



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 05/18/2015 10:41 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 05/18/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 05/19/2015 10:36 AM
 First Team Leader Assigned: [REDACTED] Date/Time 05/19/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 05/19/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Yrs	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: Facsimile

Notification: None

Narrative: TFACTS:
 Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No

Number of Screen Outs: 0

History (not listed above):

3-8-06 / INV [REDACTED] / PHA / Substantial Risk Physical Injury / Unable to Complete / 5-18-06

NOTE: [REDACTED] is listed in the Case above, with DOB [REDACTED].

Per Case [REDACTED] Recording ID [REDACTED] on 12-5-08: Said child is dependent and neglected within the meaning of the law of the State of Tennessee in that said children's mother has failed to provide care, support, and supervision for said children. The mother is alleged to be unstable and is failing to meet the educational needs of said children. The Referee at the Court Hearing awarded temporary



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

custody to [REDACTED] and [REDACTED].

County: [REDACTED]
 Notification: None
 School/ Daycare: Unknown
 Native American Descent: Unknown
 Directions: None given

Reporter's name/relationship: [REDACTED]
 Reporter states:

*****Faxed, Typed Verbatim*****

This will serve as notification that the [REDACTED] County Medical Examiner is investigating the death of [REDACTED] [REDACTED].) This 10 year old was found unresponsive 0600 hrs on the morning of 5/17/2015. Paramedics with [REDACTED] Fire Department Ambulance #15 pronounced death on the scene, a single family residence at [REDACTED]. A scene investigation was conducted by this office and the City Police Department, and the decedent's remains were transported to this office for autopsy. The cause/manner of death are pending at this time. The mother's name is [REDACTED] but the decedent has a legal guardian who is also her sister named [REDACTED]. A total of 7 children live in the house with no furnishings. Our case # is [REDACTED].

History (not listed above):

3-8-06 / INV [REDACTED] / PHA / Substantial Risk Physical Injury / Unable to Complete / 5-18-06

NOTE [REDACTED] is listed in the Case above, with DOB [REDACTED]
 Per Case [REDACTED] Recording ID [REDACTED] on 12-5-08: Said child is dependent and neglected within the meaning of the law of the State of Tennessee in that said children's mother has failed to provide care, support, and supervision for said children. The mother is alleged to be unstable and is failing to meet the educational needs of said children. The Referee at the Court Hearing awarded temporary custody to [REDACTED] and [REDACTED].

Special Needs or Disabilities: Unknown.

Child's current location/is the child safe at this time: Deceased.

Perpetrator's location at this time: Unknown.

Any other safety concerns for the child(ren) or worker who may respond: Unknown.

Domestic Violence present in the home: Unknown.

Per SDM: Investigative Track, P1

P1 on 5/18/15 @ 12:17pm by [REDACTED] TL

Emailed: [REDACTED]
 [REDACTED]

[REDACTED] Regional Administrator [REDACTED] [REDACTED] Region



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race:

Age: 34 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: Unable to

Age: 54 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: Unable to Age: 10 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

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: 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: 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: 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: 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: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

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

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
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: 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: 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: 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/18/2015

Assignment Date: 05/19/2015

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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/12/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The department does not have evidence to support the allegation of neglect death as defined by DCS Policy. The case is being submitted for review.

D. Case Workers

Case Worker: [REDACTED]

Date: 08/12/2015

Team Leader: [REDACTED]

Date: 08/12/2015

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:

This CPSI conducted a face to face with the other children in the household and the children reported that they observed [REDACTED] vomiting on the weekend before her death.

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

Dr. [REDACTED] explained that her bowels were pinched off by a band that was wrapped around her intestines. It was reported that as [REDACTED] intestines grew, the band got tighter and caused her bowels to twist prior to her death on 5/17/15. It was reported that the vomiting and nausea that [REDACTED] exhibited over the weekend were signs of twisted bowels. The autopsy reports that the cause of death is a result of intestinal ischemia due to small bowel obstruction due to congenital fibrous band.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

There is no alleged perpetrator.

