deceased will not cross over to the other side. They believe that the person is stuck in limbo every time they talk about that person. She refused to talk about her brother. She said that she is good and school is good and that they are all good. She said that her mother and her father are ok, and that they don't need anything from DCS.

CPSI [REDACTED] spoke with her teacher, Ms. [REDACTED] and she states that [REDACTED] is doing excellent in school and she has no concerns. She states that she received a note from the mother asking them not to discuss the loss of her brother due to their beliefs, so they no longer bring it up, they just ask [REDACTED] how her family is, they do not discuss the loss of her brother.

Next Step: Follow up with family.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 01/31/2015 Contact Method: Attempted Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: School Created Date: 02/12/2015
 Completed date: 02/12/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2015 11:56 AM Entered By: [REDACTED]

CPSI [REDACTED] went to the sister, [REDACTED] school, [REDACTED] to follow up with the family.

[REDACTED] was very hesitant to speak with CPSI [REDACTED]. [REDACTED] states that she told her mother that CPSI [REDACTED] came to her school in the fall and her mother told her not to talk to DCS. She said that the family believes that if they talk about the deceased that the deceased will not cross over to the other side. They believe that the person is stuck in limbo every time they talk about that person. She refused to talk about her brother. She said that she is good and school is good and that they are all good. She said that her mother and her father are ok, and that they don't need anything from DCS.

CPSI [REDACTED] spoke with her teacher, Ms. [REDACTED] and she states that [REDACTED] is doing excellent in school and she has no concerns. She states that she received a note from the mother asking them not to discuss the loss of her brother due to their beliefs, so they no longer bring it up, they just ask [REDACTED] how her family is, they do not discuss the loss of her brother.

Next Step: Follow up with family.

Narrative Type: Created In Error Entry Date/Time: 02/12/2015 12:05 PM Entered By: [REDACTED]

On this day, [REDACTED] was absent from school, the case note should be for 2/04/2015.



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Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/30/2015	Contact Method:	Attempted Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	02/12/2015
Completed date:	02/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/12/2015 12:08 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the sister, [REDACTED] school, [REDACTED] to follow up with the family.

[REDACTED] is out sick today.

Next Step: Follow up with family.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/16/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/06/2015 04:08 PM Entered By: [REDACTED]

Case Conference

Case has been submitted for review.



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: 12/16/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/06/2015 04:08 PM Entered By: [REDACTED]

Case Conference

Case has been submitted for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 11/17/2014 Contact Method:
 Contact Time: 07:28 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/17/2014
 Completed date: 12/18/2014 Completed By: System Completed
 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: 11/17/2014 07:41 AM Entered By: [REDACTED]

CASE SUMMARY:

- Referral assigned to Child Protective Services Investigator (CPSI) [REDACTED] on 6/2/2014 with the allegation of Neglect Death. The Alleged Child Victim (ACV) was [REDACTED] and the Alleged Perpetrator (AP) Unknown. This family had no history with the Department of Children's Services (DCS).
- Synopsis of Event: CPSI was unable to interview the victim because he is deceased. The mother, Ms. [REDACTED] stated that she is not sure what kind of injury caused the death of her child [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was balancing on a beach chair inside the home of the maternal grandparents in [REDACTED] when he fell Thursday afternoon 5/29/14. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] in [REDACTED] when [REDACTED] complained that his leg hurt. Ms. [REDACTED] stated the clinic prescribed over the counter pain medication and sent [REDACTED] home. Ms. [REDACTED] stated that she did not see any marks until about 2am on 6/2/14 when she noticed a small red dot that could be a spider bite on the child's left leg. Ms. [REDACTED] stated that she was aware that spiders and insects could be inside the grandparent's home and has checked her children for ticks they may have picked up while playing in the yard. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] at about 4am Monday on 6/2/14 when the child complained of continued leg pain and nausea. [REDACTED] condition worsened and medical personnel flew [REDACTED] to [REDACTED] for a higher level of care. His condition rapidly deteriorated shortly after arrival and where [REDACTED] was pronounced dead at 9:01 AM on 6/02/2014, by [REDACTED]. A consultation was also done by [REDACTED]. Numerous x-rays were also performed and read by [REDACTED] on 6/02/2014 on his chest, left leg, showing swelling of the soft tissue of the left thigh.
- Investigators involved were CPSI [REDACTED] then on 10/22/2014, CPSI [REDACTED] got the case as a transfer case upon [REDACTED] resignation. The [REDACTED] investigated the death led by [REDACTED]. The [REDACTED] and the [REDACTED] met at the emergency room of [REDACTED] to perform a brief body exam, followed by completion of the Sudden Unexplained Child Death Investigator Report with the decedent's mother. The body was then transported to the [REDACTED] by [REDACTED] for further examination. A complete autopsy was performed by [REDACTED] with the cause of death listed as Necrotizing Fasciitis due to Group A Streptococcus. The manner of death was ruled an accident.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

4. There is no alleged perpetrator. Interviews conducted: [REDACTED] parents, [REDACTED] and [REDACTED]. The collateral, [REDACTED].

5. Details of interviews: CPSI [REDACTED] observed the sibling of the the Alleged Child Victim, [REDACTED] at her aunt's home in [REDACTED]. [REDACTED] was playing with 3 other female cousins inside the home. [REDACTED] stated that she felt healthy and was having fun today. [REDACTED] disclosed no information indicative of abuse or neglect and presented with no physical or behavioral evidence of abuse or neglect. She gave an age appropriate definition of safety and reported feeling safe in her home, with basic needs met. She appeared to be dressed in clean and appropriate clothing, with appropriate hygiene. She appeared comfortable and uninhibited when speaking with Investigator [REDACTED] exhibiting no abnormal or noteworthy behaviors. She appeared physically and developmentally appropriate for her age. CPSI [REDACTED] followed up with [REDACTED] at [REDACTED]. [REDACTED] was very hesitant to speak with CPSI [REDACTED]. She states that she is very sad about her brother, [REDACTED] dieing and wants to remember the good times that they had together. He got sick so fast and they still wonder if a spider bite had any thing to do with it. Her momma cries a lot and is sad, the family goes to counseling at [REDACTED] in [REDACTED] they talk about loosing [REDACTED]. She said that he was a good brother. Her parents want to have more children because there has to be a boy to carry on the family name. She is looking forward to another baby in the family some day.

