



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 03/08/2015 09:59 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/09/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 03/09/2015 01:34 AM
 First Team Leader Assigned: [REDACTED] Date/Time 03/09/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 03/09/2015 12:00 AM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: [REDACTED]

Notification: E-mail

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

Family Case IDs: Yes [REDACTED] [REDACTED] [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: Yes

Begin date: 6-24-13 / [REDACTED] / Case Members: [REDACTED] / End date: 3-4-14
 Begin date: 3-16-04 / [REDACTED] / Case Members: [REDACTED] / End date: 7-2-04
 Begin date: 8-26-12 / [REDACTED] / Case Members: [REDACTED] / End date: 6-3-13
 Begin date: 3-16-04 / [REDACTED] / Case Members: [REDACTED] / End date: 7-2-04
 Begin date: 10-31-02 / [REDACTED] / Case Members: [REDACTED] and [REDACTED] / End date: 11-4-02



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

Open: No

Substantiated: Yes

Begin date: 6-12-13 / [REDACTED] / Investigation / LOS / Allegation Substantiated and Perpetrator Substantiated / AP, [REDACTED] / ACV, [REDACTED] / End date: 7-23-13

Begin date: 1-2-09 / [REDACTED] / Investigation / ABN / Allegation Substantiated and Perpetrator Substantiated / AP, [REDACTED] / ACV, [REDACTED] / End date: 2-2-09

Begin date: 11-1-02 / [REDACTED] / Investigation / LOS / Allegation Substantiated and Perpetrator Substantiated / AP, [REDACTED] / ACV, [REDACTED] and [REDACTED] / End date: 2-26-03

Death: No

Number of Screen Outs: Yes [REDACTED]

History (not listed above): Yes

Begin date: 6-12-13 / [REDACTED] / Investigation / PHA and DEC / Allegation Unsubstantiated and Perpetrator Unsubstantiated / AP, [REDACTED] / ACV, [REDACTED] / End date: 7-23-13

Begin date: 7-20-06 / [REDACTED] / Investigation / SRPI / Allegation Unsubstantiated and Perpetrator Unsubstantiated / AP, [REDACTED] / ACV, [REDACTED], [REDACTED], and [REDACTED] / End date: 10-31-06

Begin date: 7-20-06 / [REDACTED] / Investigation / DEC / Allegation Unsubstantiated and Perpetrator Unsubstantiated / AP, [REDACTED] / ACV, [REDACTED] and [REDACTED] / End date: 10-31-06

Begin date: 7-20-06 / [REDACTED] / Investigation / MDM and SRPI / Allegation Unsubstantiated and Perpetrator Unsubstantiated / AP, [REDACTED] / ACV, [REDACTED] and [REDACTED] / End date: 10-31-06

Begin date: 1-2-09 / [REDACTED] / Investigation / DEI, DEC and ENN / Allegation Unsubstantiated and Perpetrator Unsubstantiated / AP, [REDACTED] and [REDACTED] / ACV, [REDACTED] and [REDACTED] / End date: 2-2-09

Begin date: 7-25-06 / [REDACTED] / Investigation / LOS and DEC / Allegation Unsubstantiated and Perpetrator Unsubstantiated / AP, [REDACTED] and [REDACTED] / ACV, [REDACTED] and [REDACTED] / End date: 10-23-06

Pending: No

Awaiting Screening: No

Submitted: No

County: [REDACTED]

Notification: Email

School/ Daycare: Unknown

Native American Descent: No

Directions: The family's address is [REDACTED]. The family's cell number is [REDACTED]

Reporter's name/relationship: [REDACTED]



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

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

██████████ 16) resided with his great aunt, ██████████ 74), in ██████████ ██████████ (51), is a neighbor and is the person who found ██████████ ██████████ 49/a.k.a. ██████████ is ██████████ father. ██████████ 46) is ██████████ mother and she is currently incarcerated at the ██████████ ██████████

On March 8, 2015, between 3:30 - 3:45 p.m. a call came into 911, stating there was an unresponsive 16 year old. Office ██████████ of the ██████████ ██████████ arrived on scene at 4:30 p.m. The scene was processed and an investigation started.

██████████ was visiting at the family's home. She noticed ██████████ lying on the couch in the living room with a cover over his eyes. It is believed that ██████████ was sleeping. Ms. ██████████ pulled the cover back from ██████████ face and realized that ██████████ was deceased. 911 was contacted. There were other family members at the residence but they thought that ██████████ was sleeping so they did not disturb him. ██████████ did not have any observable injury.

██████████ had custody of ██████████ but it is unknown how she came to have custody of ██████████ It is unknown when ██████████ came to live with Ms. ██████████ Ms. ██████████ had recently been hospitalized and had not been able to properly care for ██████████ Ms. ██████████ reported that ██████████ primarily stayed upstairs and she was not able to check on him upstairs due to her health. Ms. ██████████ reported that the last time she observed ██████████ was on March 7, 2015, at 10 p.m. Ms. ██████████ reported that at that time, ██████████ left the home but she was unsure where he had gone or with whom.