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

According to witnesses, [REDACTED] was ill on the weekend prior to her death on 5/17/2015.

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

The manner of death is natural according to the medical examination conducted by the [REDACTED] Tennessee Regional Forensic Center.

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: 10/06/2015	Contact Method:
Contact Time: 09:22 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/06/2015
Completed date: 10/06/2015	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: 10/06/2015 09:22 AM Entered By: [REDACTED]

This case was submitted by Investigator [REDACTED]. All investigative tasks have been completed. This case has been reviewed and approved for closure. The classification is being sent to the DA & Judge per local protocol.



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: 10/05/2015 Contact Method:
Contact Time: 02:55 PM Contact Duration:
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Created Date: 10/12/2015
Completed date: 10/12/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Administrative Review
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 10/05/2015 Contact Method:
Contact Time: 02:55 PM Contact Duration:
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Created Date: 10/12/2015
Completed date: 10/12/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Administrative Review
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
 This case has been reviewed by [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: 10/05/2015 Contact Method:
Contact Time: 02:55 PM Contact Duration:
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Created Date: 10/12/2015
Completed date: 10/12/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Administrative Review
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 10/05/2015 Contact Method:
Contact Time: 02:55 PM Contact Duration:
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Created Date: 10/12/2015
Completed date: 10/12/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Administrative Review
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
 This case has been reviewed by [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:	10/05/2015	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
 This case has been reviewed by [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: 10/05/2015	Contact Method:
Contact Time: 02:55 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For: [REDACTED]
Location:	Created Date: 10/12/2015
Completed date: 10/12/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/12/2015 01:22 PM Entered By: [REDACTED]
 This case has been reviewed by [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: 10/05/2015	Contact Method:
Contact Time: 02:45 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/05/2015
Completed date: 10/05/2015	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: 10/05/2015 02:50 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been referred for further review by the [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: 09/22/2015 Contact Method:
Contact Time: 04:30 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 09/22/2015
Completed date: 09/22/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being
Contact Type(s): Case Summary
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2015 04:31 PM Entered By: [REDACTED]
[REDACTED] Closing Summary:

The Department of Children's Services (Office of Child Safety) Child Protection Investigation Unit Team received a Priority 1 referral on 05/18/15 with an allegation of Neglect Death regarding non-custodial child [REDACTED] with the perpetrator listed as unknown. According to the referral it was reported [REDACTED] was found unresponsive at 6:00 a.m. on the morning of 5/17/15. It was reported that Paramedics with [REDACTED] Fire Department responded to the residence of [REDACTED], TN. A scene investigation was conducted by the Tennessee Regional Forensic Center and the [REDACTED] Police Department, and the decedent's remains were transported to the Tennessee Regional Forensic Center for autopsy. The investigation into this incident was conducted by the [REDACTED] Police Department, DCS Investigator [REDACTED] and [REDACTED] County Forensic Medical Examiner ([REDACTED]). The report to DCS listed the alleged perpetrator of Child Neglect Death as Unknown Perpetrator. Numerous interviews were conducted of family, law enforcement and medical professionals.

As part of the investigation, CPSI [REDACTED] spoke to [REDACTED] in reference to the allegation of neglect death regarding [REDACTED]. Ms. [REDACTED] shared that she picked [REDACTED] up from school and [REDACTED] informed that she had a stomach ache and that she had a bowel movement while at school. Mrs. [REDACTED] reported she gave [REDACTED] Children's Imodium A-D diarrhea medicine after arriving to the home that afternoon. Mrs. [REDACTED] advised [REDACTED] immediately vomited and was unable to keep the medicine down. Mrs. [REDACTED] explained that prior to this incident that other children in the home experienced illness from a stomach virus. Mrs. [REDACTED] reported that the stomach virus within the household occurred last week approximately on 5/11/15. According to Mrs. [REDACTED] continued to vomit on 5/16/15 to 5/17/15. Mrs. [REDACTED] also reported that she witnessed [REDACTED] playing with the other children on 5/16/15. Mrs. [REDACTED] reported that she observed [REDACTED] acting as her usual self but often saw her resting on the couch throughout that day. According to Mrs. [REDACTED] maternal cousin, [REDACTED] came downstairs on the morning of 5/17/15 and told her that [REDACTED] was not breathing. Mrs. [REDACTED] reported that she is a Certified Nursing Assistant (CNA) and



