



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 12/29/2014 11:45 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 12/30/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 12/30/2014 10:51 AM
 First Team Leader Assigned: [REDACTED] Date/Time 12/30/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 12/30/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	13 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: Facsimile
 Notification: Letter
 Narrative: Child In Not In Custody

Death or Preliminary Near Death History Template: Faxed referral received on December 29, 2014 at 5:00pm.

Family Case IDs: N/A
 Open Court Custody/FSS/FCIP: No
 Closed Court Custody: No

Open: None
 Substantiated: None
 Death: None
 Number of Screen Outs: 0



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

History (not listed above): None

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

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] was found dead this morning in his bed by his parents. Mom is [REDACTED]. Step-dad is [REDACTED]. All lived together at [REDACTED]. Fire Department pronounced [REDACTED] dead on the scene, and I conducted a scene investigation. There is no indication of foul play, trauma, abuse, neglect, or environmental factors. The child had a lengthy medical history including Downs Syndrome and seizure disorder. The [REDACTED] County Medical Examiner will perform an autopsy tomorrow under MEC # [REDACTED].

Special Needs or Disabilities: Downs Syndrome and Seizure Disorder
 Child's current location/is the child safe at this time: Unknown
 Perpetrator's location at this time: Unknown
 Any other safety concerns for the child(ren) or worker who may respond: None reported in the faxed narrative
 Domestic Violence present in the home: None reported in the faxed narrative

Per SDM: Investigative Track, P1, [REDACTED], CM 2 on December 30, 2014 at 12:05am.

Emailed [REDACTED]

Paged County

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	12-30-14 01:04:13	12-30-14 01:05:01	Mobile Phone	
Replied	12-30-14 01:04:13	---	Work Email	Email Sent



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 37 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 13 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]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 32 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: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 40 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/29/2014

Assignment Date: 12/30/2014

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown reported, Reported	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 04/22/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Neglect Death classified as Allegation Unsubstantiated and Perp Unsubstantiated

D. Case Workers

Case Worker: [REDACTED]

Date: 04/22/2015

Team Leader: [REDACTED]

Date: 04/22/2015

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:

12/29/2014, siblings [REDACTED] and [REDACTED] were interviewed. All three children were interviewed and did not disclose and abuse or neglect by the parents.

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

CPSI received autopsy report of [REDACTED]. The cause of death is seizure disorder. The contributing factors are pneumonia, congenital heart disease, Downs Syndrome.

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

No alleged perp was reported or identified during this investigation.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

NEGLECT DEATH:

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities. There is no evidence to support allegation.

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] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 10/09/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

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: 10/13/2015 11:14 AM Entered By: [REDACTED]

The CPSI has submitted her findings and after the siblings were interviewed and the mother and step-father there was no evidence that would substantiate the allegation. The autopsy reported listed the cause of death as seizure disorder with contributing factors of pneumonia, heart disease and downs syndrome. The case was reviewed in CPIT and AG [REDACTED] agreed with the Department's classification of AUPU. The case has been staffed and reviewed with IC [REDACTED] and on 10-8-15 an email was received from Deputy Director of Investigations [REDACTED] granting permission for case closure. Copies of the 740 will be forwarded to the Judge and the AG's office.



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:	10/08/2015	Contact Method:	
Contact Time:	10:40 AM	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 10:56 AM 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:	10:40 AM	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 10:56 AM 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	10:40 AM	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 10:56 AM 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:	10:40 AM	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 10:56 AM 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	10:40 AM	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 10:56 AM 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:	10:40 AM	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 10:56 AM 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	10:40 AM	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 10:56 AM 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:	10:40 AM	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 10:56 AM 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	10:40 AM	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 10:56 AM 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:	10:40 AM	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 10:56 AM 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	10:40 AM	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 10:56 AM 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:	10:40 AM	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 10:56 AM 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	10:40 AM	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 10:56 AM 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:	10:40 AM	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 10:56 AM 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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2015

Contact Method:

Contact Time: 10:40 AM

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 10:56 AM 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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/07/2015

Contact Method:

Contact Time: 10:25 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/07/2015

Completed date: 10/07/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2015 10:27 AM Entered By: [REDACTED]

Per IC [REDACTED] directive, medical records for [REDACTED] have been received and uploaded into TFACTS.

