



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2014.124

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	08/04/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	08/04/2014		
Child's Name:	████████████████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

Describe (in detail) circumstances surrounding death/near death:

According to ██████ fiancée ██████ and grandparents ██████ had not been feeling well the day before. ██████ had stomach problems and had taken some type of stomach pill. ██████ doctor reportedly put him on a different type of medication for his stomach problem.

██████ stated that ██████ had woke her up several times through the night by snoring really loud. ██████ would roll him over. When ██████ last checked on ██████ she noticed blood coming from his mouth and vomit on his pillow. ██████ went to get ██████ grandfather ██████ to check on him. ██████ was unable to find a pulse and began CPR.

██████████ responded to ██████████ where ██████ had been staying with his grandparents. ██████ found ██████ doing CPR on ██████████ noted that ██████ skin was blue. ██████ and ██████ removed ██████ from the bed to the floor. ██████ continued CPR until EMS arrived. ██████ was intubated at the scene and was transported to ██████████ by EMS.

CPR was continued at ██████████ for some time. ██████ was pronounced deceased at 07:20 on August 4, 2014. Carafate (ulcer) and Omeprazole (acid reflux) were noted as current prescriptions for ██████ Initial exam noted that there was no evidence of trauma. Clinical impression noted Asystole with unsuccessful Cardiopulmonary Resuscitation and GI bleed.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	████████████████████	Telephone #	() -
Street Address:	████████████████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

The family would not meet with ██████ at this time. ██████ stated that he would contact CM on Friday August 8, 2014 and set up a face-to-face meeting.

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

Child was taken to ██████████ on 8/4/14 where he was pronounced dead.

Describe disposition of body (Death):	Unknown				
Name of Medical Examiner/Coroner:	██████████	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes			
Was there DCS involvement at the time of Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes			
Type:	Juvenile Justice-Probation	Case #:	██████████		

Describe law enforcement or court involvement, if applicable:

██████████ Sheriff's Department Officer ██████████ responded to the home and took the initial report.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

[REDACTED] with CCSD did not anticipate any additional involvement and is awaiting the autopsy report. No court action at this time.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

No other children are living in the home with the family.

Name: [REDACTED] Age: [REDACTED]

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
02/05/2014	[REDACTED]	Probation			
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information:

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person: [REDACTED] Telephone Number: [REDACTED]

Case Manager: [REDACTED] Telephone Number: [REDACTED]

Team Leader: [REDACTED] Telephone Number: [REDACTED]

Team Coordinator: [REDACTED] Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice. No Yes

Email to: [REDACTED]
within forty-eight (48) hours of notification
Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 08/04/2014 12:30 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 08/04/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 08/04/2014 03:29 PM
 First Team Leader Assigned: [REDACTED] Date/Time 08/04/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 08/04/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	18 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: **THE DECEASED ACV IS NOT IN STATE CUSTODY.**

The Family Case ID # is [REDACTED]

TFACTS History: Yes

Open FSS: Yes # [REDACTED] 2/5/14, CM [REDACTED]

Closed Court Custody No

Open CPS - No

Substantiated No



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

Fatality No

Screened out No

History (not listed above):

7/1/14-9/1/14, # [REDACTED], Treatment, [REDACTED]
 6/5/14-6/30/14, # [REDACTED], Treatment, [REDACTED]
 2/5/14, # [REDACTED], FSS, [REDACTED]

County: [REDACTED]
 Notification: Email
 School/ Daycare: N/A
 Native American Descent: No
 Directions: N/A

NOTE: The race, address and contact number for the family is listed under the ACV's demographic information.

Reporter's name/relationship: [REDACTED]

Reporter states:

At this point, the reporter is only able to provide the limited information contained in this reporter. The reporter was not able to provide any additional details, specifics or clarity.

[REDACTED] are the parents of [REDACTED] (age 17). [REDACTED] goes by [REDACTED]

Today, the father contacted [REDACTED] probation officer (via telephone) and stated that "[REDACTED] was at his grandparent's house (names unknown & address unknown) and when they went to wake him, [REDACTED] was unresponsive." The grandparents contacted 911. [REDACTED] was transported to [REDACTED]. Approximately an hour after [REDACTED] arrived at [REDACTED], he was pronounced dead. The father stated that "Medical Personnel is suspecting that the cause of death was ruptured ulcers because [REDACTED] had blood coming out of his nose and mouth." The father has ordered an autopsy.