The upstairs was observed and there were various drug paraphernalia found, but it is unknown if the drug paraphernalia is related to ██████████ death.

██████████ father (██████████) was contacted by a family member in regards to ██████████ death; however, ██████████ reported that he would not come to the scene.

It is believed that ██████████ body was transported to ██████████ ██████████ An autopsy is pending.

Law enforcement is in the process of questioning friends and family.

██████████ was the only child in the home.

To the referent's knowledge there were no patterns of abuse observed.

There are no known drug, alcohol, and/or mental health issues with anyone in the home.

Report Number: ██████████

This is all the information the referent had at the time of the phone call.

Special Needs or Disabilities: No

Child's current location/is the child safe at this time: Currently pending autopsy

Perpetrator's location at this time: Unknown

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

Domestic Violence present in the home: Not to the referent's knowledge

Per SDM: Investigative Track P1 ██████████ ██████████ on 3-8-15 at 11:02 p.m.

County notified via MIR3

██████████ - Time Issued: 11:13:51 PM // Completed: 11:14:29 PM



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

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]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race: White

Age: Deceased

Address: [REDACTED]

Deceased Date: 03/08/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

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: 50 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 75 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 52 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

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:** 46 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/08/2015

Assignment Date: 03/09/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Participant, [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 12/09/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments:

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

D. Case Workers

Case Worker: [REDACTED]

Date: 12/09/2015

Team Leader: [REDACTED]

Date: 12/09/2015

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:

[REDACTED] states that [REDACTED] went out with his friends on the 7th around 1030pm and as of 1130pm he was not home. [REDACTED] states when she got up he was asleep on the couch. [REDACTED] states that it was not unusual for [REDACTED] to sleep until two or three in the evening. [REDACTED] had been sleeping on the couch because there was an issue with his heat in his room. [REDACTED] states that the blanket was pulled up around his face and she did not move it because she didn't want to bother him. Around 330pm on the 8th [REDACTED] came over to the home and attempted to wake [REDACTED] up. [REDACTED] removed the blanket and observed that [REDACTED] had foam coming out of his nose and was dead. At that point in time 911 was called.



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

Child Protective Investigative Team (CPIT)

The case was presented to the [REDACTED] Child Protective Investigation Team on 7/15/2015. Autopsy report for

[REDACTED] was received. The report stated that [REDACTED] died of a poly-drug overdose. The drugs in his system were oxycodone and oxymorphone. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

Result of Interviews

[REDACTED] the custodian was grief stricken as evidenced by her emotional state during interviews. Ms. [REDACTED] reported that she was physically unable to provide the proper supervision for [REDACTED] due to her health but she was not aware that he was using drugs.

After all of the interviews were completed it was unable to be determined who provided [REDACTED] with the medication that caused his death

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

No alleged perpetrator was identified

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

[REDACTED] 16) resided with his great aunt, [REDACTED] 74), in [REDACTED] [REDACTED] [REDACTED] 51), is a neighbor and is the person who found [REDACTED] 49/a.k.a. [REDACTED] is [REDACTED] father.

[REDACTED] 46) is [REDACTED] mother and she is currently incarcerated at the [REDACTED] [REDACTED] [REDACTED] On

March 8, 2015, between 3:30 - 3:45 p.m. a call came into 911, stating there was an unresponsive 16 year old. Officer

[REDACTED] of the [REDACTED] [REDACTED] arrived on scene at 4:30 p.m. The scene was processed and an investigation started.

[REDACTED] was visiting at the family's home. She noticed [REDACTED] lying on the couch in the living room with a cover over his eyes. It

is believed that [REDACTED] was sleeping. Ms. [REDACTED] pulled the cover back from [REDACTED] face and realized that [REDACTED] was deceased.

911 was contacted. There were other family members at the residence but they thought that [REDACTED] was sleeping so they did not

disturb him. [REDACTED] did not have any observable injury. [REDACTED] had custody of [REDACTED] but it is unknown how she came to

have custody of [REDACTED] It is unknown when [REDACTED] came to live with Ms. [REDACTED] Ms. [REDACTED] had recently been hospitalized and

had not been able to properly care for [REDACTED] Ms. [REDACTED] reported that [REDACTED] primarily stayed upstairs and she was not able to

check on him upstairs due to her health. Ms. [REDACTED] reported that the last time she observed [REDACTED] was on March 7, 2015, at 10

p.m. Ms. [REDACTED] reported that at that time, [REDACTED] left the home but she was unsure where he had gone or with whom. The

upstairs was observed and there were various drug paraphernalia found, but it is unknown if the drug



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]

paraphernalia is related to [REDACTED] death. [REDACTED] father [REDACTED] was contacted by a family member in regards to [REDACTED] death; however, [REDACTED] reported that he would not come to the scene. It is believed that [REDACTED] body was transported to [REDACTED] [REDACTED]. An autopsy is pending. Law enforcement is in the process of questioning friends and family. [REDACTED] was the only child in the home. To the referent's knowledge there were no patterns of abuse observed. There are no known drug, alcohol, and/or mental health issues with anyone in the home. Report Number: [REDACTED]. This is all the information the referent had at the time of the phone call.