Narrative Type: Addendum 1 Entry Date/Time: 10/07/2015 10:28 AM Entered By: [REDACTED]

Original copy of medical records will be placed in case 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: 09/09/2015

Contact Method:

Contact Time: 10:22 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/09/2015

Completed date: 09/09/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/09/2015 10:48 AM Entered By: [REDACTED]

CPSI made contact with [REDACTED] Medical Records Department. CPSI was advised that requests have to be mail; CPSI obtained mailing address. CPSI was informed there is a process and it will take up to 14 days to receive records. CPSI completed request for all medical records and mailed to the address provided. IC [REDACTED] informed.



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: 09/09/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/09/2015

Completed date: 09/09/2015

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: 09/09/2015 09:03 AM Entered By: [REDACTED]

This case has been reviewed by the IC, [REDACTED]. Feedback has been given regarding information needed to complete investigation including requesting medical records prior to [REDACTED] 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: 09/08/2015	Contact Method:
Contact Time: 04:57 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 09/08/2015
Completed date: 09/08/2015	Completed By: [REDACTED]
Purpose(s): Permanency	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/08/2015 04:57 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) received a referral on 12/29/2014 with allegation of Neglect Death. The alleged child victim named is [REDACTED] age 12. This case is non custodial.

On 12/29/14, Ms. [REDACTED], birthmother, stated that [REDACTED] had a seizure around 2 a.m. Ms. [REDACTED] stated that she administered the [REDACTED] his medication and everyone went back to sleep.

Around 8 a.m. she woke up and notice [REDACTED] face down in the pillow and when she checked his face was blue. Ms. [REDACTED] stated that she yelled for Mr. [REDACTED] step father, as he was up preparing for work. Mr. [REDACTED] came back into the room, began CPR and she call 911. Mr. [REDACTED] continued CPR until the paramedics arrived 5 -10 minutes later and took over. The child was pronounced dead at the scene. There was no indication of foul play, trauma, abuse, neglect, or environmental factors according to first responders. [REDACTED] had recently developed a sinus infection and was prescribed antibiotics about 1 week ago that increased his seizures according to the mother.

The [REDACTED] Fire Department were the first responders who arrived to the scene and the [REDACTED] County Medical Examiners responded to receive the body to perform an autopsy. [REDACTED] from the [REDACTED] Regional Forensic Center Office of Medical Examiners was present at the autopsy and his results were documented on the autopsy report included in this case file. Department of Children Services [REDACTED] initiated the Department's investigation on 12/29/ 2014 which was later transferred to this Child Protection Services Investigator, [REDACTED] on 01/02/2015. The [REDACTED] County District Attorney's Office, [REDACTED] was also consulted upon receiving of autopsy report.

There was no alleged perpetrator reported in the Department of Children's Services referral. Interviews were conducted with family members to include birthmother, step father, and siblings.

CPSI [REDACTED] conducted interviews with the family. Ms. [REDACTED], birthmother, stated that [REDACTED] had a seizure around 2 a.m. Ms. [REDACTED] stated that she administered the [REDACTED] his medication and everyone went back to sleep. Around 8 a.m. she woke up and notice [REDACTED] face down in the pillow and when she checked his face was blue. Ms. [REDACTED] stated that she yelled for Mr. [REDACTED], stepfather, as he was up preparing for work. Mr. [REDACTED] came back into the room, began CPR and she call 911. Ms. [REDACTED] responded appropriately with seeking medical attention for [REDACTED] Mr. [REDACTED] continued CPR until the paramedics arrived 5 -10 minutes later and took over. There are 3 surviving siblings in the home. All three children were interviewed and did not disclose and abuse or neglect by the parents. The



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

initial investigator interviewed the step-father, [REDACTED], and his story was consistent with the mother's. There are 3 surviving siblings in the home, [REDACTED], 14, [REDACTED], 16, and [REDACTED], 8. All three children were interviewed and did not disclose and abuse or neglect by the parents.