[REDACTED] "had not been sick and had not had any known medical issues."

The supervisor for [REDACTED] probation officer ([REDACTED]) and [REDACTED] Team Coordinator, TC) have been advised of this information. The mother and father are currently at the home. The mother and father do not have any other children that live in the home. This is all of the information that the reporter had to provide at this time.

Per SDM; Investigative Track P1



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 46 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 44 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 18 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: 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: 08/04/2014

Assignment Date: 08/04/2014

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Person, Notknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]						11/10/2014

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 11/10/2014

Team Leader: [REDACTED]

Date: 11/10/2014

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:

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

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

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/28/2015

Contact Method:

Contact Time: 02:38 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/28/2015

Completed date: 07/28/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/28/2015 02:39 PM Entered By: [REDACTED]

case approved for closure by [REDACTED] Deputy Director of Investigations and [REDACTED] Investigative Coordinator.
 Copy of the 740 will be sent to the Judge and the DA per local protocol



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 07/28/2015 Contact Method:

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/28/2015

Completed date: 07/28/2015 Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/28/2015 08:56 AM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) received a referral on 8/4/2014 with an allegation of Child Neglect Death regarding child [REDACTED] with an unknown perpetrator. [REDACTED] was on probation with with DCS and [REDACTED]. [REDACTED] was on probation due to drug use.

The investigation into this incident was conducted by [REDACTED] Sheriff's Department, [REDACTED] and Office of Child Safety [REDACTED].

The alleged perpetrator was unknown.

[REDACTED] father [REDACTED] stated to Juvenile Justice Case Manager [REDACTED] that [REDACTED] had passed away earlier in the morning. [REDACTED] stated that the doctors think it was due to ruptured ulcers. [REDACTED] stated that [REDACTED] had stayed the night at his grandparents' home and they found that he was unresponsive. [REDACTED] Grandparents called 911 and [REDACTED] and [REDACTED] met them at the hospital. [REDACTED] reported that [REDACTED] grandfather performed CPR until the ambulance arrived at their home EMS was able to take over. [REDACTED] stated they were not able to get [REDACTED] back. [REDACTED] stated that there was blood in [REDACTED] mouth and tubing. [REDACTED] stated that he has requested an autopsy just to know for sure what happened.

Office of Child Safety [REDACTED] called [REDACTED] father, [REDACTED] to set up a meeting with the family. [REDACTED] politely declined meeting with CM this day. Office of Child Safety [REDACTED] expressed understanding due to the recent passing of his son. Office of Child Safety [REDACTED] explained the involvement of Child Protective Services with the family and he understood but did not feel it was necessary. Office of Child Safety [REDACTED] offered support services to the family and [REDACTED] thanked Office of Child Safety [REDACTED].

Office of Child Safety [REDACTED] and [REDACTED] Sheriff's Department [REDACTED] met with [REDACTED] at their home. [REDACTED] had a copy of [REDACTED] autopsy and knew the cause of death. Office of Child Safety [REDACTED] asked them about the medication that he tested positive for (Hydrocodone, acetaminophen and alprazolam). Both [REDACTED] denied having any of those medications in their home at the time of [REDACTED] death. Office of Child Safety [REDACTED] asked if they felt [REDACTED] had been using drugs around the time of his death. Both [REDACTED] thought [REDACTED] had been clean. They knew about him using pills and marijuana before but did not have any concerns of drug use when he passed away. [REDACTED] stated that on that Sunday, they had been together all day. The family went fishing and had dinner together. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

