Case # 2014.189

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 11/17/2014 01:56 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 11/17/2014

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 11/18/2014 08:25 AM

First Team Leader Assigned: [redacted] Date/Time 11/17/2014 12:00 AM

First Case Manager [redacted] Date/Time 11/17/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	3 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: None

Narrative: *****The child is not in DCS custody.

TFACTS:

Family Case IDs: Yes ([redacted]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: Yes
[redacted] / Assessment / 11-14-14 / ENN and LOS / [redacted] (Supervisor) and [redacted] (Primary Case Worker)

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

Substantiated: No

Death: No

Screened out: Yes ( )

History (not listed above): Yes
6-24-14 / Assessment / / ENN / Services Recommended and Accepted / End date: 6-24-14
7-05-13 / Resource Linkage / / End date: 7-5-13
7-17-12 / Assessment / / LOS / No Services Needed / End date: 7-17-12

County:
Notification: None
School/ Daycare: Unknown
Dismissal Time: Unknown
Native American Descent: Unknown
Directions: The family resides at . The family's phone number is unknown.

Reporter's name/relationship:

Reporter states: ****The child is not in DCS custody.

2) lives with his mother, , 21) and paramour, (last name/age unknown) in TN.

County Child Protective Services (CPS) received an assessment referral on the family relating to environmental and lack of supervision allegations (Intake ID: /Case ID: on November 14, 2014. reportedly had Tay Sachs Disease. Tay Sachs Disease is a rare autosomal recessive genetic disorder and a person's life expectancy with this disease is very short. The family had Hospice care in the home for passed away from the disease on Saturday, November 15, 2014. CPS had not yet begun their investigation. death is not believed to be related to the allegations presented in Intake ID: Law enforcement has not been called. CPS case manager, , is going to speak with and today, November 17, 2014. It was unknown if an autopsy has been performed.

Special Needs or Disabilities: None
Child's current location/is the child safe at this time: None
Perpetrator's location at this time: At the residence.
Any other safety concerns for the child(ren) or worker who may respond: Unknown
Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P1 - , CM3, on 11-17-14 at 2:42 p.m.

Email sent to the notification group.

Notified Child Death Group via email:
Regional Administrator, , was also copied on the notification email and the Region notification group.

Email sent to and .

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

Participant(s)

Name: [redacted]

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

SSN: | Race: White | Age: 3 Yrs

Address: [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Female

Date of Birth [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 21 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: Unknown Participant [redacted]

Gender: Male

Date of Birth:

Partipant ID: [redacted]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted] Unknown

Gender: 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:

Case # 2014.189

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: 11/17/2014

Assignment Date: 01/13/2015

Street Adress:

City/State/Zip:

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted]	Neglect Death	Unknown Participant [redacted]		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] 01/07/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Alleged child victim: [redacted]
Alleged perpetrator: unknown
Allegation: neglect death
Classification: AUPU
Child died from a genetic disease called Tay Sachs.

D. Case Workers

Case Worker: [redacted]

Date: 01/07/2015

Team Leader: [redacted]

Date: 04/25/2015

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:

No face to face was able to be made. Other child was observed and no concerns noted.

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

Child was seen by many specialists for his condition and it is not suspected that there was any other cause of death.

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

No alleged perpetrator interview was able to be conducted.

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

N/A

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

No evidence to substantiate allegations.

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

Tennessee Department of Children's Services

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Completed date:	10/23/2015	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: 10/23/2015 09:22 AM Entered By: [redacted]

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Children Concerning

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Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/30/2015	Contact Method:	
Contact Time:	03:45 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 01:54 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:	03:45 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 01:54 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: 09/30/2015

Contact Method:

Contact Time: 03:45 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 01:54 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: 03:45 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 01:54 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:	09/30/2015	Contact Method:	
Contact Time:	03:45 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 01:54 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:	09/16/2015	Contact Method:	Correspondence
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/09/2015
Completed date:	10/09/2015	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/09/2015 10:23 AM Entered By: [redacted]

CPSI [redacted] convened with Sargent [redacted] of [redacted] Police Department and DA [redacted] of [redacted] County District Attorney's office as there were no notations by the previous case manager that CPIT was convened. CPSI received an email from Sargent [redacted] reporting he did not have a detective assigned to the case and nor was there a homocide detective assigned to the case as the child died from natural causes. Documentation was received from Sargent [redacted] where the child was cremated and documentation reports the child died from natural causes.