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

Preponderance of Evidence

There was no preponderance of evidence to substantiate the allegation of child neglect death.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 12/09/2015 Contact Method:

Contact Time: 04:45 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 12/09/2015

Completed date: 12/09/2015 Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 12/09/2015 03:45 PM Entered By: [REDACTED]

Child Death Closing Summary: [REDACTED]

Referral Assigned

The Department of Children's Services (DCS) received a referral on 3/9/2015 with an allegation of Child Neglect Death regarding alleged child victim [REDACTED] resided with his paternal great- aunt [REDACTED] biological parents are [REDACTED] and [REDACTED]. Previous history with the Department of Children's Services includes three cases from 2006 all of which were unsubstantiated. A case was investigated in June 2013 involving [REDACTED] that was also unsubstantiated for physical abuse and drug exposed child with [REDACTED] as the alleged child victim. The allegation of lack of supervision by biological mother [REDACTED] was classified as Allegation Substantiated / Perpetrator Substantiated .A take charge order by the [REDACTED] court was put in place on 6/24/2015. [REDACTED] was brought into the State of Tennessee Custody. [REDACTED] ran away prior to placement but was located on 8/9/2013. On 3/4/2014 [REDACTED] was released from DCS custody into the custody of his great aunt [REDACTED].

Synopsis of event

03/08/2015 [REDACTED] responded to [REDACTED] in response to an unresponsive 16 year old. Law Enforcement arrived at the scene and found [REDACTED] deceased on his paternal great aunt [REDACTED] couch. It was reported that [REDACTED] had been on the couch and was thought to be sleeping by neighbor pulled the blanket away from his face to wake him up and found him dead. Law Enforcement searched the home and found various drug paraphernalia in his bedroom.

Emergency Medical Services responded to the home and determined that [REDACTED] that he died on 3/8/2015. Time could not be determined due to the child being deceased numerous hours prior to be found by his family.

Investigators Involved

The investigation was completed by [REDACTED] Child Protective Services Investigator and [REDACTED] Lead Investigator. [REDACTED] officers involved in the investigation were Detective [REDACTED] Detective [REDACTED] [REDACTED] Officer [REDACTED] and [REDACTED].

Alleged perpetrator

Alleged Perpetrator was unknown.

Details of Interviews

Statements were taken by officers of the [REDACTED] the night [REDACTED] was found. In part, these



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

statements found that family members new of some marijuana use by [REDACTED]. The only other health issue reported was [REDACTED] losing around 30 pounds over the last year and recent complaints of stomach pain. The day of the incident a friend reported being told by [REDACTED] that he took an Opana but no other drug use was uncovered. [REDACTED] went to sleep on the couch in the home where he was found dead. Follow up interviews were conducted with [REDACTED] [REDACTED] officers. The use of marijuana and Opana was known to other family members with other prescription medication use being possible.

Policy

Child Death Policy and Work Aid 1/ Section E

Child death is defined as:

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

Child Protective Investigative Team (CPIT)

The case was presented to the [REDACTED] Child Protective Investigation Team on 7/15/2015. Autopsy report for [REDACTED] was received. The report stated that [REDACTED] died of a poly-drug overdose. The drugs in his system were oxycodone and oxymorphone. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

Result of Interviews

[REDACTED] the custodian was grief stricken as evidenced by her emotional state during interviews. Ms. [REDACTED] reported that she was physically unable to provide the proper supervision for [REDACTED] due to her health but she was not aware that he was using drugs.

After all of the interviews were completed it was unable to be determined who provided [REDACTED] with the medication that caused his death.

Preponderance of Evidence

There was no preponderance of evidence to substantiate the allegation of child neglect death.

Closing and Classification

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 12/09/2015 Contact Method:

Contact Time: 11:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 12/09/2015

Completed date: 12/09/2015 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2015 10:33 AM Entered By: [REDACTED]

Fast and Safety Assessment was not completed due to the alleged child victim [REDACTED] was deceased. There were no other children residing in the home at the time of the child death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 09/17/2015 Contact Method:

Contact Time: 04:52 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 09/17/2015

Completed date: 09/17/2015 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 03:53 PM Entered By: [REDACTED]

Photographs taken of [REDACTED] on 3/8/2015 and his home has been printed and placed in the file. Disc with pictures will also be stored in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/17/2015

Contact Method:

Contact Time: 04:50 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 03:50 PM Entered By: [REDACTED]

[REDACTED] obituary was uploaded into TFACTS on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 09/17/2015 Contact Method:

Contact Time: 03:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 09/17/2015

Completed date: 09/17/2015 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 03:55 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] [REDACTED] to check on the progress of the medical records that were requested. CPSI stated that she received some on 8/6/2015 but not his birth records until 2011. CPSI was informed by [REDACTED] at the records department that those records have been archived and it takes a month to get these records sent from the archive and then she has to copy the micro films by hand. [REDACTED] reported that she hopes to have these ready for DCS pick up on 9/23/2015. CPSI [REDACTED] thanked [REDACTED] for her cooperation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 09/17/2015 Contact Method:

Contact Time: 02:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 09/17/2015

Completed date: 09/17/2015 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:41 PM Entered By: [REDACTED]

9/17/2015 A copy of the conversation between Det [REDACTED] and [REDACTED] was uploaded into TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 09/17/2015 Contact Method:

Contact Time: 01:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 09/17/2015

Completed date: 09/17/2015 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:44 PM Entered By: [REDACTED]

Autopsy was uploaded into TFACTS on this date. Cause of Death was ruled as poly-drug overdose.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [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] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [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] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	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: 09/25/2015 09:56 AM Entered By: [REDACTED]
 This case has been reviewed by [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] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/03/2015

Contact Method:

Contact Time: 10:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/25/2015

Completed date: 09/25/2015

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: 09/25/2015 09:56 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/06/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 02:39 PM Entered By: [REDACTED]

Medical Records were received from [REDACTED] [REDACTED] for [REDACTED]. However CPSI was informed that [REDACTED] [REDACTED] was not born at the hospital as previously informed.

Medical Records were received from [REDACTED] [REDACTED] for [REDACTED]. They were uploaded into TFACTS and placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/23/2015

Contact Method:

Contact Time: 12:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/23/2015

Completed date: 07/23/2015

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: 07/23/2015 11:33 AM Entered By: [REDACTED]

LI [REDACTED] attended death review at the [REDACTED]. The autopsy showed the child died from a drug overdose. Marijuana was found in his bedroom in the home. The combination of drugs the child took would cause cardiac arrest leading to his death. The criminal investigation completed by Det. [REDACTED] with [REDACTED] did not lead to learning the identify of the person who provided the drugs to the child. The criminal case was closed. This was likely an accidental overdose. The death was listed as preventable.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2015

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/09/2015

Completed date: 12/09/2015

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 12/09/2015 03:45 PM Entered By: [REDACTED]

Child Protective Investigative Team (CPIT)

The case was presented to the [REDACTED] Child Protective Investigation Team on 7/15/2015. Autopsy report for [REDACTED] was received. The report stated that [REDACTED] died of a poly-drug overdose. The drugs in his system were oxycodone and oxymorphone. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/24/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 02:16 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke to [REDACTED] on this date , he reported to this CPSI that he has spoken with [REDACTED] [REDACTED] and informed him that due to conflicting stories that he is unable to determined who gave [REDACTED] the medication that caused his death. Det [REDACTED] reported that he would be closing his case but if DCS /LE received any more information the case can be reopened. CPSI [REDACTED] thanked Det [REDACTED] for all of his hard work on this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/16/2015

Contact Method:

Contact Time: 01:55 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/16/2015

Completed date: 06/16/2015

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: 06/16/2015 12:55 PM Entered By: [REDACTED]

LI [REDACTED] is reviewing this file as it is currently overdue. The autopsy was received from Det. [REDACTED]. The case was presented to CPIT. CPSI will begin preparation of the closing case summary. The case will be placed on the RID review list prior to approval for final closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	05/20/2015	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	06/16/2015
Completed date:	06/20/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/16/2015 12:53 PM Entered By: [REDACTED]

This case was presented to CPIT. Det. [REDACTED] advised that the autopsy was received and he provided a copy to CPSI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/17/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:45 PM Entered By: [REDACTED]

Autopsy report for [REDACTED] was received. The report stated that [REDACTED] died of a poly-drug overdose. The drugs in his system were oxycodone and oxymorphone.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:40 PM Entered By: [REDACTED]

3/20/2015-CPSI [REDACTED] received information from Det. [REDACTED] who stated that he went to [REDACTED] [REDACTED] to speak with students who may have information on the death of [REDACTED]. The three that were spoken to was [REDACTED] and [REDACTED].

In summary: [REDACTED] reported that he heard that [REDACTED] and [REDACTED] were together getting Opana. People are saying that [REDACTED] gave [REDACTED] the Opana. He has seen [REDACTED] with Roxy's. [REDACTED] reported that he never seen [REDACTED] do pills, but did use and sell marijuana. [REDACTED] reported that "on the night of [REDACTED] death, he heard that he was choking on vomit and [REDACTED] and [REDACTED] left him like that."

In summary" [REDACTED] stated that on 3/8/2015 she was outside [REDACTED] house with a group of his friends. [REDACTED] reported [REDACTED] personally told her that he gave [REDACTED] 1 Opana. And that [REDACTED] stated to do another 1/2 Opana when they were at his house. [REDACTED] states that [REDACTED] dad's girlfriend has a prescription for Opana.

In Summary: [REDACTED] reported that he was supposed to hang out with [REDACTED] on 3/7/2015 but when [REDACTED] texted him he was tired. [REDACTED] reported that he and [REDACTED] had got into a fight and he called [REDACTED] to get him. [REDACTED] said "that [REDACTED] had done Opana, Xanax and Roxy's in the past. He said that [REDACTED] told him that [REDACTED] got the Opana off of [REDACTED]."