The collateral, [REDACTED]. He states that he is the maternal uncle to [REDACTED]. The family has been devastated since the loss of [REDACTED] and his mother, can't even talk about it yet. [REDACTED] has an older sibling [REDACTED] and the whole family is in mourning still. He states that it is the Indian culture to mourn for a year, and he said it is going to be a long year. Children are not supposed to die before their parents. He states that [REDACTED] and [REDACTED] are great parents would never do anything to hurt their children. He wishes that DCS would leave the family alone to mourn. CPSI [REDACTED] explained that we are just trying to close the case. He stated that it is their religion not to talk about the deceased because they cannot cross over to the other side if they are talked about. Interview with [REDACTED], [REDACTED] at both [REDACTED] and [REDACTED] Hospital.

The Parent's [REDACTED] and [REDACTED]. The mother, Ms. [REDACTED] stated that she is not sure what kind of injury caused the death of her child [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was balancing on a beach chair inside the home of the maternal grandparents in [REDACTED] when he fell Thursday afternoon 5/29/14. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] in [REDACTED] when [REDACTED] complained that his leg hurt. Ms. [REDACTED] stated the clinic prescribed over the counter pain medication and sent [REDACTED] home. Ms. [REDACTED] stated that she did not see any marks until about 2am on 6/2/14 when she noticed a small red dot that could be a spider bite on the child's left leg. Ms. [REDACTED] stated that she was aware that spiders and insects could be inside the grandparent's home and has checked her children for ticks they may have picked up while playing in the yard. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] at about 4am Monday on 6/2/14 when the child complained of continued leg pain and nausea. Ms. [REDACTED] stated that medical personnel took [REDACTED] to [REDACTED] Hospital as his condition worsened and where [REDACTED] was pronounced dead. The father was unable to discuss the details of the child's death due to being too upset and breaking down. Second attempt, he refused to talk.

[REDACTED] stated that on June 2, 2014, he was summoned by the [REDACTED] to assist in the investigation of the death of 5 year old [REDACTED]. It was reported to him that [REDACTED] had been a patient of [REDACTED] in the early morning hours of 6/2/2014. The investigation started at [REDACTED] in the Emergency Room where he met with [REDACTED] Investigator to the [REDACTED]. She told him that 5 year old [REDACTED] had been first admitted to [REDACTED] in the early morning hours complaining of leg pain. It was at [REDACTED] that the patient began to rapidly deteriorate medically and was soon transported by helicopter to [REDACTED] for further treatment. [REDACTED] was later pronounced dead at 9:01 am, by [REDACTED] and [REDACTED]. Investigation was done by [REDACTED] of the [REDACTED] to make sure there were no criminal circumstances surrounding of the child. Upon investigating the death, the following circumstances are as follows (note that they were given to us by the mother, [REDACTED]). The child was at his grandparent's home at [REDACTED] on 5/29/14. while at the home, the child fell on or from a beach chair located outside on a patio or backyard area. The child, [REDACTED] complained of some pain but nothing sever. On 5/30/14, the mother took the child to an urgent care to see a Doctor about the injured area. There was nothing suspicious about the would and he was sent home after seeking medical treatment. On 5/31/2014, the child, [REDACTED] continued to complain of pain



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

but carried on as a normal 5 year old would. The mother stated at some point the child did have a fever and mild diarrhea but it soon passed. Over the weekend the child, [REDACTED] attended a pool party at a relative's home and was acting normal but "not himself". On Sunday, June 1st, the child was put to bed with no issues. At around 1 am, he awoke and asked his mother for a drink. She noticed the leg area appeared to have a small red area and looked to her like an insect bite. She monitored the leg overnight and watched the area continue to grow red and larged in diameter. It was at this time the child was brought to [REDACTED] for treatment (June 2, 2014). Note that the child walked into the emergency room without assistance and appeared to be fine except for leg pain.

Once the child was at [REDACTED] medical staff monitored the wound area which was growing at a rapid pace. Cultures and blood were drawn for further testing. With concern for the rapid deterioration of the child medically, [REDACTED] was called and the child was flown to [REDACTED] for treatment. During this time, the wound began to rapidly grow and deteriorate the child's vital signs. Life saving measures were taken but the child was soon pronounced deade at 9:01am, on 6/2/2014. After investigating the morning's events, it was told to [REDACTED] that the [REDACTED] had decided to perform the autopsy of the child immediately. This was decided by the fast pace of decomposition of the body. [REDACTED] and [REDACTED] then went to the [REDACTED] office to observe the event. Upon arrival, they met with [REDACTED] who then started the process. In general, upon looking at the entire body of the 5 year old child, [REDACTED] it was determined that a flesh eating bacteria was to blame for the child's death. It was labeled "Necrotizing Fasciitis. There were no signs of abuse, neglect, or foul play that would have contributed to the cause/manner of death.

Closing this investigation, [REDACTED] found no signs of abuse or neglect. All proper steps were taken by the parents to diagnose any medical issues that the child may have had. Unfortunately, small signs of the bacterial infection were missed not to anyone's fault. This is a rare occurrence and without any knowledge of this type of infection, it could be easy to miss on initial inspection. This case was closed and will not be investigated by [REDACTED] as a criminal matter.