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:	
Contact Time:	11:00 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):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/14/2015 07:02 PM Entered By: [redacted]

CPSI [redacted] requested medical records for the child [redacted], on 09/14/2015. CPSI is awaiting medical records at this time. CPSI has attempted to obtain medical records from the [redacted]), and is awaiting correspondence from this office.

Narrative Type: Addendum 1 Entry Date/Time: 10/09/2015 10:27 AM Entered By: [redacted]

Medical records were obtained for the child. The medical examiners office documents indicate that the death of [redacted] was from natural causes contributed by Tay Sachs Disease. Medical records indicate the child was diagnosed with TAy Sachs disease at 6 months old and had issues with feeding contributed to the Tay Sachs that cause Anorexia, delayed milestons and muscle weakness. This will be uploaded into TFACTS. Medical records are 500+ pages and will located 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: 09/02/2015

Contact Method:

Contact Time: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM 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: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM 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: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM 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: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM Entered By: [redacted]

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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: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM 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: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM 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:	01:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM 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:	01:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM 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: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM Entered By: [redacted]

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Case Recording Details

Recording ID: [redacted]

Status: Completed

Contact Date: 09/02/2015

Contact Method:

Contact Time: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM Entered By: [redacted]

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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: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM Entered By: [redacted]

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Case Recording Details

Recording ID: [redacted]

Status: Completed

Contact Date: 09/02/2015

Contact Method:

Contact Time: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

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Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 10:47 AM Entered By: [redacted]

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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: 01:20 PM

Contact Duration:

Entered By: [redacted]

Recorded For: [redacted]

Location:

Created Date: 10/13/2015

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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: 10/13/2015 10:47 AM Entered By: [redacted]

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Case Recording Details

Recording ID: [redacted]

Status: Completed

Contact Date: 09/02/2015

Contact Method:

Contact Time: 01:20 PM

Contact Duration:

Entered By: [redacted]

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Created Date: 10/13/2015

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Completed By: [redacted]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

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Children Concerning

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Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 10:47 AM 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:	01:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 10:47 AM 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 01:30 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 01:30 PM Entered By: [redacted]

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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

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Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/02/2015 01:30 PM Entered By: [redacted]

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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 01:30 PM Entered By: [redacted]

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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 01:30 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 01:30 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 01:30 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 01:30 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 01:30 PM Entered By: [redacted]

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Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	09/02/2015	Contact Method:	
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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 01:30 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 01:30 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 01:30 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 01:30 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 01:30 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 01:30 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:	08/04/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/11/2015
Completed date:	10/11/2015	Completed By:	[redacted].

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/11/2015 07:18 PM Entered By: [redacted]

CPSLI [redacted] discussed this case with CPSI [redacted] and the need make sure the dictations reflect that CPIT was convened, the DA notified and request all medical records to included the child's PCP.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/08/2015	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/11/2015
Completed date:	10/11/2015	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/11/2015 07:23 PM Entered By: [redacted].

CPSLI [redacted] discussed this case with CPSI [redacted] and the need to update the case for review for closure by [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:	04/08/2015	Contact Method:	Attempted Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/08/2015
Completed date:	04/08/2015	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/08/2015 01:40 PM Entered By: [redacted]

Alleged perpetrator interview was unable to be completed as the alleged perpetrator is unknown, no disclosure was made of abuse and child did not die as a result of abuse or neglect.

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:	04/08/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/08/2015
Completed date:	04/08/2015	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/08/2015 11:53 AM Entered By: [redacted]

The Department of Children's Services (DCS) Investigations received a referral ([redacted] on 11/17/2014 with allegations of neglect death (severe) regarding alleged child victim (ACV) [redacted]. This child is not in state's custody. It was reported that [redacted] suffered from a genetic disease called Tay Sachs. [redacted] was diagnosed at a very young age and the parents knew [redacted] life expectancy was not expected to exceed the age of 5. [redacted] was being seen by many specialists regarding his disease.