Copy is in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/18/2015

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 03:58 PM Entered By: [REDACTED]

CPIT convened per CPS policies #14.3 Section G # 6 as well as 14.6. and per local protocol for [REDACTED] [REDACTED] A decision was not made in regards to classification due to awaiting the autopsy results for [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/16/2015

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:38 PM Entered By: [REDACTED]

3/16/2015- CPSI [REDACTED] received a call from Det. [REDACTED] who reported that on 3/13/2015. Ms. [REDACTED] was cleaning out [REDACTED] room when they found what appears to be marijuana and paraphernalia and she wanted law enforcement to pick it up and have it destroyed.

Det [REDACTED] went to the residence and was directed to a clear glass jar that was 6" across by 8" round with a square pattern in the glass. Inside the jar was a green leafy material with the odor and appearance of marijuana. There was also a orange Nike Shoe box and inside it was a clear glass quart jar with a clear plastic baggy full of the same green leafy material. There was also 2 other plastic bags with the same substances. There were 3 rubberized containers inside the box. 1 was round multicolored with a marijuana green brown substances in side, 1 was solid re oval shaped with 6 compartments inside and the other one was solid green oval shaped with 6 compartment inside that had the same greenish brown substance in 5 of the 6 compartments. The items were removed from their original location in the home. Photographs of the items were taken and they were placed into [REDACTED] Evidence.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/16/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 02:35 PM Entered By: [REDACTED]

CPSI [REDACTED] requested medical records for [REDACTED] from [REDACTED]

[REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method: Attempted Phone Call

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 02:15 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to contact [REDACTED] with the phone number provided by Law Enforcement for her sister [REDACTED] where [REDACTED] is staying while out of jail. There was no answer and no voicemail set up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 02:40 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:37 PM Entered By: [REDACTED]

[REDACTED] Statement to [REDACTED] [REDACTED] was uploaded in TFACTS document tab on this date under investigation ID # [REDACTED]

Statement was taken on 3/8/2015 at 20:45 by [REDACTED] [REDACTED] at the [REDACTED] [REDACTED]

In Summary: [REDACTED] reported that he knew [REDACTED] for a few years after meeting at [REDACTED]. [REDACTED] reported that they "hung out now about 3 times a week." [REDACTED] reported that he had spent time with [REDACTED] on 3/7/2015 until around 4 or 5 until around 11. [REDACTED] stated that "He remember [REDACTED] telling me that he smoked weed (marijuana) and took 30mg of Opana, but I did not see him do either one and I have no clue where he got any of it or who it got it from."

Detail statement is also in the DCS file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 02:40 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:38 PM Entered By: [REDACTED]

2:40 [REDACTED] Statement to [REDACTED] [REDACTED] was uploaded in TFACTS document tab on this date under investigation ID # [REDACTED]

Statement was taken on 3/8/2015 at 17:45 by [REDACTED] [REDACTED] at the [REDACTED] [REDACTED]

In Summary [REDACTED] (Neighbor of [REDACTED] reports that she went to the [REDACTED] residence to check on [REDACTED] around 3. [REDACTED] states that she came in to side door and was talking to [REDACTED] and her family and a comment was made that we would go sit in the living room but [REDACTED] was asleep on the couch. [REDACTED] reported that she said she would go and wake him up. [REDACTED] stated "I pulled the cover back and I saw foam coming out of his nose and he was blue especially around the mouth and face." [REDACTED] reported that something was wrong and that [REDACTED] a family member of [REDACTED] said that there was nothing we can do he is dead.

Detail statement is also in the DCS file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 02:39 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:36 PM Entered By: [REDACTED]

[REDACTED] State of Tennessee, Department of Health: Sudden Unexplained Child Death Investigation Report was uploaded in TFACTS document tab on this date under investigation ID # [REDACTED]

This form was completed by [REDACTED] [REDACTED] and a copy was provided to DCS by Det [REDACTED]

A copy of the Department of Health: Sudden Unexplained Child Death Investigation Report is also placed into the DCS file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 02:37 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:34 PM Entered By: [REDACTED]

[REDACTED] Notice of Child Death was uploaded in TFACTS document tab on this date under investigation ID # [REDACTED]

A copy of the Notice of Child Death is also placed into the DCS file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 02:33 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:32 PM Entered By: [REDACTED]

[REDACTED] Statement to [REDACTED] was uploaded in TFACTS document tab on this date under investigation ID # [REDACTED]

Statement was taken on 3/8/2015 at 19:00 by [REDACTED] at the [REDACTED]

In summary: [REDACTED] reports that she knew that [REDACTED] smoked pot but I didn't know that he used other drugs". [REDACTED] reported that [REDACTED] had lost 30 pounds in the past year but she was not sure if he was trying to lose the weight. [REDACTED] reported that he had complained of stomach pains.