complained about his stomach hurting and vomited a couple of times that afternoon. He had reportedly just vomited and said he was going to lie down because he did not feel well. The next time they saw him was when [REDACTED] woke them up because [REDACTED] was not breathing. [REDACTED] stated that he attempted CPR on [REDACTED] but there was no pulse when he began. Office of Child Safety [REDACTED] asked about [REDACTED] girlfriend [REDACTED] possibly using drugs with [REDACTED] as well. [REDACTED] did not suspect that she had used any drugs. They told Office of Child Safety [REDACTED] that [REDACTED] was pregnant with [REDACTED] child and she had been going to her prenatal doctor visits. [REDACTED] stated that she went to a few of the visits with [REDACTED] and she feels like the doctor would have said something about drug use if she had been using. [REDACTED] has not seen [REDACTED] since [REDACTED] funeral. She had last heard that [REDACTED] was living with a guy in [REDACTED]. Office of Child Safety [REDACTED] did attempt to locate and interview [REDACTED] but was unable to meet with her. [REDACTED] family reported that [REDACTED] left the family residence shortly after [REDACTED] funeral and was living in [REDACTED] with someone who they did not know. [REDACTED] did not have a phone number for [REDACTED]. Autopsy reported received for [REDACTED]. Cause of Death: Acute combined drug overdose. (Alprazolam, acetaminophen and hydrocodone) The manner of death is accidental. The drug levels are included in the report. Autopsy report uploaded into TFACTS investigation.

EMS Paramedic [REDACTED] stated that when he responded to the scene [REDACTED] was lying down with his grandfather holding him. [REDACTED] could not remember if his grandfather was giving [REDACTED] CPR. When he arrived he took over and they loaded [REDACTED] into the ambulance. [REDACTED] stated that there was nothing out of the ordinary at the home. It was a call like any other he had responded to before.

A diligent search was completed for [REDACTED] and she was not located to interview.

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

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

The case was presented to the [REDACTED] Child Protective Investigation Team on 9/8/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 07/17/2015 Contact Method:

Contact Time: 10:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Other Community Site Created Date: 07/17/2015

Completed date: 07/17/2015 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2015 10:26 AM Entered By: [REDACTED]

Diligent Search [REDACTED]
 It was last reported that [REDACTED] was living in [REDACTED] with an unknown male. Family members did not know where she was or how to contact her. OCS [REDACTED] contacted The Department of Human Services to see if [REDACTED] had benefits in order to obtain contact information. [REDACTED] does not have an open case with DHS. Local electric and water companies will not provide information to DCS on their customers and [REDACTED] does not own or rent a home. Reports and booking information for [REDACTED] searched at [REDACTED] Sheriff's Department. There is no arrest history for [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 07/17/2015 Contact Method: Phone Call

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Other Community Site Created Date: 07/17/2015

Completed date: 07/17/2015 Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2015 09:39 AM Entered By: [REDACTED]

OCS [REDACTED] spoke with EMS Paramedic [REDACTED] concerning [REDACTED]. He stated that when he responded to the scene [REDACTED] was lying down with his grandfather holding him. [REDACTED] could not remember if his grandfather was giving [REDACTED] CPR. When he arrived he took over and they loaded [REDACTED] into the ambulance. [REDACTED] stated that there was nothing out of the ordinary at the home. It was a call like any other he had responded to before.



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: 07/17/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/28/2015

Completed date: 07/28/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/28/2015 08:46 AM Entered By: [REDACTED]

A closing SDM was completed. It was conditionally safe.



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: 05/30/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/01/2015

Completed date: 06/01/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/01/2015 04:36 PM Entered By: [REDACTED]

Investigation reviewed by [REDACTED]. Additional task needed for closure sent via email to CPSI [REDACTED] and LI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/21/2015

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/01/2015

Completed date: 06/01/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/01/2015 04:34 PM Entered By: [REDACTED]

Investigation reviewed by IC [REDACTED] There is no change in the status of this investigation at this time. Confirmed additional task completed: Opening Case Summary, Family Composition, Home Visit



**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:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/01/2015
Completed date:	06/01/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/01/2015 04:25 PM Entered By: [REDACTED]

Case reviewed by IC [REDACTED] Initial Case Summary, and household composition has been added to the case recordings.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/04/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 02/04/2015
 Completed date: 02/04/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/04/2015 02:52 PM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) received a referral on 8/4/2014 with an allegation of Child Neglect Death regarding child [REDACTED] with an unknown perpetrator. [REDACTED] was on probation with DCS and CM [REDACTED] was on probation due to drug use.