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 [REDACTED] County District Attorney's Office [REDACTED] was also consulted upon receiving of autopsy report. Upon staffing case, it was determined there is no incriminating evidence and there will be no prosecution.

This case was presented to the [REDACTED] Child Protection Investigative Team on 01/02/2015 with Assistant District Attorney [REDACTED] presented. The case was discussed and coordinated with law enforcement.

There is not a preponderance of evidence to substantiate the allegation. Autopsy results revealed the cause of death is seizure disorder. The contributing factors are pneumonia, congenital heart disease, Downs Syndrome.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/08/2015

Contact Method:

Contact Time: 04:25 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/08/2015

Completed date: 09/08/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/08/2015 04:28 PM Entered By: [REDACTED]

Medical Examiner's Report has been uploaded in TFACTS.



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: 07/06/2015

Contact Method: Phone Call

Contact Time: 12:12 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/07/2015

Completed date: 07/07/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/07/2015 12:13 PM Entered By: [REDACTED]

CPSI [REDACTED] received return phone call from referent. Per referent, there were no concerns regarding the death of [REDACTED]. Referent reported its investigation is complete and autopsy report had been completed by the Medical Examiner.



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: 07/01/2015

Contact Method:

Contact Time: 07:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/02/2015

Completed date: 07/02/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2015 09:18 AM Entered By: [REDACTED]

CPSI [REDACTED] requested a copy of form CS-0635 Notice of Child Death/Preliminary Near Death report from CPSI [REDACTED] on this date. Copy of report has now been placed in case 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: 07/01/2015

Contact Method:

Contact Time: 11:50 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/01/2015

Completed date: 07/01/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2015 11:51 AM Entered By: [REDACTED]

CPSI [REDACTED] attempted contact with referent; however, referent will be out until Monday, July 6, 2015. CPSI [REDACTED] left a voicemail for a return phone call.



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: 06/30/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

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: 08/17/2015 11:22 AM Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [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: 04/22/2015 Contact Method:
Contact Time: 06:25 PM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 04/22/2015
Completed date: 04/22/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Case Summary
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/22/2015 06:26 PM Entered By: [REDACTED]

This referral was received on 12/29/2014 with allegation of Neglect Death. The alleged child victim named is [REDACTED] age 12. This case is non custodial.

On 12/29/14, Ms [REDACTED], birthmother, stated that [REDACTED] had a seizure around 2 a.m. Ms. [REDACTED] stated that she administered the [REDACTED] his medication and everyone went back to sleep. Around 8 a.m. she woke up and notice [REDACTED] face down in the pillow and when she checked his face was blue. Ms. [REDACTED] stated that she yelled for Mr. [REDACTED], step father, as he was up preparing for work. Mr. [REDACTED] came back into the room, began CPR and she call 911. Mr. [REDACTED] continued CPR until the paramedics arrived 5 -10 minutes later and took over. The child was pronounced dead at the scene. There was no indication of foul play, trauma, abuse, neglect, or environmental factors according to first responders. [REDACTED] had recently developed a sinus infection and was prescribed antibiotics about 1 week ago that increased his seizures according to the mother.

The [REDACTED] Fire Department were the first responders who arrived to the scene and the [REDACTED] County Medical Examiners responded to receive the body to perform an autopsy. [REDACTED] from the [REDACTED] Tennessee Regional Forensic Center Office of Medical Examiners was present at the autopsy and his results were documented on the autopsy report included in this case file. Department of Children Services [REDACTED] initiated the Department's investigation on 12/29/ 2014 which was later transferred to this Child Protection Services Investigator, [REDACTED] on 01/02/2015. The [REDACTED] County District Attorney's Office, [REDACTED] was also consulted upon receiving of autopsy report.