6. Policy- Work Aid 1-CPS Categories and Definitions of Abuse/Neglect- Child Death- 1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report or 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.

7. Child Protective Investigation Team, CPIT-[REDACTED] County, presented on 10/22/2014. The team was in agreement that the case should be closed as AUPU, Allegation Unsubstantiated, Perpetrator Unsubstantiated. [REDACTED] and the [REDACTED] were in agreement as well.

8. All interviews done resulted in the agreement that no foul play occurred with this family. Closing this investigation, [REDACTED] found no signs of abuse or neglect. All proper steps were taken by the parents to diagnose any medical issues that the child may have had. Unfortunately, small signs of the bacterial infection were missed not to anyone's fault. This is a rare occurrence and without any knowledge of this type of infection, it could be easy to miss on initial inspection. This case was closed and will not be investigated by [REDACTED] as a criminal matter. There is no alleged perpetrator.

9. Preponderance of evidence showed that the cause of death was ruled Necrotizing Fasciitis due to Group A Streptococcus.

10. Closing and classification -The case will be closed and classified as AUPU for the allegation of Child Neglect Death. In this case, the cause of death is known and explained away any suspicion of abuse or neglect.



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: 11/17/2014

Contact Method:

Contact Time: 07:28 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/10/2015

Completed date: 02/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/10/2015 11:53 AM Entered By: [REDACTED]

CASE SUMMARY:

- Referral assigned to Child Protective Services Investigator (CPSI) [REDACTED] on 6/2/2014 with the allegation of Neglect Death. The Alleged Child Victim (ACV) was [REDACTED] and the Alleged Perpetrator (AP) Unknown. This family had no history with the Department of Children's Services (DCS).
- Synopsis of Event: CPSI was unable to interview the victim because he is deceased. The mother, Ms. [REDACTED] stated that she is not sure what kind of injury caused the death of her child [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was balancing on a beach chair inside the home of the maternal grandparents in [REDACTED] when he fell Thursday afternoon 5/29/14. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] when [REDACTED] complained that his leg hurt. Ms. [REDACTED] stated the clinic prescribed over the counter pain medication and sent [REDACTED] home. Ms. [REDACTED] stated that she did not see any marks until about 2am on 6/2/14 when she noticed a small red dot that could be a spider bite on the child's left leg. Ms. [REDACTED] stated that she was aware that spiders and insects could be inside the grandparent's home and has checked her children for ticks they may have picked up while playing in the yard. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] at about 4am Monday on 6/2/14 when the child complained of continued leg pain and nausea. [REDACTED] condition worsened and medical personnel flew [REDACTED] to [REDACTED] for a higher level of care. His condition rapidly deteriorated shortly after arrival and where [REDACTED] was pronounced dead at 9:01 AM on 6/02/2014, by [REDACTED]. A consultation was also done by [REDACTED]. Numerous x-rays were also performed and read by [REDACTED]. on 6/02/2014 on his chest, left leg, showing swelling of the soft tissue of the left thigh.
- Investigators involved were CPSI [REDACTED] then on 10/22/2014, CPSI [REDACTED] got the case as a transfer case upon [REDACTED] resignation. The [REDACTED] investigated the death led by [REDACTED]. The Medical Examiner, [REDACTED] and the [REDACTED] met at the emergency room of [REDACTED] to perform a brief body exam, followed by completion of the Sudden Unexplained Child Death Investigator Report with the decedent's mother. The body was then transported to the [REDACTED] by [REDACTED] for further examination. A complete autopsy was performed by [REDACTED] with the cause of death [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

listed as Necrotizing Fasciitis due to Group A Streptococcus. The manner of death was ruled an accident.

4. There is no alleged perpetrator. Interviews conducted: [REDACTED] parents, [REDACTED] and [REDACTED]. The collateral, [REDACTED]

5. Details of interviews: CPSI [REDACTED] observed the sibling of the the Alleged Child Victim, [REDACTED] at her aunt's home in [REDACTED]. [REDACTED] was playing with 3 other female cousins inside the home. [REDACTED] stated that she felt healthy and was having fun today. [REDACTED] disclosed no information indicative of abuse or neglect and presented with no physical or behavioral evidence of abuse or neglect. She gave an age appropriate definition of safety and reported feeling safe in her home, with basic needs met. She appeared to be dressed in clean and appropriate clothing, with appropriate hygiene. She appeared comfortable and uninhibited when speaking with [REDACTED] exhibiting no abnormal or noteworthy behaviors. She appeared physically and developmentally appropriate for her age. CPSI [REDACTED] followed up with [REDACTED] at [REDACTED]. [REDACTED] was very hesitant to speak with CPSI [REDACTED]. She states that she is very sad about her brother, [REDACTED] dying and wants to remember the good times that they had together. He got sick so fast and they still wonder if a spider bite had any thing to do with it. Her momma cries a lot and is sad, the family goes to counseling at [REDACTED] in [REDACTED] they talk about loosing [REDACTED]. She said that he was a good brother. Her parents want to have more children because there has to be a boy to carry on the family name. She is looking forward to another baby in the family some day.

The collateral, [REDACTED]. He states that he is the maternal uncle to [REDACTED]. The family has been devastated since the loss of [REDACTED] and his mother, can't even talk about it yet. [REDACTED] has an older sibling [REDACTED] and the whole family is in mourning still. He states that it is the Indian culture to mourn for a year, and he said it is going to be a long year. Children are not supposed to die before their parents. He states that [REDACTED] and [REDACTED] are great parents would never do anything to hurt their children. He wishes that DCS would leave the family alone to mourn. CPSI [REDACTED] explained that we are just trying to close the case. He stated that it is their religion not to talk about the deceased because they cannot cross over to the other side if they are talked about. Interview with [REDACTED] at both [REDACTED] and [REDACTED] Hospital.