The investigation into this incident was conducted by [REDACTED] Sheriff's Department, Investigators [REDACTED] Office of Child Safety [REDACTED]. The alleged perpetrator was unknown.

[REDACTED] father [REDACTED] stated to Juvenile Justice Case Manager [REDACTED] that [REDACTED] had passed away earlier in the morning. [REDACTED] stated that the doctors think it was due to ruptured ulcers. [REDACTED] stated that [REDACTED] had stayed the night at his grandparents' home and they found that he was unresponsive. [REDACTED] Grandparents called 911 and [REDACTED] and [REDACTED] met them at the hospital. [REDACTED] reported that [REDACTED] grandfather performed CPR until the ambulance arrived at their home EMS was able to take over. [REDACTED] stated they were not able to get [REDACTED] back. [REDACTED] stated that there was blood in [REDACTED] mouth and tubing. [REDACTED] stated that he has requested an autopsy just to know for sure what happened.

Office of Child Safety [REDACTED] called [REDACTED] father, [REDACTED] to set up a meeting with the family. [REDACTED] politely declined meeting with CM this day. Office of Child Safety [REDACTED] expressed understanding due to the recent passing of his son. Office of Child Safety [REDACTED] explained the involvement of Child Protective Services with the family and he understood but did not feel it was necessary. Office of Child Safety [REDACTED] offered support services to the family and [REDACTED] thanked Office of Child Safety [REDACTED].

Office of Child Safety [REDACTED] and [REDACTED] Sheriff's Department [REDACTED] met with [REDACTED] at their home. [REDACTED] had a copy of [REDACTED] autopsy and knew the cause of death. Office of Child Safety [REDACTED] asked them about the medication that he tested positive for (Hydrocodone, acetaminophen and alprazolam). Both [REDACTED] denied having any of those medications in their home at the time of [REDACTED] death. Office of Child Safety [REDACTED] asked if they felt [REDACTED] had been using drugs around the time of his death. Both [REDACTED] thought [REDACTED] had been clean. They knew about him using pills and marijuana before but did not have any concerns of drug use when he passed away. [REDACTED] stated that on that Sunday, they had been together all day. The family went fishing and had dinner together. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

complained about his stomach hurting and vomited a couple of times that afternoon. He had reportedly just vomited and said he was going to lie down because he did not feel well. The next time they saw him was when [REDACTED] woke them up because [REDACTED] was not breathing. [REDACTED] stated that he attempted CPR on [REDACTED] but there was no pulse when he began. Office of Child Safety [REDACTED] asked about [REDACTED] girlfriend [REDACTED] possibly using drugs with [REDACTED] as well. [REDACTED] did not suspect that she had used any drugs. They told Office of Child Safety [REDACTED] that [REDACTED] was pregnant with [REDACTED] child and she had been going to her prenatal doctor visits. [REDACTED] stated that she went to a few of the visits with [REDACTED] and she feels like the doctor would have said something about drug use if she had been using. [REDACTED] has not seen [REDACTED] since [REDACTED] funeral. She had last heard that [REDACTED] was living with a guy in [REDACTED]. Office of Child Safety [REDACTED] did attempt to locate and interview [REDACTED] but was unable to meet with her. [REDACTED] family reported that [REDACTED] left the family residence shortly after [REDACTED] funeral and was living in [REDACTED] with someone who they did not know. [REDACTED] did not have a phone number for [REDACTED]. Autopsy reported received for [REDACTED] Cause of Death: Acute combined drug overdose. (Alprazolam, acetaminophen and hydrocodone) The manner of death is accidental. The drug levels are included in the report. Autopsy report uploaded into TFACTS investigation.

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

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

The case was presented to the [REDACTED] Child Protective Investigation Team on 9/8/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/10/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/11/2015

Completed date: 01/11/2015

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: 01/11/2015 11:41 AM Entered By: [REDACTED]

case was discussed with CPSI [REDACTED] Case was reviewed by IC [REDACTED] and deputy Director [REDACTED]. Task were sent back for CPSI [REDACTED] to complete prior to closure. CPSI [REDACTED] will complete the task this week and case will be resent to IC [REDACTED] 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:	11/24/2014	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	11/24/2014
Completed date:	11/24/2014	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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/24/2014 12:34 PM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) received a referral on 8/4/2014 with an allegation of Child Neglect Death regarding child [REDACTED]. [REDACTED] was on probation with with DCS and CM [REDACTED] [REDACTED] was on probation due to drug use. The investigation into this incident was conducted by The [REDACTED] Sheriff's Department, [REDACTED] [REDACTED] and Office of Child Safety [REDACTED].