There was no alleged perpetrator reported in the Department of Children's Services referral. Interviews were conducted with family members to include birthmother, step father, and siblings.

The initial investigator interviewed the step-father [REDACTED], and his story was consistent with the mother's. There are 3 surviving siblings in the home, [REDACTED], 14 (DOB: [REDACTED]), [REDACTED], 16 (DOB: [REDACTED]) and [REDACTED] Jr., 8 (DOB: [REDACTED]). All three children were interviewed and did not disclose and abuse or neglect by the parents. The [REDACTED] County District Attorney's Office, [REDACTED] was also consulted upon receiving of autopsy report. Upon staffing case, it was determined there is no incriminating evidence and there will be no prosecution.

NEGLECT DEATH:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.

This case was presented the [REDACTED] Child Protection Investigative Team on 01/02/2015 with Assistant District Attorney [REDACTED] presented. The case was discussed and coordinated with law enforcement.

Ms [REDACTED], birthmother, stated that [REDACTED] had a seizure around 2 a.m. Ms. [REDACTED] stated that she administered the [REDACTED] his medication and everyone went back to sleep. Around 8 a.m. she woke up and notice [REDACTED] face down in the pillow and when she checked his face was blue. Ms. [REDACTED] stated that she yelled for Mr. [REDACTED], stepfather, as he was up preparing for work. Mr. [REDACTED] came back into the room, began CPR and she call 911. Ms. [REDACTED] responded appropriately with seeking medical attention for [REDACTED] Mr. [REDACTED] continued CPR until the paramedics arrived 5 -10 minutes later and took over. There are 3 surviving siblings in the home. All three children were interviewed and did not disclose and abuse or neglect by the parents.

There is not a preponderance of evidence to substantiate the allegation. Autopsy results revealed the cause of death is seizure disorder. The contributing factors are pneumonia, congenital heart disease, Downs Syndrome.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/22/2015

Contact Method:

Contact Time: 04:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/01/2015

Completed date: 07/01/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2015 11:43 AM Entered By: [REDACTED]

Classification sent to the Judge and DA.



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:	04/17/2015	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/22/2015
Completed date:	04/22/2015	Completed By:	[REDACTED]
Purpose(s):	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: 04/22/2015 06:24 PM Entered By: [REDACTED]

This case was present to CPIT team and reviewed by DA [REDACTED]. The classification is Allegation Unsubstantiated and Perpetrator Unsubstantiated on the allegation of Neglect Death. There will be no prosecute. Signatures obtained by the team on the form. Copy will be placed in case 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: 04/15/2015

Contact Method: Correspondence

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/22/2015

Completed date: 04/22/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/22/2015 06:23 PM Entered By: [REDACTED]

CPSI received autopsy report of [REDACTED]

The cause of death is seizure disorder.

The contributing factors are pneumonia, congenital heart disease, Downs Syndrome.

CPSI will present this information to the CPIT team.



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: 04/13/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/22/2015

Completed date: 04/22/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/22/2015 06:22 PM Entered By: [REDACTED]

CSPI requested autopsy on [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: 02/24/2015	Contact Method: Face To Face
Contact Time: 05:05 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 02/27/2015
Completed date: 02/27/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 02/27/2015 01:12 PM Entered By: [REDACTED]

2015 5: 05pm, CPSI conducted home visit with this family. Ms. [REDACTED] reported she is doing ok. She denied the need for services through the Department. She reported she has the support of family and friends. CPSI observed no environmental concerns during this visit.

CPSI met with [REDACTED], and [REDACTED]. The boys appeared cared for with no visible signs of abuse. CPSI spoke with each child individually. No concerns were voiced. The boys denied the need for services through the Department such as grief counseling.