The investigation into this death was conducted by DCS investigator [redacted]. The family had an open assessment case ([redacted]

The report to DCS listed the alleged perpetrator as unknown for the neglect death of [redacted]. There is one other child in the home named [redacted]. Investigator [redacted] followed up with the child and observed no marks or bruising to indicate further abuse, and no disclosure was made by the child. The home appeared to be clean and both parents report that they have obtained jobs.

Investigator [redacted] interviewed assessment worker [redacted] regarding the health status of the child. She reports the parents had been preparing for the death of the child and hospice was in the home working with the family. The child's brain began to swell as a result of the disease. The parents have been provided with services through assessment case.

No autopsy report was conducted as the child was expected to pass as a result of his disease. Funeral arrangements were made and the child was cremated.

DCS policy Work Aid 1 (E) defines the following criteria for child neglect death: 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.

The case was presented to the [redacted] County Child Protective Investigation Team (CPIT) on 1/07/2015. Team

Tennessee Department of Children's Services

Case Recording Summary

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

members were in agreement that there was no sufficient evidence to substantiate the allegation of child neglect death. The case will be closed and classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated for child neglect death, as the child died as a result of a documented disease.

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:	03/27/2015	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/27/2015
Completed date:	03/27/2015	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/27/2015 02:39 PM Entered By: [redacted]

An autopsy was not preformed on [redacted] upon death as reported by CPSA [redacted] and the parents of the child. It was known that [redacted] had a rare genetic disease, Tay Sachs, that statistically would not allow him to live beyond toddler stage (in most cases). The mother, [redacted] had prepared herself for the death as [redacted] brain had began to swell prior to his death. [redacted] was seen by many doctors and specialist and this death was not a result of neglect or abuse but rather a genetic disorder.

According to National Tay-Sachs and Allied Diseases Associations; A baby with Tay-Sachs disease appears healthy at birth, and seems to be developing normally for a few months. Symptoms generally appear by six months of age. While symptoms vary from one child to the next, there is always a slowing down of development. Gradually, Tay-Sachs children lose motor skills and mental functions. Over time, the child becomes blind, deaf, mentally retarded, paralyzed and non responsive to the environment. Tay-Sachs children usually die by age five.
Children with Tay-Sachs disease lack a vital enzyme, hexosaminidase A (Hex-A). Hex-A is needed for the body to break down a fatty waste substance found in brain cells. Without Hex-A, this substance accumulates abnormally and causes progressive damage until the nervous system can no longer sustain life (National Tay-Sachs & Allied Diseases Association, 2014).

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:	03/13/2015	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/27/2015
Completed date:	03/27/2015	Completed By:	[redacted]

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

Contact Type(s): Notation,Other Child Living in the Home Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/27/2015 02:34 PM Entered By: [redacted]

CPSI [redacted] followed up with the family as CPSI [redacted] left the department to seek other opportunities. The home was cleaner and more organized than what was described by CPSI [redacted] The home had new carpeting and new wall heaters. The parents state they have left [redacted] (deceased child) room exactly how it was and dont plan to change anything for sentimental purposes.

CPSI observed [redacted] (other child living in the home) and he was clean and had his hair cut into a mohawk. [redacted] showed CPSI and CPSA [redacted] that he had a new bed and a new room.

The parents both report that they are doing the best they can to cope with the loss of their child and have secured employment since the incident. The home appeared clean and organized during the surprise visit with family and other child in the home. The mother reports that the other child is healthy and doing well. He did not appear to have any marks or bruising on his body during the face to face.

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:	03/13/2015	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	10/09/2015
Completed date:	10/09/2015	Completed By:	[redacted]

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

Contact Type(s): Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/09/2015 10:39 AM Entered By: [redacted]

CPSI spoke with assessment worker, [redacted], that had an open case with the family when the ACV passed away. She reports the child has Tay Sachs disease and the child had been given a short amount of time to live as he was experiencing swelling in the brain and hospice reported to her this was indicative of short life expectancy. She reports she was working with the family due to environmental neglect issues and they have corrected the issue. She reports the other child in the home, [redacted] is doing well and does not have medical diagnoses as his brother. She reports the mother takes this child to regular medical check ups with his primary care provider.