The Parent's [REDACTED] and [REDACTED]. The mother, Ms. [REDACTED] stated that she is not sure what kind of injury caused the death of her child [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was balancing on a beach chair inside the home of the maternal grandparents in [REDACTED] when he fell Thursday afternoon 5/29/14. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] in [REDACTED] when [REDACTED] complained that his leg hurt. Ms. [REDACTED] stated the clinic prescribed over the counter pain medication and sent [REDACTED] home. Ms. [REDACTED] stated that she did not see any marks until about 2am on 6/2/14 when she noticed a small red dot that could be a spider bite on the child's left leg. Ms. [REDACTED] stated that she was aware that spiders and insects could be inside the grandparent's home and has checked her children for ticks they may have picked up while playing in the yard. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] at about 4am Monday on 6/2/14 when the child complained of continued leg pain and nausea. Ms. [REDACTED] stated that medical personnel took [REDACTED] to [REDACTED] as his condition worsened and where [REDACTED] was pronounced dead. The father was unable to discuss the details of the child's death due to being too upset and breaking down. Second attempt, he refused to talk.

[REDACTED] stated that on June 2, 2014, he was summoned by the Medical Examiners Office [REDACTED] to assist in the investigation of the death of 5 year old [REDACTED]. It was reported to him that [REDACTED] had been a patient of [REDACTED] in the early morning hours of 6/2/2014. The investigation started at [REDACTED] in the Emergency Room where he met with [REDACTED] to the [REDACTED] Office. She told him that 5 year old [REDACTED] had been first admitted to [REDACTED] in the early morning hours complaining of leg pain. It was at [REDACTED] that the patient began to rapidly deteriorate medically and was soon transported by helicopter to [REDACTED] for further treatment. [REDACTED] was later pronounced dead at 9:01 am, by [REDACTED] and [REDACTED]. Investigation was done by [REDACTED] of the [REDACTED] to make sure there were no criminal circumstances surrounding of the child. Upon investigating the death, the following circumstances are as follows (note that they were given to us by the mother, [REDACTED]). The child was at his grandparent's home at [REDACTED] on 5/29/14. while at the home, the child fell on or from a beach chair located outside on a patio or backyard area. The child, [REDACTED] complained of some pain but nothing sever. On 5/30/14, the mother took the child to an urgent care to see a Doctor about the injured area. There was nothing suspicious about the would and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

he was sent home after seeking medical treatment. On 5/31/2014, the child, [REDACTED] continued to complain of pain but carried on as a normal 5 year old would. The mother stated at some point the child did have a fever and mild diarrhea but it soon passed. Over the weekend the child, [REDACTED] attended a pool party at a relative's home and was acting normal but "not himself". On Sunday, June 1st, the child was put to bed with no issues. At around 1 am, he awoke and asked his mother for a drink. She noticed the leg area appeared to have a small red area and looked to her like an insect bite. She monitored the leg overnight and watched the area continue to grow red and larged in diameter. It was at this time the child was brought to [REDACTED] for treatment (June 2, 2014). Note that the child walked into the emergency room without assistance and appeared to be fine except for leg pain.

Once the child was at [REDACTED] medical staff monitored the wound area which was growing at a rapid pace. Cultures and blood were drawn for further testing. With concern for the rapid deterioration of the child medically, [REDACTED] was called and the child was flown to [REDACTED] for treatment. During this time, the wound began to rapidly grow and deteriorate the child's vital signs. Life saving measures were taken but the child was soon pronounced deade at 9:01am, on 6/2/2014. After investigating the morning's events, it was told to [REDACTED] that the Chief Medical Examiner had decided to perform the autopsy of the child immediately. This was decided by the fast pace of decomposition of the body. [REDACTED] and [REDACTED] then went to the Medical Examiner's office to observe the event. Upon arrival, they met with [REDACTED] who then started the process. In general, upon looking at the entire body of the 5 year old child, [REDACTED] it was determined that a flesh eating bacteria was to blame for the child's death. It was labeled "Necrotizing Fasciitis. There were no signs of abuse, neglect, or foul play that would have contributed to the cause/manner of death.

Closing this investigation [REDACTED] found no signs of abuse or neglect. All proper steps were taken by the parents to diagnose any medical issues that the child may have had. Unfortunately, small signs of the bacterial infection were missed not to anyone's fault. This is a rare occurrence and without any knowledge of this type of infection, it could be easy to miss on initial inspection. This case was closed and will not be investigated by [REDACTED] as a criminal matter.

6. Policy- Work Aid 1-CPS Categories and Definitions of Abuse/Neglect- Child Death- 1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report or 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.

7. Child Protective Investigation Team, CPIT-[REDACTED] County, presented on 10/22/2014. The team was in agreement that the case should be closed as AUPU, Allegation Unsubstantiated, Perpetrator Unsubstantiated. [REDACTED] and the Attorney General were in agreement as well.

8. All interviews done resulted in the agreement that no foul play occurred with this family. Closing this investigation, [REDACTED] found no signs of abuse or neglect. All proper steps were taken by the parents to diagnose any medical issues that the child may have had. Unfortunately, small signs of the bacterial infection were missed not to anyone's fault. This is a rare occurrence and without any knowledge of this type of infection, it could be easy to miss on initial inspection. This case was closed and will not be investigated by [REDACTED] County Sheriff's Department as a criminal matter. There is no alleged perpetrator.

9. Preponderance of evidence showed that the cause of death was ruled Necrotizing Fasciitis due to Group A Streptococcus.