[REDACTED] was found unresponsive on August 4, 2014 by his girlfriend [REDACTED] at the home of his grandparent's house. His grandfather [REDACTED] performed CPR on him but was unsuccessful. When EMS arrived [REDACTED] did not have a pulse and his skin was blue. He was pronounced dead on 8/4/14 and the initial cause of death was a GI bleed. An autopsy was ordered for [REDACTED] had a history of drug use and was on probation with DCS.

The autopsy listed the cause of death as acute combined drug overdose (alprazolam, acetaminophen and hydrocodone). The manner of death was accidental.

[REDACTED] grandparents, [REDACTED] [REDACTED] denied having hydrocodone or alprazolam in their home. [REDACTED] did not have any concerns of drug use on the day [REDACTED] passed away. [REDACTED] complained of his stomach hurting and had vomited a few times that day.

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

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

The case was presented to the [REDACTED] Child Protective Investigation Team on 9/8/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2014	Contact Method:	
Contact Time:	03:45 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	11/10/2014
Completed date:	11/10/2014	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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/10/2014 03:48 PM Entered By: [REDACTED]

This case was open due to allegations of Neglect Death for [REDACTED] with alleged perpetrator Unknown Participant. [REDACTED] was found unresponsive on August 4, 2014 by his girlfriend [REDACTED] at the home of his grandparent's house. His grandfather [REDACTED] performed CPR on him but was unsuccessful. When EMS arrived [REDACTED] did not have a pulse and his skin was blue. He was pronounced dead on 8/4/14 and the initial cause of death was a GI bleed. An autopsy was ordered for [REDACTED] had a history of drug use and was on probation with DCS.

The autopsy listed the cause of death as acute combined drug overdose (alprazolam, acetaminophen and hydrocodone). The manner of death was accidental.

[REDACTED] grandparents, [REDACTED] denied having hydrocodone or alprazolam in their home. [REDACTED] [REDACTED] did not have any concerns of drug use on the day [REDACTED] passed away. [REDACTED] complained of his stomach hurting and had vomited a few times that day.

Case was presented to CPIT and the allegations of neglect death were unsubstantiated.

A copy of the Classification and Summary will be submitted to [REDACTED] for review and a copy sent to the Juvenile Court Judge.



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: 11/10/2014 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: 11/10/2014
 Completed date: 11/10/2014 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: 11/10/2014 12:57 PM Entered By: [REDACTED]

Home Visit/Face to Face
 Date: November 10, 2014
 Time: 10:30 am

Child Protective Services [REDACTED] (CPSI) made a home visit/face to face to follow up with the family.

Present during this visit: [REDACTED]

CM [REDACTED] and CCSD [REDACTED] met with [REDACTED] at their home. [REDACTED] had a copy of [REDACTED] autopsy and knew the cause of death. CM asked them about the medication that he tested positive for (Hydrocodone, acetaminophen and alprazolam). Both [REDACTED] denied having any of those medications in their home at the time of [REDACTED] death. CM asked if they felt [REDACTED] had been using drugs around the time of his death. Both [REDACTED] thought [REDACTED] had been clean. They knew about him using pills and marijuana before but did not have any concerns of drug use when he passed away. [REDACTED] stated that on that Sunday, they had been together all day. The family went fishing and had dinner together. [REDACTED] complained about his stomach hurting and vomited a couple of times that afternoon. He had reportedly just vomited and said he was going to lie down because he did not feel well. The next time they saw him was when [REDACTED] woke them up because [REDACTED] was not breathing. [REDACTED] stated that he attempted CPR on [REDACTED] but there was no pulse when he began. CM asked about [REDACTED] possibly using drugs with [REDACTED] as well. [REDACTED] did not suspect that she had used any drugs. They told CM that [REDACTED] was pregnant with [REDACTED] child and she had been going to her prenatal doctor visits. [REDACTED] stated that she went to a few of the visits with [REDACTED] and she feels like the doctor would have said something about drug use if she had been using. [REDACTED] has not seen [REDACTED] since [REDACTED] funeral. She had last heard that [REDACTED] was living with a guy in [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 01/31/2015 11:01 AM Entered By: [REDACTED]

