



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 11/06/2014 08:18 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 11/06/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 11/06/2014 11:29 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 11/06/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 11/06/2014 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:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: TFACTS:

Family Case IDs: No history found  
 Open Court Custody/FSS/FCIP No  
 Closed Court Custody No  
 Open: No  
 Substantiated: No  
 Death: No  
 Number of Screen Outs: 0

History (not listed above): No

Pending: No  
 Awaiting Screening: No



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

Submitted: No

County: [REDACTED]

Notification: Email

School/ Daycare: N/A

Native American Descent: No

Directions: None given

Reporter's name/relationship: [REDACTED]

Reporter states:

CHILD IS NOT IN STATE CUSTODY.

The child [REDACTED] (4 months) lives with his mother [REDACTED] and father [REDACTED].

At 4:38am this morning, [REDACTED] was brought in to the hospital by [REDACTED] and [REDACTED] was announced deceased by doctors, but it is unknown if he was alive when he was brought into the hospital. The parents stated [REDACTED] has been sick for the past few days. It is unknown if he was taken to a doctor before this date or what his illness was. Investigator [REDACTED] and [REDACTED] with the [REDACTED] Police Department are assigned to the case [REDACTED]

There has been no autopsy done at this time and the cause of death is unknown. It is unknown if there are other children living in the home.

Special Needs or Disabilities: No

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

Perpetrator's location at this time: Hospital

Any other safety concerns for the child(ren) or worker who may respond: No

Domestic Violence present in the home: No

Per SDM: Investigative Track, P1 [REDACTED] CM1 on 11-06-2014 at 8:36am

[REDACTED], CM3 @ 9:37 am [REDACTED] on 11/6/14. Notified [REDACTED]

and RA [REDACTED]



**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:

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: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: Deceased

Address: [REDACTED]

Deceased Date: 10/06/2014

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:** [REDACTED]

**Gender:**

**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:

Participant 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]  
Referral Date: 11/06/2014  
Street Address: [REDACTED]  
City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]  
Assignment Date: 01/13/2015

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 02/24/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: ACV: [REDACTED]  
AP:Unknown  
Allegations: Child Death

Classification: AUPU- No evidence to substantiate the parents or any other parties had caused the death of the child. Autopsy report proved no abuse or neglect as the cause of death. Child died of strep.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 02/24/2015

Team Leader: [REDACTED]

Date: 02/25/2015

**E. Investigation Summary**

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

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

Child was unable to be observed due to the circumstances.

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

Autopsy report states child died from illness related to strep.

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



**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]

No AP identified.

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

Child was presneted at the hospital not breathing and was later pronounced dead by medical staff.

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

No evidence to substantiate child died as a result of abuse or neglect. Autpsy report provides evidence.

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: 10/08/2015

Contact Method:

Contact Time: 07:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2015

Completed date: 10/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2015 06:54 PM Entered By: [REDACTED]

IC [REDACTED] County is closing this case after approval was given by [REDACTED], Assistant Director Investigations, [REDACTED] on this day via e-mail. The classification of AUPU (Allegation Unsubstantiated/Perpetrator Unsubstantiated) was approved by Lead Investigator/Supervisor [REDACTED] County, on 2/24/15, as recommended by [REDACTED], Investigator, [REDACTED] County regarding the allegation of Neglect Death. The ACV (Alleged Child Victim) was [REDACTED] and the AP (Alleged Perpetrator) was identified 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:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2015

Contact Method:

Contact Time: 06:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/12/2015

Completed date: 10/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/01/2015 Contact Method:  
 Contact Time: 09:24 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/01/2015  
 Completed date: 10/01/2015 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: 10/01/2015 08:25 PM Entered By: [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) Investigations Unit received a referral on 11/06/15 with an allegation of Child Neglect Death regarding non-custodial child [REDACTED] was in the custody of his biological parents [REDACTED] and [REDACTED].

On 11/06/2014, [REDACTED] police were dispatched to [REDACTED] Hospital in [REDACTED] TN for a dead on arrival call. The parents [REDACTED] and [REDACTED] brought their son, [REDACTED], to the emergency room because he was found unresponsive and arrived at 04:50am. The child was pronounced deceased at 05:00 am on 11/6/14.

The investigation into this incident was conducted by [REDACTED] Police Detective [REDACTED] & Detective [REDACTED] and DCS Investigator [REDACTED].

The report to DCS listed an unknown perpetrator as the alleged perpetrator of Child Neglect Death.

&#8195;

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 (county of CPIT) Child Protective Investigation Team on 2/11/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.



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

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Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

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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.