CPSI accompanied CPSA [redacted] to the home to see the sibling and assess the level of risk and safety in the home. CPSI spoke with [redacted] alone and in his room. He reports that he has a 'new' room because it was just painted. He asked CPSI to play with his trucks and blocks with him and CPSI did so. The child did not have any marks or bruising on his body that were observed. [redacted] showed CPSI his new bedding and favorite toys. While playing with the child there was no disclosures of abuse or neglect disclosed to CPSI.

CPSI spoke with [redacted] and [redacted] (parents of [redacted]) and introduced herself and explained the case was transferred as the original case worker was no longer with the Department. [redacted] explained that she just began working at [redacted] in [redacted] TN and she enjoys this job because it helps her keep her mind off of [redacted] reported that he too is now working at [redacted] but works a different shift so [redacted] always has someone to watch him. [redacted] reported he is seeking counseling to deal with his anger and grief related to the loss of his son.

CPSA [redacted] reports that she will be following up with the family to ensure the home is maintained and environmental neglect does not become and issue in the future.

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:	01/07/2015	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/07/2015
Completed date:	01/07/2015	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/07/2015 10:13 AM Entered By: [redacted]

Case was presented at CPIT and the team agreed to unsubstantiate the allegation of neglect death. There was no evidence of abuse. The child had Tay Sachs disease.

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:	12/01/2014	Contact Method:	Face To Face
Contact Time:	12:15 PM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	12/18/2014
Completed date:	12/18/2014	Completed By:	[redacted]

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

Contact Type(s): Notation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/18/2014 01:17 PM Entered By: [redacted]

Inv. [redacted] and CPSA [redacted] went to the family home and met with [redacted] and [redacted] [redacted] reported that [redacted] is not home yet but he will be home later tonight or tomorrow. The home appeared cluttered and was not organized. [redacted] reported that she has been trying to clean but she has been busy. [redacted] reported that [redacted] is getting a new bed for Christmas. Inv. [redacted] stated that she would need to follow up and see [redacted] after he gets home. Inv. [redacted] stated that she would also need the house to be cleaner next time she comes to the home.

Narrative Type: Addendum 1 Entry Date/Time: 04/21/2015 01:46 PM Entered By: [redacted]

CPSI [redacted] had the mother sign all forms:
Family was informed of the following DCS required forms prior to the case closure- See file for signatures pages:

CM gave a copy of/ explained the MRS Pamphlet

CM gave a copy of/ explained the Client's Rights Handbook to include the Parents' Bill of Rights and obtained appropriate signatures

CM gave a copy of/ explained the HIPPA- Notice of Privacy Practice and obtained appropriate signatures

CM gave a copy of/ explained the Notification of Equal Access and obtained appropriate signatures

CM asked if the child client was of Native American descent/ explained and obtained appropriate signatures on the Native American Heritage Veto Verification

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:	11/25/2014	Contact Method:	Phone Call
Contact Time:	12:45 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/12/2014
Completed date:	12/12/2014	Completed By:	[redacted]

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

Contact Type(s): Notation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/12/2014 03:31 PM Entered By: [redacted]

Inv. [redacted] called [redacted] and arranged to meet her at the family home on Monday at 12pm with CPSA [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:	11/18/2014	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 45
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/08/2015
Completed date:	04/08/2015	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/08/2015 02:13 PM Entered By: [redacted]

Case ID: [redacted]

This case was assigned as an Investigation case to SI [redacted] on 11/17/2015 for [redacted] County and was transferred to SI [redacted] on 01/23/2015. All times are recorded in [redacted] Standard Time. The response priority was P1 and the allegations are neglect death. The alleged victim is [redacted] and the alleged perpetrator is unknown. Referent was contacted on 11/18/2015 by SI [redacted] and no other information was obtained. The Juvenile Judge was notified on 11/18/2015. Response was met on 11/18/2015. Email notification group was contacted regarding child death.