[REDACTED] has not seen [REDACTED] since [REDACTED] funeral. She had last heard that [REDACTED] was living with a guy in [REDACTED] They did not have a contact number for [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/29/2014	Contact Method:	Correspondence
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	11/03/2014
Completed date:	11/03/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact,Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/03/2014 03:45 PM Entered By: [REDACTED]

Autopsy reported received for [REDACTED]. Cause of Death: Acute combined drug overdose. (Alprazolam, acetaminophen and hydrocodone) The manner of death is accidental.

Drug levels included in the report.

Autopsy report uploaded into TFACTS 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: 10/29/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/29/2014

Completed date: 10/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/29/2014 11:58 AM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] and discussed case. Autopsy was received and given to [REDACTED] will follow back with the family and the grandparents to discuss the high levels of hydrocodone found in [REDACTED] body at autopsy. [REDACTED] will also follow up with Law enforcement.



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: 09/29/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/29/2014

Completed date: 09/29/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/29/2014 02:50 PM Entered By: [REDACTED]

CM requested the autopsy report for [REDACTED] from the [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/08/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/29/2014

Completed date: 09/29/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/29/2014 02:44 PM Entered By: [REDACTED]

Child Protective Investigative Team met to discuss the allegations of Child Death concerning [REDACTED]. Allegations unsubstantiated, there is no known perpetrator.



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: 08/13/2014

Contact Method: Attempted Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/29/2014

Completed date: 09/29/2014

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: 09/29/2014 02:38 PM Entered By: [REDACTED]

CM called [REDACTED] to set up an interview with the family. There was no answer, CM left a voicemail for contact.



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:	08/06/2014	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/29/2014
Completed date:	09/29/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/29/2014 02:47 PM Entered By: [REDACTED]
 Child Death/Near Death

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.
4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.



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: 08/05/2014 Contact Method: Correspondence
 Contact Time: 02:40 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/05/2014
 Completed date: 08/05/2014 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)**[REDACTED]
Unknown Person, Notknown**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/05/2014 02:40 PM Entered By: [REDACTED]

This CM verified the family's history of involvement with DCS through a search of TFACTS On this date the following history was noted: Juvenile Justice case for [REDACTED] beginning 2/5/14 for alcohol/drug issues.

CM did a search of the Tennessee Bureau Of Investigation sex offender registry

(<http://www.ticic.state.tn.us/sorinternet/sosearch.aspx>) as to [REDACTED] and [REDACTED]. No record found. A copy of such finding is contained within the hard file.

CM did a search of the Tennessee Bureau of Investigation Meth Offender Registry as to [REDACTED]

[REDACTED]. No record found. A copy of such finding is contained within the hard file.

CM did a Tennessee felony offender search for [REDACTED]

[REDACTED] (<https://www.tennesseeanytime.org/foil/search.jsp>) No record found. A copy of such finding is contained within the hard file.

CM did a search on the Tennessee Internet Crime Information Center as to [REDACTED]

[REDACTED] (<http://www.ticic.state.tn.us>) No record found. A copy of such finding is contained within the hard file.

CM did a search on the Tennessee Department of Health: Abuse Registry as to [REDACTED]

[REDACTED] (<https://health.state.tn.us/AbuseRegistry>) No record found. A copy of such finding is contained within the hard file.

CM did a search on the United States Department of Justice National Sex Offender Public website as to [REDACTED]

[REDACTED] (<http://www.nsopw.gov/core/OffenderSearch>) No record found. A copy of such finding is contained within the hard file.

CM did a local background with [REDACTED] Sheriff Department as to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED]. A copy of such finding is contained within the hard 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: 08/05/2014 Contact Method:
 Contact Time: 02:10 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/05/2014
 Completed date: 08/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/05/2014 02:10 PM Entered By: [REDACTED]
 Medical Report and police report from 8/4/14 for [REDACTED] uploaded into the investigation.