[REDACTED] states that on 3/7/15 [REDACTED] left the home around 10 pm with three boys". [REDACTED] reports that she went to bed around 11:30 and he still was not home." [REDACTED] reports that around 9 she woke up and saw [REDACTED] asleep on the couch. [REDACTED] stated that her friend [REDACTED] came over around 3:30 and went to wake [REDACTED] up and observed that he was dead. [REDACTED] stated that it was not unusual for [REDACTED] to sleep this late in the day. [REDACTED]

Detail statement is also in the DCS file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2015

Contact Method:

Contact Time: 02:33 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:33 PM Entered By: [REDACTED]

[REDACTED] Statement to [REDACTED] [REDACTED] was uploaded in TFACTS document tab on this date under investigation ID # [REDACTED]

Statement was taken on 3/8/2015 at 20:38 by [REDACTED] [REDACTED] at the [REDACTED]

In Summary: [REDACTED] reported that it was a ritual for him to smoke marijuana with [REDACTED] reported that he [REDACTED] and his girlfriend [REDACTED] was at [REDACTED] house. [REDACTED] reported that "no one was drinking or doing drugs at [REDACTED] house. About 1 AM when [REDACTED] needed a ride home. [REDACTED] reported that he took [REDACTED] home and they went upstairs and smoked marijuana. [REDACTED] reported that [REDACTED] was pretty faded as we hung out. He told me that he took some Opana earlier." [REDACTED] reported that [REDACTED] looked pale and stated that he felt sick. [REDACTED] reported that they went down stairs around 3:34 am and he left after helping him charge his iMac. [REDACTED] reported that he was supposed to pick [REDACTED] up the next day and that [REDACTED] said he would text him when he got up. [REDACTED] states that he texted him at 10:30am and did not hear anything back.

Detail statement is also in the DCS file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 03/10/2015 Contact Method:

Contact Time: 02:31 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 09/17/2015

Completed date: 09/17/2015 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:31 PM Entered By: [REDACTED]

[REDACTED] List of Confiscated items was uploaded in TFACTS document tab on this date under investigation ID # [REDACTED]

[REDACTED] [REDACTED] handwritten list on items confiscated from the [REDACTED] residence. This list included electronics, drug paraphernalia, and medications.

List of Confiscated items is also in the DCS file



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 03/10/2015 Contact Method:

Contact Time: 02:30 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 09/17/2015

Completed date: 09/17/2015 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 01:30 PM Entered By: [REDACTED]

[REDACTED] Police Report was uploaded in T-FACTS document tab on this date under investigation ID # [REDACTED]

Police Report States: On 3/8/2015 Ofr [REDACTED] responded to a death/unknown at [REDACTED] "Upon my arrival I spoke with [REDACTED] and she advised that she and her neighbor [REDACTED] had found her great nephew [REDACTED] deceased on the couch. Ms. [REDACTED] stated that [REDACTED] had left the house on 3/7/15 at around 10 pm with his friends [REDACTED] and [REDACTED] (brothers, last name unknown) and they had said they were going to [REDACTED] house. Ms. [REDACTED] advised that she had been home all day and thought [REDACTED] was just asleep on the couch like normal. [REDACTED] was covered with a blanket up to face).

Copy of police report is also in the file.

Narrative Type: Addendum 1 Entry Date/Time: 09/17/2015 01:30 PM Entered By: [REDACTED]

[REDACTED] Supplemental Police Report was uploaded in TFACTS document tab on this date under investigation ID # [REDACTED]

Supplemental Police Report States: Det. [REDACTED] also reported that the [REDACTED] residence in reference to the death of [REDACTED]. Photographs were taken of the residence and various items were placed into evidence.

Copy of Supplemental Police Report is also in the DCS file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/10/2015 Contact Method: Face To Face
 Contact Time: 01:45 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 09/17/2015
 Completed date: 09/17/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 02:14 PM Entered By: [REDACTED]

CPSI [REDACTED] and Det [REDACTED] met with [REDACTED] [REDACTED] and [REDACTED] at the [REDACTED] CPSI [REDACTED] met with the family and expressed her condolences in the death of his son [REDACTED]. CPSI explained that when a child passes a way in TN under these circumstances that DCS is called in to work the case with Law enforcement. CPSI [REDACTED] stated that she would not be asking questions right at this time that she would wait on Det [REDACTED] but that she did need to complete paperwork with him. CPSI [REDACTED] presented [REDACTED] and [REDACTED] (step mother) with the Client's Rights Handbook, HIPAA Notification information, the Notification of Equal Access to Programs and Services and Grievance Procedures, as well as the Native American Form per policy. The necessary forms were signed and dated by the client and will be maintained in the hard file.