10. Closing and classification -The case will be closed and classified as AUPU for the allegation of Child Neglect Death. In this case, the cause of death is known and explained away any suspicion of abuse or neglect.



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: 11/13/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/06/2015 04:06 PM Entered By: [REDACTED]

Case Conference

LI [REDACTED] conducted a case conference on this date with [REDACTED] [REDACTED]

Next Steps: complete case summary, submit case for closure



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: 10/22/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/22/2014

Completed date: 10/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/22/2014 01:07 PM Entered By: [REDACTED]

This case was presented at the Child Protective Investigative Team (CPIT) meeting and everyone agreed to close as AUPU. The form was completed and located in the file. The death was ruled an accident.



**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:	10/13/2014	Contact Method:	
Contact Time:	01:44 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/13/2014
Completed date:	10/13/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2014 01:45 PM Entered By: [REDACTED].

Case Conference

LI [REDACTED] conducted a case conference on this date with [REDACTED] [REDACTED] [REDACTED] [REDACTED] was assigned to this case as a transfer from [REDACTED] [REDACTED] [REDACTED] [REDACTED] has completed all the investigative tasks on the case. [REDACTED] [REDACTED] went to the school to see the sibling and voiced no concerns.

Next Steps: present to CPIT,



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:	10/07/2014	Contact Method:	Correspondence
Contact Time:	05:29 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/07/2014
Completed date:	10/07/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notification of Classification		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/07/2014 05:34 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) entered the classification AUPU into the classification tab in TFACTS. The child's death was not caused by abuse resulting from the direct action of the child's caretaker. The cause of death was ruled as Necrotizing Fasciitis due to Group A Streptococcus. This case will be presented at CPIT on 10/22/2014.



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: 10/07/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/07/2014

Completed date: 10/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2014 11:38 AM Entered By: [REDACTED]

Case Summary

Child Protective Services Investigator [REDACTED] (CPSI) received case with allegation of Neglect Death. CPSI was unable to interview the victim because he is deceased. The mother, Ms. [REDACTED] stated that she is not sure what kind of injury caused the death of her child [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was balancing on a beach chair inside the home of the maternal grandparents in [REDACTED] when he fell Thursday afternoon 5/29/14. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] when [REDACTED] complained that his leg hurt. Ms. [REDACTED] stated the clinic prescribed over the counter pain medication and sent [REDACTED] home. Ms. [REDACTED] stated that she did not see any marks until about 2am on 6/2/14 when she noticed a small red dot that could be a spider bite on the child's left leg. Ms. [REDACTED] stated that she was aware that spiders and insects could be inside the grandparent's home and has checked her children for ticks they may have picked up while playing in the yard. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] at about 4am Monday on 6/2/14 when the child complained of continued leg pain and nausea. Ms. [REDACTED] stated that medical personnel took [REDACTED] to [REDACTED] as his condition worsened and where [REDACTED] was pronounced dead. CPSI [REDACTED] observed the sibling of the ACV [REDACTED] at her aunt's home in [REDACTED] [REDACTED] was playing with 3 other female cousins inside the home. [REDACTED] stated that she felt healthy and was having fun today. [REDACTED] disclosed no information indicative of abuse or neglect and presented with no physical or behavioral evidence of abuse or neglect. She gave an age appropriate definition of safety and reported feeling safe in her home, with basic needs met. She appeared to be dressed in clean and appropriate clothing, with appropriate hygiene. She appeared comfortable and uninhibited when speaking with Investigator [REDACTED] exhibiting no abnormal or noteworthy behaviors. She appeared physically and developmentally appropriate for her age. CPSI [REDACTED] followed up with [REDACTED] at [REDACTED] [REDACTED] was very hesitant to speak with CPSI [REDACTED]. She states that she is very sad about her brother, [REDACTED] dying and wants to remember the good times that they had together. He got sick so fast and they still wonder if a spider bite had any thing to do with it. Her momma cries a lot and is sad, the family goes to counseling at [REDACTED] they talk about loosing [REDACTED]. She said that he was a good brother. Her parents want to have more children because there has to be a boy to carry on the family name. She is looking forward to another baby in the family some day.

CPSI [REDACTED] attempted to follow up with the family. No one was home, CPSI [REDACTED] left a business card with instructions to call. [REDACTED] called back to say that they will not meet with CPSI [REDACTED] that they spoke to one worker



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

and they will not talk to anyone else. They have nothing to say that they didn't tell the police officers and deny any wrong doing. They were good parents and feel like they are being harassed.

CPSI [REDACTED] spoke with [REDACTED] [REDACTED] to learn more information about the case. [REDACTED] [REDACTED] stated that the mother, [REDACTED] had taken [REDACTED] to an urgent care clinic on 5/30/14 when the child complained of leg pain. The clinic found no health concerns and sent [REDACTED] and Ms. [REDACTED] home with over the counter pain medication. Ms. [REDACTED] monitored the child's condition over the next two days and reported [REDACTED] had a mild fever and diarrhea. Ms. [REDACTED] stated to the detective that [REDACTED] woke up around 1-2am on Monday 6/2/14 and wanted a glass of water. Ms. [REDACTED] stated to the detective that she noticed a small red spot on his leg and it appeared to be an insect bite. Ms. [REDACTED] stated to the detective that she took [REDACTED] to [REDACTED] at about 4am. Ms. [REDACTED] stated to the detective that [REDACTED] walked into the hospital under his own power and only complained of leg pain. [REDACTED] stated that medical personnel watched the wound grow and worsen and made the decision to send [REDACTED] to [REDACTED] by [REDACTED] helicopter. [REDACTED] stated that [REDACTED] condition worsened on arrival at [REDACTED] and medical staff attempted life-saving measures. [REDACTED] was pronounced dead at [REDACTED] [REDACTED] at 0901 on 6/2/14. [REDACTED] stated that an immediate autopsy was ordered by the Chief Medical Examiner because the body continued to decompose quickly. [REDACTED] stated that he and [REDACTED] observed the autopsy and the preliminary finding is the death was caused by a flesh-eating bacteria and not by an insect bite. The preliminary cause of death has been labeled "Necrotizing Fasciitis." The detective stated this has not yet been proven, but there is no indication of any abuse, neglect, or foul play that played a role in this child's death. Det. [REDACTED] stated that the parents took proper steps to care for the child and bacterial infection would be easy to miss by anyone, including trained medical personnel.