Narrative Type: Addendum 1    Entry Date/Time: 10/08/2015 06:34 PM    Entered By: [REDACTED]

The cause of death was determined by autopsy report to be caused by 'Streptococcus pneumonia bacteremia, due to early bronchopneumonia, due to bronchiolitis. At autopsy there were no signs of trauma, physical abuse, injury by alcohol or drugs, tumors or significant malnutrition (Per Autopsy report Dr. [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: 10/01/2015 Contact Method:

Contact Time: 11:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 09/30/2015

Completed date: 10/01/2015 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/01/2015 08:28 PM Entered By: [REDACTED]

CPSI [REDACTED] obtained law enforcement records from Det [REDACTED] with [REDACTED] Police Dept. and records were uploaded into documents section of TFACTS. Police Report [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:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/30/2015

Contact Method:

Contact Time: 03:40 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/12/2015

Completed date: 10/12/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/12/2015 01:53 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/14/2015

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/14/2015

Completed date: 09/14/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/14/2015 09:11 AM Entered By: [REDACTED]

CPSI [REDACTED] convened with [REDACTED] Police Department [REDACTED] and requested the initial police report and it will be filed in the hard case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/02/2015 01:28 PM Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/02/2015 01:28 PM Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/02/2015 01:28 PM Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/02/2015 01:28 PM Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/02/2015

Completed date: 09/02/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/02/2015 01:28 PM      Entered By: [REDACTED]

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



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 02/24/2015	Contact Method:
Contact Time: 05:00 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 02/24/2015
Completed date: 02/24/2015	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: 02/24/2015 04:51 PM      Entered By: [REDACTED]

This case was assigned an Investigation case to Child Protective Services Investigator (CPSI) [REDACTED] on 11/06/2014 for [REDACTED] County. All times are recorded in [REDACTED] Time. The response priority was P1 and the allegation is neglect death. The alleged victim is [REDACTED] and the alleged perpetrator is unknown. The child was presented to the emergency room and was not breathing. The child was pronounced dead shortly after arrival. The cause of death was determined by autopsy report to be caused by 'Streptococcus pneumonia bacteremia, due to early bronchopneumonia, due to bronchiolitis. At autopsy there were no signs of trauma, physical abuse, injury by alcohol or drugs, tumors or significant malnutrition (Per Autopsy report Dr. [REDACTED] CPSI Nicely presented this case with the CPIT team and it was agreed the case would be classified as allegation unfounded perpetrator unfounded (AUPU) as the autopsy reports that the child had died from the above stated illness. The parents took the child to the emergency room when he was observed not breathing and they had given the child Tylenol the night before to help with his illness.

Child Death is defined as: Any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse or neglect resulting from direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse; Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

There is no evidence to substantiate that the parents had any direct action to have caused the death of [REDACTED] as defined in Workaid definition of child death.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 02/23/2015	Contact Method: Face To Face
Contact Time: 09:45 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: School	Created Date: 02/24/2015
Completed date: 02/24/2015	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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/24/2015 03:16 PM      Entered By: [REDACTED]

CPSI [REDACTED] went to [REDACTED] Elementary School to follow up with sibling, [REDACTED], who lives in the home in which a child death occurred in November 2014. CPSI [REDACTED] requested demographics and school attendance records. [REDACTED] presented to the front office wearing weather and school appropriate clothing. [REDACTED] was dressed in a blue 'tutu' dress with pink and blue tights and pink boots. [REDACTED] appeared very clean and no visible marks or bruising was observed on the child.

CPSI interviewed the child alone in private in the school's conference room. [REDACTED] was very soft spoken and appeared to be happy but confused as to why CPSI was there to talk with her. The death of her brother was not mentioned as CPSI felt this was not age appropriate conversation for the 6 year old. CPSI asked engaging questions about school and her favorite color and ensured her that she was not in any trouble. [REDACTED] states she is 6 and in Kindergarten and her favorite color is purple. [REDACTED] was asked who lived in her home and she replied: Daddy [REDACTED] Mommy, and she said her older sister sometimes visits. CPSI clarified with [REDACTED] that her sister was a grownup, not a child, and [REDACTED] reports she is 22 she thinks. [REDACTED] never reported any information about her brother when discussing the demographics. She stated her mother works but she doesn't know where or what she does. CPSI asked [REDACTED] if she had been sick lately or gone to the doctor and she said that she hasn't been sick but her head hurt and they went to the doctor for it. [REDACTED] did not appear to have a cough, cold or any other observable symptoms to indicate illness during the face to face. [REDACTED] appeared healthy and no other issues of concern were observed.