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:

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/22/2015

Completed date: 04/22/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/22/2015 06:31 PM Entered By: [REDACTED]

Closing Safety assessment completed. score rated safe



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:	01/12/2015	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/22/2015
Completed date:	04/22/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/22/2015 06:21 PM Entered By: [REDACTED]

collaterals:

CPSI spoke with [REDACTED] [REDACTED] medical staff. She reported Ms. [REDACTED] would bring the children into the clinic if she feels something is wrong with them. She reported no concerns regarding parenting of the children by Ms. [REDACTED]

CPSI made contact with Ms. [REDACTED] social worker at [REDACTED]. Ms. [REDACTED] denied any concerns regarding the [REDACTED] and [REDACTED]. She reported they are well mannered children and are good students. She denied any concerns with Ms. [REDACTED] and her parenting of the children. She reported she has offered counseling to the family and will be available for them anytime.



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:	
Contact Time:	03:32 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/22/2015
Completed date:	04/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/22/2015 06:20 PM Entered By: [REDACTED]

01/07/2015 The following Internet Records Clearance inquiries were completed on the date(s) indicated on: [REDACTED], mother

Justice System Inquiry (JSSI): violation of vehicle registration(2006); windshield and windows(2004)

Tennessee Felony Offender Registry: negative

Methamphetamine Offender Registry: negative

Tennessee Sexual Offender Registry: negative

01/07/2015 The following Internet Records Clearance inquiries were completed on the date(s) indicated on: [REDACTED], father

Justice System Inquiry (JSSI): violation of vehicle registration(2001); speed limit 45 mph zone (1999)

Tennessee Felony Offender Registry: negative

Methamphetamine Offender Registry: negative

Tennessee Sexual Offender Registry: negative



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: 01:25 PM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 02/27/2015
Completed date: 02/27/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/27/2015 01:11 PM Entered By: [REDACTED]
1:25pm, CPSI received a phone call from birthmother, [REDACTED]. She advised she received this worker's message from Mr. [REDACTED] CPSI asked to conduct a home visit.

2:20pm, CPSI met with Ms. [REDACTED] Ms. [REDACTED] advised that she went to get children a check up for the medical clearance; however was told that Tncare would no pay for it due to the children having a well child check up before school started this year. Ms. [REDACTED] reported she went to their doctor's office to obtain copies of their well child visits for this year. CPSI obtained those copies and will staff information with supervisors.

CPSI conducted face to face visits with [REDACTED] (14), [REDACTED] (16) and [REDACTED], Jr (8). The boys appeared healthy and comfortable in their home environment. CPSI spoke with each child individually.

[REDACTED] denied any concerns. He reported he misses his brother. He reported that he talks to his parents and [REDACTED] when he feels down. He reported he can also talk to his friends, people at school and church also. [REDACTED] denied any abuse or neglect within their home. He denied knowledge of anyone mistreating [REDACTED] CPSI observed no visible marks or bruises on child.

[REDACTED] denied any concerns. He reported that things are going fine. He denied any problems at school or at home. [REDACTED] reported no need for services. He denied anyone hurting [REDACTED] and stated that his parents made sure they did everything they could do for [REDACTED] No visible marks or bruises observed on child.

CPSI met with [REDACTED] He reported he thinks about his brother and misses him. He reported that he knows that he is in a better place. He reported everyone treated [REDACTED] good and denied anyone hurting him. No visible marks or bruises observed on child.

Narrative Type: Addendum 1 Entry Date/Time: 04/22/2015 06:19 PM Entered By: [REDACTED]
CPSI obtained copies of medical reports (Well Child check) on [REDACTED], 16 from [REDACTED] Children's Clinic. No concerns of abuse documented and information documented child to be in good health. CPSI will file medical report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

CPSI obtained and reviewed copy of medical report (Well Child Check) on [REDACTED], 8 from [REDACTED] of [REDACTED] No concerns of abuse documented and information documented child to be in good health. CPSI will file medical report.

CPSI obtained and reviewed copy of medical report on [REDACTED] (Well Child Check), 13 from [REDACTED] of [REDACTED] No concerns of abuse documented and information documented child to be in good health. CPSI will file medical report.