CPSI [REDACTED] received the autopsy report for [REDACTED]. The summary of the case showed that the leg injury from a fall resulted in necrotizing fasciitis due to Group A Streptococcus. The manner of death is listed as accident.

CPSI [REDACTED] called the collateral, [REDACTED] [REDACTED] [REDACTED]. He states that he is the maternal uncle to [REDACTED]. The family has been devastated since the loss of [REDACTED] and his mother, can't even talk about it yet. [REDACTED] has an older sibling [REDACTED] and the whole family is in mourning still. He states that it is the Indian culture to mourn for a year, and he said it is going to be a long year. Children are not supposed to die before their parents. He states that [REDACTED] and [REDACTED] are great parents would never do anything to hurt their children. He wishes that DCS would leave the family alone to mourn. CPSI [REDACTED] explained that we are just trying to close the case. He stated that it is their religion not to talk about the deceased because they cannot cross over to the other side if they are talked about too much.

CPSI observed the home and found very clean and immaculate. The home has no visible safety hazards. CPSI is closing the case as AUPU due to the death being ruled as an accident. Case closed and family referred to services available in the community; The family is attending a grief support group at [REDACTED] on Thursdays, mainly for their daughter's sake. This case will be present at CPIT on 10/22/2014.

The 740 was completed. A copy of the 740 was sent to the Judge. A copy of the 740 was sent to the DA.

Closing Family Composition:

[REDACTED] mother
 [REDACTED] father
 [REDACTED] (7), Sister



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: 10/07/2014

Contact Method: Phone Call

Contact Time: 12:36 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/07/2014

Completed date: 10/07/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/07/2014 12:43 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] CPSI [REDACTED] spoke to [REDACTED] facilitator and [REDACTED] pastor. Both sit in on these groups at the church. They would only confirmed that the family is a part of the group. They would not discuss issues discussed or progress.



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:	10/07/2014	Contact Method:	Attempted Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/07/2014
Completed date:	10/07/2014	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: 10/07/2014 11:54 AM Entered By: [REDACTED]

CPSI [REDACTED] attempted to follow up with the family. No one was home, CPSI [REDACTED] left a business card with instructions to call. [REDACTED] called back to say that they will not meet with CPSI [REDACTED] that they spoke to one worker and they will not talk to anyone else. They have nothing to say that they didn't tell the police officers and deny any wrong doing. They were good parents and feel like they are being harassed.



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: 10/07/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/09/2014

Completed date: 10/09/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/09/2014 08:57 AM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] to discuss the [REDACTED] investigation. [REDACTED] stated that [REDACTED] has closed the case with the cause of death being listed as "Necrotizing fasciitis" a flesh eating bacteria. [REDACTED] stated that the [REDACTED] has now received an autopsy and that it states the case of death was also Necrotizing Fasciitis and the death was ruled accidental. The final autopsy results are complete and mailed to investigating agencies. He agreed with the classification of AUPU since the parents were not at fault and they sought extensive medical care for their son in hopes of saving his life. The case will be presented at CPIT.



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: 10/07/2014

Contact Method: Face To Face

Contact Time: 08:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 10/07/2014

Completed date: 10/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2014 11:49 AM Entered By: [REDACTED]

CPSI [REDACTED] went to the sister, [REDACTED] school, [REDACTED] to follow up with the family.

[REDACTED] was very hesitant to speak with CPSI [REDACTED]. She states that she is very sad about her brother, [REDACTED] dieing and wants to remember the good times that they had together. He got sick so fast and they still wonder if a spider bite had any thing to do with it. Her momma cries a lot and is sad, the family goes to counseling at [REDACTED] they talk about loosing [REDACTED]. She said that he was a good brother. Her parents want to have more children because there has to be a boy to carry on the family name. She is looking forward to another baby in the family some day.

Next Step: Follow up with family.



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: 10/06/2014

Contact Method: Phone Call

Contact Time: 05:39 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/06/2014

Completed date: 10/06/2014

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: 10/06/2014 05:44 PM Entered By: [REDACTED]

CPSI [REDACTED] called the collateral, [REDACTED] [REDACTED] [REDACTED] [REDACTED]. He states that he is the maternal uncle to [REDACTED]. The family has been devastated since the loss of [REDACTED] and his mother, can't even talk about it yet. [REDACTED] has an older sibling [REDACTED] and the whole family is in mourning still. He states that it is the Indian culture to mourn for a year, and he said it is going to be a long year. Children are not supposed to die before their parents. He states that [REDACTED] and [REDACTED] are great parents would never do anything to hurt their children. He wishes that DCS would leave the family alone to mourn. CPSI [REDACTED] explained that we are just trying to close the case. He stated that it is their religion not to talk about the deceased because they cannot cross over to the other side if they are talked about.

Next step: Collateral



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: 10/06/2014

Contact Method: Attempted Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/06/2014

Completed date: 10/06/2014

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: 10/06/2014 05:39 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the family home to follow up with them. No one was home, CPSI left a business card.