CPSI explained to [REDACTED] that she was there just to speak with her and see how she was doing and that the conversation was private and wouldn't be shared with others. CPSI asked questions pertaining to her safety in the home and [REDACTED] made no disclosures of abuse or neglect and stated she loved her mommy and daddy. [REDACTED] went back to class and gave CPSI [REDACTED] a hug.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/20/2015	Contact Method:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	02/20/2015
Completed date:	02/20/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Medical Exam		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/20/2015 08:59 AM      Entered By: [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] Hospital on [REDACTED] that includes detailed information of his vitals and status upon admission and the child's death record. [REDACTED] was pronounced dead on 11/06/2014 at 0500 hours by Dr. [REDACTED]. Medical records include the child was not breathing experiencing cardiac arrest and respiratory arrest upon greet time at 0450 hours. Detailed information from the parents disclosed to medical staff includes: 'Family reports child was sick for 2 days, patient had a mild cough, father [REDACTED] reports he wasn't moving or breathing and they transported him to hospital. CPR was not given and patient was limp with no movement and severe cyanosis.'-per Dr. [REDACTED] medical records

Copies of the medical records are located in the hard file under section 2.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/11/2015 Contact Method: Correspondence  
 Contact Time: 11:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 02/19/2015  
 Completed date: 02/19/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/19/2015 02:39 PM Entered By: [REDACTED]

This case was presented to [REDACTED] County CPIT team on 2/11/2015. Present was CPSI [REDACTED], IL [REDACTED], District Attorney [REDACTED] and law enforcement Detective [REDACTED]. CPSI presented information surrounding the case and presented the autopsy reports on [REDACTED]. The autopsy report found the cause of death was not a result of child abuse or neglect. The child had 'Streptococcus oneumoniae bacteremia, due to early bronchopneumonia, due to bronchiolitis. At autopsy there were no signs of trauma, physical abuse, injury by alcohol or drugs, tumors or significant malnutrition.' -per autopsy report

Based on this information the team agreed to classify this case as allegation unsubstantiated perpetrator unsubstantiated as there was no evidence the parents caused the death of the child.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/27/2015	Contact Method:	Attempted Face To Face
Contact Time:	12:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/27/2015
Completed date:	01/27/2015	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: 01/27/2015 12:04 PM      Entered By: [REDACTED]

CPSI [REDACTED] obtained copies of the [REDACTED] County Medical Examiners Autopsy Report on 01/27/2014. The Narrative Findings state the following according to Dr. [REDACTED] "This 4.9 month old male infant died as a result of Streptococcus pneumoniae bacteremia, due to early bronchopneumonia, due to bronchiolitis. At autopsy there were no signs of trauma, physical abuse, injury by alcohol or drugs, tumors or significant malnutrition.

A copy of the autopsy report will be filed in the hard file.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/27/2015 Contact Method:  
 Contact Time: 12:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/27/2015  
 Completed date: 01/27/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2015 11:51 AM Entered By: [REDACTED]

CPSI [REDACTED] has reviewed the case file and sent request to [REDACTED] Health Management Records requesting current and past medical records.



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 01/27/2015 Contact Method:  
 Contact Time: 11:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/27/2015  
 Completed date: 01/27/2015 Completed By: [REDACTED]  
 Purpose(s): Service Planning  
 Contact Type(s): Case Summary  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2015 11:08 AM Entered By: [REDACTED]

This case was assigned as an Investigation case to CPSI [REDACTED] on 11/06/2014 for [REDACTED] County. All times are recorded in [REDACTED] Time. The response priority was P1 and the allegations are child death. This case was responded to and investigated by CPSI [REDACTED] and transferred for completion to CPSI [REDACTED] on 01/13/2015. The alleged victim is [REDACTED] and the alleged perpetrator is Unknown, Unknown. Referent was contacted on 11/06/2014. The Juvenile Judge was notified on 11/06/2014. Response was met on 11/06/2014. Child death rapid response 20.27 notifications were completed.

**Safety Assessment:**

CPSI [REDACTED] conducted a safety assessment and the results were: Safe with no concerns. The child died from Streptococcus pneumonia bacteremia due to early bronchopneumonia due to bronchiolitis (per Medical Examiner autopsy report).

**Household Composition:**

Child Victim: [REDACTED]

DOB: [REDACTED]

DOD: 11/06/2014

Mother: [REDACTED]

Father: [REDACTED]

Family Address: [REDACTED]

School: NA

**DCS history:**

CPSI [REDACTED] searched TFACTS for case history on the family and did not find any past or present investigations or assessment cases.