At this time Det [REDACTED] took over to interview the couple. [REDACTED] who is [REDACTED] father reported that he received a text from an unknown number from [REDACTED] and that he attempted to call him several times from 3/7/15 -3/8/15. [REDACTED] stated that she was aware that a set of twins left the house with [REDACTED] the night of the 7th to go to [REDACTED] house. [REDACTED] states that he heard that [REDACTED] fell asleep at [REDACTED] house around 4am and wasn't feeling well so [REDACTED] brought him home. [REDACTED] left and [REDACTED] went to lay on the couch. [REDACTED] stated that he has heard that [REDACTED] took a pill called Opana and that he was smoking "Dab". (Dab is concentrated marijuana.) [REDACTED] stated that he knew that [REDACTED] was not involved. [REDACTED] and [REDACTED] reported that they noticed that [REDACTED] had lost weight but always ate well and never complained about stomach pain. [REDACTED] stated that [REDACTED] used to be on blood pressure meds but he does not think he is anymore. [REDACTED] stated that he does not get to visit with [REDACTED] that much. [REDACTED] reports that he does not have custody of his son because [REDACTED] and he had issues and he wanted to stay with his aunt. [REDACTED] states that [REDACTED] mother was in jail but was released on furlough. [REDACTED] and [REDACTED] reported that they would contact Det. [REDACTED] if they hear any more information about [REDACTED] death.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/09/2015 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 09/17/2015
 Completed date: 09/17/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 08:22 AM Entered By: [REDACTED]

CPSI [REDACTED] met with [REDACTED] at her home. [REDACTED] completed the initial paperwork (Notification of Equal Access, Acknowledgement of Receipt of Handbook, HIPAA and Native American Veto) and Authorization for Release of Information. There are no other children living in the home.

[REDACTED] reports that she did not know that [REDACTED] was using drugs. [REDACTED] states that [REDACTED] went out with his friends on the 7th around 1030pm and as of 1130pm he was not home. [REDACTED] states when she got up he was asleep on the couch. [REDACTED] states that it was not unusual for [REDACTED] to sleep until two or three in the evening. [REDACTED] had been sleeping on the couch because there was an issue with his heat in his room. [REDACTED] states that the blanket was pulled up around his face and she did not move it because she didn't want to bother him. Around 330pm on the 8th [REDACTED] came over to the home and attempted to wake [REDACTED] up. [REDACTED] removed the blanket and observed that [REDACTED] had foam coming out of his nose and was dead. At that point in time 911 was called. [REDACTED] reported that she went over the whole story with the police when they came to her home. CPSI [REDACTED] apologized for having to ask the information but that it was policy to for DCS to follow up with a child who has passed away in TN. [REDACTED] stated that she understood but that it was just really hard for her to talk about.

[REDACTED] states that [REDACTED] father refused to come to the home after being told that his son had died [REDACTED] mother is currently in [REDACTED] [REDACTED] was released on furlough yesterday morning.

[REDACTED] reported that [REDACTED] was a good boy and just liked to hang out with his friends. [REDACTED] reports that she is devastated but has a lot of family support to be there for her. CPSI [REDACTED] asked [REDACTED] if there was anything that DCS could do for her at this time. [REDACTED] reported that there was not. CPSI [REDACTED] apologized to [REDACTED] for her loss and provided her with this CPSI contact information to call her if she needed anything.

Next Steps:

Meet with [REDACTED] (Father) at [REDACTED] [REDACTED] at 1:30pm today.

Attempt to contact [REDACTED]

Request medical records from birth to present day.

Upload statements/photos/police report into TFacts.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Complete case notes



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/09/2015

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/17/2015

Completed date: 09/17/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/17/2015 08:26 AM Entered By: [REDACTED]

03/09/2015 CPSI [REDACTED] met with Det [REDACTED] to collect statements, police report, photos etc. Det. [REDACTED] reported that there was a lot of drug paraphernalia found in upstairs of the home.

Written statements were taken by Law Enforcement from the following people:

[REDACTED] (Friend)
 [REDACTED] (Friend)
 [REDACTED] (Great-Aunt /custodian)
 [REDACTED] Neighbor

Law enforcement reports that they believe this is a possible overdose but will not know for sure until the autopsy is completed.

According to his friends [REDACTED] admitted to taking Opana and smoking marijuana the day before he died. Friends state that they do not know where he got the drugs.

Det [REDACTED] reported that he would be meeting with the father of [REDACTED] [REDACTED] on 3/10/2015 at the [REDACTED]. The meeting was going to attempt to occur later today however the father was not available at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 03/09/2015 Contact Method:

Contact Time: 08:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 09/16/2015

Completed date: 09/16/2015 Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/16/2015 01:57 PM Entered By: [REDACTED]

CASE ASSIGNMENT
INVESTIGATION SUMMARY

This investigation came into central intake on 03/09/2015 - 12:04 AM [REDACTED] as a P1 with the allegations being Neglect Death (Severe). The victim-[REDACTED]. The alleged perpetrator/s = Unknown. The investigation was assigned to CPSI [REDACTED] on 3/9/2015 at 8am by LI [REDACTED]. Notification was sent to the [REDACTED] Juvenile Court, [REDACTED] and District Attorney's office per local protocol.