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: 10/02/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/07/2014

Completed date: 10/07/2014

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: 10/07/2014 11:36 AM Entered By: [REDACTED]

CPSI [REDACTED] received this as a transfer case from another case manager. All investigative tasks are complete. Case Summary to follow.



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: 09/26/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/29/2014

Completed date: 09/29/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Medical Exam

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/29/2014 08:29 AM Entered By: [REDACTED]

CPSI [REDACTED] received the autopsy report for [REDACTED]. The summary of the case showed that the leg injury from a fall resulted in necrotizing fasciitis due to Group A Streptococcus. The manner of death is listed as accident.

See report in case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/29/2014	Contact Method:	Attempted Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/29/2014
Completed date:	08/29/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/29/2014 04:38 PM Entered By: [REDACTED]

CPSI [REDACTED] visited the home to follow up on the investigation. There was no answer at the door and CPSI left a business card at the residence.



**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:	08/19/2014	Contact Method:	
Contact Time:	02:57 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/19/2014
Completed date:	08/19/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/19/2014 02:59 PM Entered By: [REDACTED]

Case Conference

LI [REDACTED] conducted a case conference on this date with Investigator [REDACTED] Investigator [REDACTED] is still awaiting for the autopsy.
Next Steps: follow up with the family



**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:	07/22/2014	Contact Method:	Face To Face
Contact Time:	04:15 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	07/28/2014
Completed date:	07/28/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Medical Exam		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/28/2014 11:55 AM Entered By: [REDACTED]

CPSI received a medical exam from [REDACTED] and placed report in case file.

Narrative Type: Addendum 1 Entry Date/Time: 10/06/2014 05:34 PM Entered By: [REDACTED]

The medical records state that the child had become septic following an injury to his leg four days prior, the parents had been proactive in getting medical care but the child decompensated and died even after being intubated, they were unable to save his life.



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: 07/08/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/08/2014

Completed date: 07/08/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2014 11:33 AM Entered By: [REDACTED]

CPSI [REDACTED] met with [REDACTED] [REDACTED] to discuss the investigation. [REDACTED] [REDACTED] stated that [REDACTED] [REDACTED] [REDACTED] has closed the case with the cause of death being listed as "Necrotizing fasciitis" a flesh eating bacteria. [REDACTED] [REDACTED] stated that the [REDACTED] [REDACTED] has not received an autopsy and that it may take 3 months or more before the final autopsy results are complete and mailed to investigating agencies.



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: 06/16/2014

Contact Method:

Contact Time: 04:21 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/16/2014

Completed date: 06/16/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/16/2014 04:35 PM Entered By: [REDACTED]

Case Conference

LI [REDACTED] conducted a case conference on this date with CPSI [REDACTED]. CPSI was assigned to this case on 6/2/2014 as a P1 Neglect Death. The victim is [REDACTED] (5) and the alleged perp is Unknown. CPSI was unable to meet response due to the victim being deceased. CPSI convened CPIT with the RCSD and [REDACTED] was assigned to the case. CPSI interviewed the parents they reported that [REDACTED] was stung at the grandmother's home. The mother reported that he was playing with a chair and fell off. He had a sore leg from this injury. When he woke up it looked like he had a bug bite on the leg that he injured. The mother reported that he started having nausea and fever. The child was life flighted to [REDACTED] and was pronounced deceased there. The police don't believe that it was a bug bite but maybe flesh eating bacteria. CPSI interviewed the sibling and voiced no concerns. A home visit was conducted and there no concerns noted. CPSI assessed the family and determined that no services are needed at this time. The family has a big support to assist them.

Next Steps: present to CPIT, awaiting autopsy, request medical record,



**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:	06/05/2014	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2014 04:04 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] (CPSI) completed the initial Safety Assessment. There are no current immediate harm factors or interventions. The safety decision is: 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.



**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:	06/05/2014	Contact Method:	Correspondence
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notification of Classification		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2014 04:05 PM Entered By: [REDACTED]
 Child Protective Services Investigator [REDACTED] (CPSI) entered the classification into the classification tab in TFACTS.



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: 06/04/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/05/2014

Completed date: 06/05/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2014 01:06 PM Entered By: [REDACTED]

CPSI [REDACTED] observed the sibling of the ACV [REDACTED] at her aunt's home in [REDACTED]. [REDACTED] was playing with 3 other female cousins inside the home. [REDACTED] stated that she felt healthy and was having fun today. [REDACTED] disclosed no information indicative of abuse or neglect and presented with no physical or behavioral evidence of abuse or neglect. She gave an age appropriate definition of safety and reported feeling safe in her home, with basic needs met. She appeared to be dressed in clean and appropriate clothing, with appropriate hygiene. She appeared comfortable and uninhibited when speaking with [REDACTED]. [REDACTED] exhibiting no abnormal or noteworthy behaviors. She appeared physically and developmentally appropriate for her age.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/04/2014	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/04/2014
Completed date:	07/05/2014	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/04/2014 12:34 PM Entered By: [REDACTED]
 Child Protective Services Investigator [REDACTED] (CPSI) requested permission to enter the home to initiate the investigation.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Childrens Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

CPSI introduced self, built rapport and explained my role in the investigation.