CPSI [REDACTED] reviewed local criminal history and internet registries for [REDACTED] and [REDACTED] and no history was returned. - cleared

County: [REDACTED]

The referral provided the following information:

**Referral States:**

"CHILD IS NOT IN STATE CUSTODY.

The child [REDACTED] (4 months) lives with his mother [REDACTED] and father [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

At 4:38am this morning, [REDACTED] was brought in to the hospital by [REDACTED] and [REDACTED] [REDACTED] was announced deceased by doctors, but it is unknown if he was alive when he was brought into the hospital. The parents stated [REDACTED] has been sick for the past few days. It is unknown if he was taken to a doctor before this date or what his illness was. Investigator [REDACTED] and [REDACTED] with the [REDACTED] Police Department are assigned to the case # [REDACTED].

There has been no autopsy done at this time and the cause of death is unknown. It is unknown if there are other children living in the home.

Special Needs or Disabilities: No

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

Perpetrator's location at this time: Hospital

Any other safety concerns for the child(ren) or worker who may respond: No

Domestic Violence present in the home: No

Per SDM: Investigative Track, P1 [REDACTED] CM1 on 11-06-2014 at 8:36am

[REDACTED], CM3 @ 9:37 am [REDACTED] on 11/6/14. Notified [REDACTED] and RA [REDACTED]

Narrative Type: Created In Error Entry Date/Time: 09/14/2015 08:57 AM Entered By: [REDACTED]

created in error



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/26/2015	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/24/2015
Completed date:	02/24/2015	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: 02/24/2015 03:21 PM      Entered By: [REDACTED]

CPSI [REDACTED] followed up with LE Detective [REDACTED] about the case. He reports that he just received the autopsy report and the child was sick from either the flue or strep and there was no neglect or abuse thought to be the cause of the child dying.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/13/2015	Contact Method:	
Contact Time:	10:40 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/27/2015
Completed date:	01/27/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/27/2015 10:08 AM      Entered By: [REDACTED]

CPSI [REDACTED] was transferred this case when returning from FMLA. CPSI (Child Protective Services Investigator) [REDACTED] will be transitioning to a new job outside DCS prior to the closure of this case. CPSI [REDACTED] reports the following:  
 This case was a result of accidental death because the child had the flu. There is another child in the home that she has observed and has no concerns with. CPSI [REDACTED] is awaiting the autopsy report.

CPSI [REDACTED] sent a follow up email to Det. [REDACTED] regarding the status of the case on 01/13/2015



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/06/2014 Contact Method:  
 Contact Time: 04:40 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 11/07/2014  
 Completed date: 11/07/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/07/2014 02:39 PM Entered By: [REDACTED]

Inv. [REDACTED] staffed the case with Attorney [REDACTED] and confirmed that no further legal action was needed to ensure safety of the other child in the home. Notification of child death form was filled out and sent to the appropriate parties.



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

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

**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	11/06/2014	Contact Method:	Face To Face
Contact Time:	11:45 AM	Contact Duration:	Less than 30
Entered By:	██████████	Recorded For:	
Location:	Family Home	Created Date:	11/07/2014
Completed date:	11/07/2014	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation,Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/07/2014 02:37 PM      Entered By: ██████████

Inv. ██████████ staffed this case with IC ██████████ received instruction as to how to question the family. Inv. ██████████ then went to the family home and spoke with the parents. The mother speaks only Spanish and the father speaks some English but prefers Spanish, so the interview was conducted by Inv. ██████████ in Spanish. Inv. ██████████ stated that she was there to talk about the safety of the other child in the home. The family reported that their daughter's name is ██████████ and she is 5 years old. Inv. ██████████ observed ██████████ and she appeared clean and healthy. Inv. ██████████ spoke to ██████████ in English and ██████████ reported that she goes to school and is in kindergarten. ██████████ did not appear to be injured or sick in any way. The family reported that ██████████ has not been sick at all. It was reported that ██████████ went for a check up at ██████████ on ██████████ Road on Monday. The family reported that ██████████ also goes to ██████████ for her pediatric needs. The father reported that the family has TennCare. When asked if ██████████ was sick, the father stated that he had "a little bit of the flu" or "un poco de gripe" in Spanish. The family stated that they could use help in arranging funeral services because they do not have a lot of money. They reported that the father can be reached at ██████████. Inv. ██████████ stated that she would follow up with the family. Inv. ██████████ then called IC ██████████ and staffed the case again with her before leaving the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/06/2014 Contact Method: Attempted Face To Face  
 Contact Time: 11:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/28/2015  
 Completed date: 01/28/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/28/2015 04:53 PM Entered By: [REDACTED]