Safety Assessment:
CPSI [redacted] conducted a safety assessment and the results were: safe

Household Composition:
Child Victim: [redacted]
DOB: [redacted]
Sibling: [redacted]
DOB: unknown
Mother: [redacted]
DOB: [redacted]
Mother's paramour: [redacted]
DOB: unknown
Family Address: [redacted]
School: none
Family Phone #: unknown

DCS history: CPSI [redacted] reviewed case history of the family on 04/08/2015. The family had prior cases from 2012 to 2015 with allegations of lack of supervision and environmental neglect. Services were accepted when recommended.

CPSI [redacted] reviewed local criminal history and internet registries. No history was found for Ms. [redacted] or Mr.

Tennessee Department of Children's Services

Case Recording Summary

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

[redacted]

County: [redacted]

Referral States: "Reporter states: ****The child is not in DCS custody.

[redacted], 2) lives with his mother, [redacted], 21) and [redacted] paramour, [redacted] (last name/age unknown) in [redacted] TN.
[redacted] County Child Protective Services (CPS) received an assessment referral on the family relating to environmental and lack of supervision allegations (Intake ID: [redacted]/Case ID: [redacted] on November 14, 2014. [redacted] reportedly had Tay Sachs Disease. Tay Sachs Disease is a rare autosomal recessive genetic disorder and a person's life expectancy with this disease is very short. The family had Hospice care in the home for [redacted] passed away from the disease on Saturday, November 15, 2014. CPS had not yet begun their investigation. [redacted] death is not believed to be related to the allegations presented in Intake ID: [redacted] Law enforcement has not been called. CPS case manager, [redacted], is going to speak with [redacted] and [redacted] today, November 17, 2014. It was unknown if an autopsy has been performed.
Special Needs or Disabilities: None
Child's current location/is the child safe at this time: None
Perpetrator's location at this time: At the residence.
Any other safety concerns for the child(ren) or worker who may respond: Unknown
Domestic Violence present in the home: Unknown
Per SDM: Investigative Track, P1 - [redacted], CM3, on 11-17-14 at 2:42 p.m.
Email sent to the [redacted] notification group.
Notified Child Death Group via email: [redacted]
Regional Administrator, [redacted], was also copied on the notification email and the [redacted] Region notification group.
Email sent to [redacted] and [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:	11/18/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/07/2015
Completed date:	01/07/2015	Completed By:	[redacted]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/07/2015 10:12 AM Entered By: [redacted]

Case recording is being entered in order to meet response in tfacts. Response was not met because the child was deceased.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Assessment

Family Name:	[redacted]	TN DCS Intake ID #:	[redacted]
County:	[redacted]	Worker:	
Date of Referral:	5/31/14 4:04 PM	Date of Assessment:	6/5/14 12:00 AM
Assessment Type:	Initial	Number of Children in the Household:	2

Section 1: Immediate Harm Factors

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

Yes	No		
☐	☒	1.	Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply): ☐ Serious injury or abuse to child other than accidental. ☐ Death of a child due to abuse or neglect. ☐ Care taker fears that s/he will maltreat the child. ☐ Threat to cause harm or retaliate against the child. ☐ Excessive discipline or physical force. ☐ Drug-affected infant/child. ☐ Methamphetamine lab exposure.
☐	☒	2.	Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
☐	☒	3.	Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
☐	☒	4.	Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
☐	☒	5.	The family refuses access to the child, or there is reason to believe that the family is about to flee.
☐	☒	6.	Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
☐	☒	7.	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
☐	☒	8.	Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
☐	☒	9.	Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

☐ ☒ 10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.

☐ ☒ 11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.

☐ ☒ 12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.

☐ ☒ 13. Other (specify)

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

☐ 1. Intervention or direct services by worker as part of a safety plan.

☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.

☐ 3. Use of community agencies or services as immediate safety resources.

☐ 4. Have caretaker appropriately protect the victim from the alleged perpetrator.

☐ 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

☐ 6. Have the non-offending caretaker move to a safe environment with the child.

☐ 7. Legal action planned or initiated - child remains in the home.

☐ 8. Other (Specify): _____

Protective Custody Interventions:

☐ 9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.

☐ 10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

☐ 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

☐ 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.

☐ 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

☐ All children placed.

☐ One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____ **Date:** _____

Team Leader: _____ **Date:** _____