[REDACTED], 16) resided with his great aunt, [REDACTED] (74), in [REDACTED]. [REDACTED] (51), is a neighbor and is the person who found [REDACTED] (49/a.k.a. [REDACTED]) is [REDACTED] father. [REDACTED] (46) is [REDACTED] mother and she is currently incarcerated at the [REDACTED]. On March 8, 2015, between 3:30 - 3:45 p.m. a call came into 911, stating there was an unresponsive 16 year old. Officer [REDACTED] of the [REDACTED] arrived on scene at 4:30 p.m. The scene was processed and an investigation started. [REDACTED] was visiting at the family's home. She noticed [REDACTED] lying on the couch in the living room with a cover over his eyes. It is believed that [REDACTED] was sleeping. Ms. [REDACTED] pulled the cover back from [REDACTED] face and realized that [REDACTED] was deceased. 911 was contacted. There were other family members at the residence but they thought that [REDACTED] was sleeping so they did not disturb him. [REDACTED] did not have any observable injury. [REDACTED] had custody of [REDACTED] but it is unknown how she came to have custody of [REDACTED]. It is unknown when [REDACTED] came to live with Ms. [REDACTED]. Ms. [REDACTED] had recently been hospitalized and had not been able to properly care for [REDACTED]. Ms. [REDACTED] reported that [REDACTED] primarily stayed upstairs and she was not able to check on him upstairs due to her health. Ms. [REDACTED] reported that the last time she observed [REDACTED] was on March 7, 2015, at 10 p.m. Ms. [REDACTED] reported that at that time, [REDACTED] left the home but she was unsure where he had gone or with whom. The upstairs was observed and there were various drug paraphernalia found, but it is unknown if the drug paraphernalia is related to [REDACTED] death. [REDACTED] father [REDACTED] was contacted by a family member in regards to [REDACTED] death; however, [REDACTED] reported that he would not come to the scene. It is believed that [REDACTED] body was transported to [REDACTED]. An autopsy is pending. Law enforcement is in the process of questioning friends and family. [REDACTED] was the only child in the home. To the referent's knowledge there were no patterns of abuse observed. There are no known drug, alcohol, and/or mental health issues with anyone in the home. Report Number: [REDACTED]. This is all the information the referent had at the time of the phone call. TN Kids/TFACTS History check was completed and it showed the following information on this family;



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

6/24/2013-[REDACTED] Juvenile Court ordered a take charge of [REDACTED] on this date due to unruly behaviors. [REDACTED] ran away prior to placement. [REDACTED] was brought into states custody.

8/9/2013-8/30/2013-[REDACTED] was picked up AWOL and placed into a PTC bed.

8/30/2013-[REDACTED] was placed in a kinship custodial expedited placement with [REDACTED]

3/4/2014-[REDACTED] exited custody to his great aunt [REDACTED] following a 90 day Trial Home Visit that ended 3/4/14.

[REDACTED] Investigation 07/30/2013

Allegation of Physical AbuseACV-[REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated

Allegation of Drug Exposed ChildACV-[REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated.

Allegation of Lack of SupervisionACV-[REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Substantiated / Perpetrator Substantiated

[REDACTED] Investigation 10/31/2006

Allegation of Substantial Risk Physical InjuryACV-[REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated

Allegation of Substantial Risk Physical InjuryACV-[REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated .

Allegation of Substantial Risk Physical InjuryACV-[REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated.

[REDACTED] Investigation 10/30/2006

Allegation of Drug Exposed Child [REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated.

Allegation of Drug Exposed Child [REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated

[REDACTED] Investigation 10/20/2006

Allegation of Medical Maltreatment ACV-[REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated.

Allegation of Medical Maltreatment ACV-[REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated.

Allegation of Substantial Risk Physical InjuryACV-[REDACTED] Alleged perpetrator [REDACTED] Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/09/2015

Contact Method: Face To Face

Contact Time: 12:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/09/2015

Completed date: 03/09/2015

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: 03/09/2015 08:18 PM Entered By: [REDACTED]

Initial ACV was not completed for [REDACTED] due to DCS not receiving the referral until after the child's body was sent off for autopsy.

Narrative Type: Addendum 1 Entry Date/Time: 09/16/2015 02:00 PM Entered By: [REDACTED]

CPSI [REDACTED] was contacted by LI [REDACTED] in regards to a priority one investigation with allegations of neglect death (severe). CPSI was informed that she could complete initial response later on that morning due to the child already being removed from the home and sent to the morgue. DCS was notified after the initial investigation was completed by law enforcement.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/09/2015	Contact Method:	
Contact Time:	12:13 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/10/2015
Completed date:	03/10/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/10/2015 10:51 AM Entered By: [REDACTED]
 Death Referral received at 12:13 am. [REDACTED] notified by phone. CPSI [REDACTED] notified of case assignment. [REDACTED] also notified of death referral received.
 Case pulled and assigned to CPSI [REDACTED]

Next steps-
 Notify Lead INV [REDACTED] of Death referral. CPSI [REDACTED] will meet response and send death notification within designated time frame. CPSI [REDACTED] will convene CPIT, request medical records, complete home visit . CPSI will complete all required interviews and all other required investigative tasks. CPSI will also present case to CPIT before case closure.