CPSI [REDACTED] was transferred this case on 01/13/2015 and no initial face to face contact was entered by the original worker as the child was deceased upon receipt of the referral. CPSI [REDACTED] observed other children in the home, spoke to the referent, staffed case with CPIT & LE and made other GFE



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/06/2014

Contact Method: Phone Call

Contact Time: 10:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/07/2014

Completed date: 11/07/2014

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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/07/2014 09:27 AM Entered By: [REDACTED]

Inv. [REDACTED] called Detective [REDACTED] the assigned family investigations detective. [REDACTED] reported that there is one other child in the home in addition to the deceased child. [REDACTED] reported that Detective [REDACTED] is the major crimes detective assigned to the case and he was the one who interviewed the family. [REDACTED] stated that this does not appear to be the result of abuse. He stated that the child was reportedly sick and had a fever last night and the parents gave him tylenol. The parents then stated that the child was no breathing properly so they took him to [REDACTED] Hospital. Detectives confirmed with [REDACTED] that the child was alive when he was brought to the hospital prior to passing away. Detective [REDACTED] reported that the family is at their residence now.

Narrative Type: Addendum 1 Entry Date/Time: 07/02/2015 09:46 AM Entered By: [REDACTED]

CPSI [REDACTED] convened CPIT with Det. [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/06/2014 Contact Method: Phone Call  
 Contact Time: 10:30 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/27/2015  
 Completed date: 01/27/2015 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: 01/27/2015 10:47 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted the referent regarding the case and was not given any further information than what was provided. CPSI [REDACTED] will gain further information from collateral.



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: System Completed  
Contact Date: 11/06/2014 Contact Method:  
Contact Time: 08:00 AM Contact Duration:  
Entered By: [REDACTED] Recorded For: [REDACTED]  
Location: Created Date: 09/12/2015  
Completed date: 09/13/2015 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: 09/12/2015 03:17 PM Entered By: [REDACTED]

This case was assigned as an Investigation case to CPSI [REDACTED] on 11/06/2014 for [REDACTED] County. All times are recorded in [REDACTED] Time. The response priority was P1 and the allegations are child death. This case was responded to and investigated by CPSI [REDACTED] and transferred for completion to CPSI [REDACTED] on 01/13/2015. The alleged victim is [REDACTED] and the alleged perpetrator is Unknown, Unknown. Referent was contacted on 11/06/2014. The Juvenile Judge was notified on 11/06/2014. Response was met on 11/06/2014. Child death rapid response 20.27 notifications were completed.

**Safety Assessment:**

CPSI [REDACTED] conducted a safety assessment and the results were: Safe with no concerns. The child died from Streptococcus pneumoniae bacteremia due to early bronchopneumonia due to bronchiolitis (per Medical Examiner autopsy report).

**Household Composition:**

Child Victim: [REDACTED]  
DOB: [REDACTED]  
DOD: 11/06/2014  
Mother: [REDACTED]  
Father: [REDACTED]  
Family Address: [REDACTED]  
School: NA

**DCS history:**

CPSI [REDACTED] searched TFACTS for case history on the family and did not find any past or present investigations or assessment cases.

CPSI [REDACTED] reviewed local criminal history and internet registries for [REDACTED] and [REDACTED] and no history was returned. - cleared

County: [REDACTED]

The referral provided the following information:

**Referral States:**

"CHILD IS NOT IN STATE CUSTODY.

The child [REDACTED] (4 months) lives with his mother [REDACTED] and father [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

At 4:38am this morning, [REDACTED] was brought in to the hospital by [REDACTED] and [REDACTED] was announced deceased by doctors, but it is unknown if he was alive when he was brought into the hospital. The parents stated [REDACTED] has been sick for the past few days. It is unknown if he was taken to a doctor before this date or what his illness was. Investigator [REDACTED] and [REDACTED] with the [REDACTED] Police Department are assigned to the case # [REDACTED].

There has been no autopsy done at this time and the cause of death is unknown. It is unknown if there are other children living in the home.

Special Needs or Disabilities: No

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

Perpetrator's location at this time: Hospital

Any other safety concerns for the child(ren) or worker who may respond: No

Domestic Violence present in the home: No

Per SDM: Investigative Track, P1 [REDACTED] CM1 on 11-06-2014 at 8:36am

[REDACTED], CM3 @ 9:37 am [REDACTED] on 11/6/14. Notified [REDACTED] and RA [REDACTED]



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 11/6/14 8:18 AM

Date of Assessment: 11/6/14 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.



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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



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**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:** \_\_\_\_\_