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: 01/06/2015	Contact Method: Phone Call
Contact Time: 11:10 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 01/06/2015
Completed date: 01/06/2015	Completed By: [REDACTED]
Purpose(s): Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/06/2015 01:44 PM Entered By: [REDACTED]

11:10 am, CPSI made contact with Mr. [REDACTED], Sr. CPSI made formal introduction and explained that case has been transferred to this worker. Mr. [REDACTED] informed that it was late when they returned home yesterday and hadn't the chance to contact this worker. CPSI asked if he knew where Ms. [REDACTED] was currently. He advised that she was gone to the doctor as she was not feeling well. CPSI asked him if they had taken the boys to the doctor to get medically cleared and he advised that he is aware that [REDACTED] and [REDACTED] were taken to the doctor recently and they are fine except for [REDACTED] having sinus/ cold issues and was prescribed Claritin. He reported he knows that [REDACTED] also going to the dentist recently for getting a partial fixed. CPSI asked Mr. [REDACTED] if he could have Ms. [REDACTED] to call this worker as soon as she gets home so that a conversation could be held with her about ensuring all children have been medically cleared and where CPSI could obtain confirmation once cleared. In addition, Mr. [REDACTED] reported the wake for [REDACTED] will be this Friday and the funeral will be Saturday. Mr. [REDACTED] reported the boys were with the mother and not in school today. He also mentioned the her cell phone is not working properly and will need to purchase her another one.



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: 01/06/2015

Contact Method: Attempted Phone Call

Contact Time: 11:08 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/06/2015

Completed date: 01/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

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

11:08 am, CPSI made a second phone call to Ms. [REDACTED] CPSI left another voicemail message for a return phone call.



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:	01/05/2015	Contact Method:	Attempted Face To Face
Contact Time:	04:02 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/06/2015
Completed date:	01/06/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/06/2015 01:32 PM Entered By: [REDACTED]
 4:02pm, CPSI attempted a home visit, but no one appeared to be home as no one answered the door. CPSI left a contact letter.



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: 01/02/2015

Contact Method: Attempted Phone Call

Contact Time: 11:31 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/06/2015

Completed date: 01/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/06/2015 01:31 PM Entered By: [REDACTED]

11:31 am, CPSI attempted contact with Ms. [REDACTED] in efforts to make introduction, offer services, and follow up with her on her getting children [REDACTED] (14), [REDACTED] (16) and [REDACTED] (8) medically cleared as previous discussed during initial contact with CPSI [REDACTED]. CPSI did not receive an answer and left a voicemail message with this worker's contact information.



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: 12/30/2014

Contact Method:

Contact Time: 06:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/22/2015

Completed date: 04/22/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/22/2015 06:30 PM Entered By: [REDACTED]

Initial Safety Assessment completed. Score rated safe on 12/30/2014



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: 12/30/2014 Contact Method: Face To Face
Contact Time: 04:30 PM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Family Home Created Date: 01/02/2015
Completed date: 01/02/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being
Contact Type(s): Initial ACV Face To Face, Parent/Caretaker Interview, Sibling Interview/Observation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/02/2015 08:58 AM Entered By: [REDACTED]

Investigator [REDACTED] met response time with the mother, [REDACTED], the Step-father, [REDACTED], and the three surviving siblings at the family's home located at [REDACTED].

The mother, [REDACTED], statement is that the child was born with Downs Syndrome and had developed seizure disorder about 3 to 4 years ago. The mother stated that she, the step-father, and [REDACTED] all slept on a futon mattress located in the living room of the home. The mother stated that they slept on the futon as a precaution to allow her to monitor [REDACTED] as he has seizures throughout the night. On 12/29/14, Ms. [REDACTED] stated that [REDACTED] had a seizure around 2 a.m. Ms. [REDACTED] stated that she administered the [REDACTED] his medication and everyone went back to sleep. Around 8 a.m. she woke up and notice [REDACTED] face down in the pillow and when she checked his face was blue. Ms. [REDACTED] stated that she yelled for Mr. [REDACTED] as he was up preparing for work. Mr. [REDACTED] came back into the room, began CPR and she call 911. Mr. [REDACTED] continued CPR until the paramedics arrived 5 -10 minutes later and took over. [REDACTED] had recently developed a sinus infection and was prescribed antibiotics about 1 week ago that increased his seizures according to the mother. The mother did not know the exact names or doses of the child's medication and stated that the medical examiner took the medication when they took [REDACTED] on yesterday.