Narrative Type: Addendum 1 Entry Date/Time: 01/13/2015 03:02 PM Entered By: [REDACTED]
 Medical reports for [REDACTED] received on 8/4/14.



**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: 08/05/2014 Contact Method: Correspondence
 Contact Time: 02:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/05/2014
 Completed date: 08/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/05/2014 02:17 PM Entered By: [REDACTED]

CM attempted a home visit at [REDACTED] on August 4, 2014 at 4:30 pm. CM went to the home to meet with [REDACTED] [REDACTED] are [REDACTED] grandparents. [REDACTED] and his fiancée [REDACTED] had been staying with them. There was no answer at the door.

CM called and attempted another home visit to [REDACTED] on August 5, 2014 at 9:30 am. Again there was no answer at the door.

CM called [REDACTED] father, [REDACTED] to set up a meeting with the family. [REDACTED] politely declined meeting with CM this day. CM expressed understanding due to the recent passing of his son. CM explained the involvement of CPS with the family and he understood but did not feel it was necessary. CM offered support services to the family and [REDACTED] thanked CM. [REDACTED] stated that he would contact CM for a meeting but it would not be until at least Friday.

Taken from the police report and medical records on August 4, 2014:

According to [REDACTED] fiancée [REDACTED] and grandparents [REDACTED] had not been feeling well the day before. [REDACTED] had stomach problems and had taken some type of stomach pill. [REDACTED] doctor reportedly put him on a different type of medication for his stomach problem.

[REDACTED] stated that [REDACTED] had woke her up several times through the night by snoring really loud. [REDACTED] would roll him over. When [REDACTED] last checked on [REDACTED] she noticed blood coming from his mouth and vomit on his pillow. [REDACTED] went to get [REDACTED] grandfather [REDACTED] to check on him. [REDACTED] was unable to find a pulse and began CPR.

[REDACTED] responded to [REDACTED] where [REDACTED] had been staying with his grandparents. [REDACTED] found [REDACTED] doing CPR on [REDACTED] noted that [REDACTED] skin was blue. [REDACTED] and [REDACTED] removed [REDACTED] from the bed to the floor. [REDACTED] continued CPR until EMS arrived. [REDACTED] was intubated at the scene and was transported to [REDACTED] by EMS.

CPR was continued at [REDACTED] for some time. [REDACTED] was pronounced deceased at 07:20 on August 4, 2014. Carafate (ulcer) and Omeprazole (acid reflux) were noted as current prescriptions for [REDACTED] Initial exam noted that there was no evidence of trauma. Clinical impression noted Asystole with unsuccessful Cardiopulmonary Resuscitation and GI bleed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	████████████████████████████████████████

Narrative Type: Addendum 1 Entry Date/Time: 07/17/2015 10:37 AM Entered By: ██████████

Work Aid 2: Child Death-It is not required for the DCS case manager to observe the deceased child



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/04/2014 Contact Method: Attempted Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 02/05/2015
 Completed date: 02/05/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/05/2015 08:52 AM Entered By: [REDACTED]

CM [REDACTED] attempted a home visit at [REDACTED] on August 4, 2014 at 4:30 pm. CM went to the home to meet with [REDACTED] are [REDACTED] grandparents. [REDACTED] and his fiancée [REDACTED] had been staying with them. There was no answer at the door.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/04/2014 Contact Method: Phone Call
 Contact Time: 04:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/05/2014
 Completed date: 08/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/05/2014 03:15 PM Entered By: [REDACTED]

CM convened CPIT with CCSD [REDACTED] concerning Neglect Death for [REDACTED]. The alleged perpetrator was listed as unknown.



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:	08/04/2014	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/04/2014
Completed date:	09/04/2014	Completed By:	System Completed
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/04/2014 03:46 PM Entered By: [REDACTED]
 County: [REDACTED]
 Track: Investigation
 Severe Abuse: Yes

The Tennessee Child Abuse Hotline received this report on 8/4/2014 and assigned a Priority 1 response. This case was assigned to [REDACTED] with a response due date of 8/5/2014 at 12:30 p.m. The allegation was NEGELECT DEATH.