The mother, Ms. [REDACTED] stated that she is not sure what kind of injury caused the death of her child [REDACTED] Ms. [REDACTED] stated that [REDACTED] was balancing on a beach chair inside the home of the maternal grandparents in [REDACTED] when he fell Thursday afternoon 5/29/14. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] in [REDACTED] when [REDACTED] complained that his leg hurt. Ms. [REDACTED] stated the clinic prescribed over the counter pain medication and sent [REDACTED] home. Ms. [REDACTED] stated that she did not see any marks until about 2am on 6/2/14 when she noticed a small red dot that could be a spider bite on the child's left leg. Ms. [REDACTED] stated that she was aware that spiders and insects could be inside the grandparent's home and has checked her children for ticks they may have picked up while playing in the yard. Ms. [REDACTED] stated that she took [REDACTED] to [REDACTED] at about 4am Monday on 6/2/14 when the child complained of continued leg pain and nausea. Ms. [REDACTED] stated that medical personnel took [REDACTED] to [REDACTED] as his condition worsened and where [REDACTED] was pronounced dead.

CPSI along with the family obtained the following information regarding all family members in order to assess the family's strengths and possible needs/risk:

[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Are children current on Immunizations: Yes
Mental Health: No concerns noted or reported.
Physical Health/disability: None noted or reported.
Medications: None reported.
Domestic Violence: None reported.
Alcohol/Drug Use: No concerns noted or reported.
School Attendance/Performance: None reported.
Department History: None found.
Police History:
Government Assistance: None
Primary Caretaker history of abuse/neglect: None reported

At this time, the family feels that they are able to address all safety/permanence/well-being needs at this time.

The family identified [REDACTED] as a support.



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: 06/04/2014

Contact Method: Attempted Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/04/2014

Completed date: 06/04/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/04/2014 12:37 PM Entered By: [REDACTED]

CPSI unable to interview unknown perpetrator in this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/03/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2014 02:20 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] [REDACTED] to learn more information about the case. [REDACTED] stated that the mother, [REDACTED] had taken [REDACTED] to an urgent care clinic on 5/30/14 when the child complained of leg pain. The clinic found no health concerns and sent [REDACTED] and Ms. [REDACTED] home with over the counter pain medication. Ms. [REDACTED] monitored the child's condition over the next two days and reported [REDACTED] had a mild fever and diarrhea. Ms. [REDACTED] stated to the detective that [REDACTED] woke up around 1-2am on Monday 6/2/14 and wanted a glass of water. Ms. [REDACTED] stated to the detective that she noticed a small red spot on his leg and it appeared to be an insect bite. Ms. [REDACTED] stated to the detective that she took [REDACTED] to [REDACTED] at about 4am. [REDACTED] stated to the detective that [REDACTED] walked into the hospital under his own power and only complained of leg pain. [REDACTED] stated that medical personnel watched the wound grow and worsen and made the decision to send [REDACTED] to [REDACTED] by [REDACTED]. [REDACTED] stated that [REDACTED] condition worsened on arrival at [REDACTED] and medical staff attempted life-saving measures. [REDACTED] was pronounced dead at [REDACTED] at 0901 on 6/2/14. [REDACTED] stated that an immediate autopsy was ordered by the Chief Medical Examiner because the body continued to decompose quickly. [REDACTED] stated that he and [REDACTED] observed the autopsy and the preliminary finding is the death was caused by a flesh-eating bacteria and not by an insect bite. The preliminary cause of death has been labeled "Necrotizing Fasciitis." The detective stated this has not yet been proven, but there is no indication of any abuse, neglect, or foul play that played a role in this child's death. [REDACTED] stated that the parents took proper steps to care for the child and bacterial infection would be easy to miss by anyone, including trained medical personnel.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	06/02/2014	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/02/2014
Completed date:	07/03/2014	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/02/2014 01:16 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) was assigned this case alleging Neglect Death. It was assigned as a P1 Investigative case. The referral was assessed and assigned by TL [REDACTED] [REDACTED] Response is due on 6/3/14.

Referral Summary:

[REDACTED] (5) resided with his mother (name unknown) and father (name unknown). It is unknown if there are other children living in the home at this time.

[REDACTED] was taken to [REDACTED] er in [REDACTED] yesterday with abdominal pain and severe nausea. [REDACTED] was life-flighted to [REDACTED] yesterday, time unknown. According to the medical examiner investigator, [REDACTED] condition continued to deteriorate and he was pronounced deceased at 9:01 AM on 6/2/2014. There is suspicion of a possible spider bite. The State Medical Examiner and two investigators from [REDACTED] County are in route to [REDACTED] at this time.

[REDACTED] parents are believed to be at [REDACTED] at this time. The parents have not been interviewed yet. The reporter states that according to the local county DCS, there has been no prior instance of child fatalities or serious injuries with this family. The family has no known history of alcohol and drug abuse, mental health or domestic violence issues.

This CPSI, [REDACTED] [REDACTED] verified the family's history of involvement with DCS through a search of TFACTS and the following history was found: None

Initial Family Composition: [REDACTED] [REDACTED] Mother and Father Unknown

Notification of referral was sent to the Judge. Notification of this referral was sent to the District 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:	06/02/2014	Contact Method:	Correspondence
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/02/2014
Completed date:	06/02/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/02/2014 01:18 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) e-mailed the referral to [REDACTED] in order to convene the Child Protective Investigative Team (CPIT). [REDACTED] was assigned to this investigation.



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: 06/02/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/02/2014

Completed date: 06/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/02/2014 01:19 PM Entered By: [REDACTED]

CPSI [REDACTED] completed a collateral contact with the referent. CPSI inquired if there were any further concerns regarding the child and there were no additional concerns reported. CPSI reported that he is the current case worker for the case and if there are any new concerns or details that come up, CPSI provided this referent with contact information for the referent to contact him.

Notification of the referral was mailed to the referent.



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: 06/02/2014 Contact Method: Attempted Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/02/2014
 Completed date: 06/05/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/02/2014 02:09 PM Entered By: [REDACTED]
 CPSI [REDACTED] unable to observe [REDACTED] because he is deceased.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 6/2/14 10:03 AM

Date of Assessment: 6/4/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

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: _____