The Investigator interviewed the step-father, [REDACTED], and his story was consistent with the mother's.

There are 3 surviving siblings in the home, [REDACTED], 14 (DOB: [REDACTED]), [REDACTED], 16 (DOB: [REDACTED]), and [REDACTED] 8 (DOB [REDACTED]). All three children were interviewed and did not disclose and abuse or neglect by the parents.

The mother did inform the investigator that [REDACTED] was not aware that [REDACTED] was deceased and he thinks that [REDACTED] is still at the hospital prior to her interviewing him.

The mother has been informed and verbally consented to having the remaining children medically cleared.



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Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 3 Entry Date/Time: 07/01/2015 11:40 AM Entered By: [REDACTED]

Response time met by 2nd Shift, CPSI [REDACTED]

[REDACTED], was deceased upon arrival to the home residence. His body was transported to the Medical Examiner's Office.

"Per Work Aid 2: It is not required for the DCS case manager to observe the deceased child"

Narrative Type: Addendum 2 Entry Date/Time: 04/22/2015 06:19 PM Entered By: [REDACTED]

Household composition:

- [REDACTED], mother
- [REDACTED], father
- [REDACTED], sibling
- [REDACTED], sibling
- [REDACTED], sibling

Narrative Type: Addendum 1 Entry Date/Time: 04/22/2015 05:53 PM Entered By: [REDACTED]

Signatures were obtained on the following DCS forms: Authorization for Release of Information to the Department of Children's Services, Acknowledgment of Receipt of Clients' Rights Handbook, Methodist Authorization to Release Medical Records, Native American Heritage Veto Verification, HIPAA Notice of Privacy Practices- Client Acknowledgment and Notification of Equal Access to Programs and Services and Grievance Procedures.



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: 12/30/2014

Contact Method:

Contact Time: 11:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/22/2015

Completed date: 04/22/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/22/2015 05:41 PM Entered By: [REDACTED]

There was no TFACTS history found.



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: 12/30/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/22/2015

Completed date: 04/22/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/22/2015 05:40 PM Entered By: [REDACTED]

On 12/29/2014 at 11:45 pm, a P-1 intake was called into the DCS Child Abuse Hotline. The intake was screened into [REDACTED] County at 12:05 pm with the allegations of Neglect Death towards alleged perpetrator, Unknown Participant. The alleged child victim is [REDACTED]. The intake was assessed and assigned by Lead Investigator [REDACTED] to Investigator [REDACTED] on 12/30/2014. Response time was met by 2nd shift CPSI [REDACTED]. It is unknown at this time if the children are Native American Decent. Juvenile Court and the District Attorney are notified on referrals and classification on a monthly basis per local protocol and policy. Contact will be made with the referent within 30 days if necessary.



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2015

Completed date: 07/01/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2015 11:43 AM Entered By: [REDACTED]

This case was presented to morning CPIT for review. It was stamped Coordinate and Present to CPIT Review. Assistant District Attorney, [REDACTED] was present.



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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Created In Error

Contact Date: 01/02/2014

Contact Method: Attempted Phone Call

Contact Time: 11:31 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/06/2015

Completed date: 01/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/06/2015 01:29 PM Entered By: [REDACTED]

11:31 am, CPSI attempted contact with Ms. [REDACTED] in efforts to make introduction, offer services, and follow up with her on her getting children [REDACTED] (14), [REDACTED] (16) and [REDACTED] (8) medically cleared as previous discussed during initial contact with CPSI [REDACTED]. CPSI did not receive an answer and left a voicemail message with this worker's contact information.

Narrative Type: Created In Error Entry Date/Time: 01/06/2015 01:30 PM Entered By: [REDACTED]

incorrect year