The notification to the referent was sent by E-mail

The notification to the Judge will be sent per local protocol by DCS supervisor or secretarial staff



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: 08/04/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/17/2015

Completed date: 07/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2015 07:15 AM Entered By: [REDACTED]

FSW [REDACTED] met with [REDACTED] and his mom, [REDACTED] on 7/9/14. [REDACTED] stated that [REDACTED] has tried to kill himself over that weekend. She stated that he took several pills (Hydrocodone). [REDACTED] stated that he took 12 Hydrocone 10mg but after he did it he realized that he did not want to take his life. [REDACTED] stated to [REDACTED] that he thought that him dying would be the best option since he had disappointed his parents so many times. He stated that he knew if he straightened his life up he would make them proud and he knew how much they loved him. He stated that he then gagged himself so he would throw up. He stated that he did that a couple of times. Afterwards he went and got his dad and the two of them talked for several hours. [REDACTED] stated this was the best conversation that they have had in a long time. [REDACTED] stated that they had already contacted [REDACTED] (his counselor) and he goes there today at 11am. I asked if [REDACTED] was called when this first happened and [REDACTED] said no. She stated that his dad had talked with him for several hours and did not feel there were any safety concerns.

[REDACTED] met with [REDACTED] on 7/31/14. [REDACTED] was meeting with [REDACTED] for counseling. He continues to attend [REDACTED] classes 3 times a week. [REDACTED] had about 5-6 sessions left. He was given a UDS today which was negative.



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: 08/04/2014

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2015

Completed date: 03/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/10/2015 12:22 PM Entered By: [REDACTED]

case assigned by [REDACTED] to CPSI [REDACTED] with an PI response
 notice to the Judge and DA sent per local protocol
 notice to reporter sent per policy

Reporter states:

At this point, the reporter is only able to provide the limited information contained in this reporter. The reporter was not able to provide any additional details, specifics or clarity.

[REDACTED] are the parents of [REDACTED] (age 17). [REDACTED] goes by [REDACTED]

Today, the father contacted [REDACTED] probation officer (via telephone) and stated that "[REDACTED] was at his grandparent's house (names unknown & address unknown) and when they went to wake him, [REDACTED] was unresponsive." The grandparents contacted 911. [REDACTED] was transported to [REDACTED]. Approximately an hour after [REDACTED] arrived at [REDACTED], he was pronounced dead. The father stated that "Medical Personnel is suspecting that the cause of death was ruptured ulcers because [REDACTED] had blood coming out of his nose and mouth." The father has ordered an autopsy.

[REDACTED] "had not been sick and had not had any known medical issues."

Per SDM; Investigative Track P1

Family Composition:

[REDACTED] - child victim
 [REDACTED] - Father
 [REDACTED] - Mother
 [REDACTED] -grandmother
 [REDACTED] -grandfather



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Address to victim: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 08/04/2014 Contact Method: Phone Call

Contact Time: 12:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/17/2015

Completed date: 07/17/2015 Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2015 07:25 AM Entered By: [REDACTED]

OCS [REDACTED] spoke to the referent. There was no additional information provided.



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:	08/04/2014	Contact Method:	Phone Call
Contact Time:	10:46 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	10/01/2014
Completed date:	10/01/2014	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: 10/01/2014 10:38 AM Entered By: [REDACTED]

At 10:46am [REDACTED] received a text message from [REDACTED] asking me to call her. I called her back and [REDACTED] answered the phone. He stated that [REDACTED] had passed away earlier this morning. He stated that the doctors think it was due to ruptured ulcers. [REDACTED] stated that [REDACTED] stayed the night at his grandparents home and they went in and [REDACTED] was unresponsive. They called 911 and he and [REDACTED] met them at the hospital. [REDACTED] reported that [REDACTED] grandpa performed CPR until the ambulance got their and took over. He stated they were not able to get [REDACTED] back. [REDACTED] stated that there was blood in [REDACTED] mouth and tubing. He stated that he has requested an autopsy just to know for sure what happened. He stated that [REDACTED] would be cremated and they would have a memorial service at their home later on. I asked them if there was anything I could do or if they needed anything and he said no. He stated the church has lined up meals and support. He stated that he is concerned about [REDACTED] right now.