Tennessee Department of Children's Services
Case Recording Summary

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

wanted give Cardio Pulmonary Resuscitation (CPR). Mrs. [REDACTED] advised she did not perform CPR on [REDACTED] because she observed that [REDACTED] chest was hard. Mrs. [REDACTED] asked the children to call 911.

CPSI [REDACTED] asked to speak with [REDACTED], age 12, maternal cousin of [REDACTED] in private. According to [REDACTED] [REDACTED] woke up at approximately 4:00 a.m. on 5/17/15 and walked into her room asking her for water. [REDACTED] advised that [REDACTED] appeared weak so she gave [REDACTED] a glass of water. [REDACTED] reported she later got into the shower at approximately 5:30 a.m. to prepare for church. [REDACTED] reported that at approximately 6:00 a.m., she recognized [REDACTED] was not awake or moving. [REDACTED] reported that [REDACTED] was lying face down on an air mattress with her face touching the floor and her body positioned on the air mattress. [REDACTED] explained she tried to wake up [REDACTED] but she did not respond. [REDACTED] reported she went downstairs to tell Mrs. [REDACTED].

CPSI [REDACTED] spoke to [REDACTED] (birth mother) who reported that [REDACTED] does not have any medical diagnoses. CPSI received medical records on [REDACTED] from [REDACTED]. According to the medical report it was reported that said victim has a history of nausea and vomiting and received prescribed medication on 3/18/2014.

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

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

The case was presented to the [REDACTED] CPIT) Child Protective Investigation Team on 08/3/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

[REDACTED] cause and manner of death is found to be a result of natural cause. The autopsy report from [REDACTED] Tennessee Regional Forensic Center states that the cause of death is a result of intestinal ischemia due to small bowel obstruction due to congenital fibrous band. The manner of death is natural according to the medical examination conducted by medical examiner [REDACTED], D.O. The Department of Children's Services found no evidence found due to the autopsy from the Forensic Medical Examiner's Office.

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

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



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/22/2015	Contact Method:
Contact Time: 02:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/22/2015
Completed date: 09/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/22/2015 02:57 PM Entered By: [REDACTED]

The FAST and FFA was completed by this CPSI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/21/2015	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/21/2015
Completed date:	09/21/2015	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: 09/21/2015 12:55 PM 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] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/08/2015	Contact Method:	
Contact Time:	10:45 AM	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):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/08/2015 10:51 AM Entered By: [REDACTED]

This CPSI scanned the medical records into the e-file. The medical records are included in the CPS hard 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: 08/12/2015	Contact Method:
Contact Time: 12:05 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/22/2015
Completed date: 09/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/22/2015 12:15 PM Entered By: [REDACTED]

The autopsy report was scanned into TFACTS by this CPSI. The autopsy report is included in the CPS hard 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: 08/12/2015	Contact Method:
Contact Time: 12:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/12/2015
Completed date: 08/12/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2015 12:54 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Special Investigations Unit received a referral on 05/18/2015 with an allegation of Child Neglect Death regarding alleged victim [REDACTED]. It was reported that [REDACTED] was found unresponsive at 6:00 a.m. on the morning of 5/17/15. It was reported that Paramedics with [REDACTED] Fire Department responded to the residence of [REDACTED]. The investigation into this incident was conducted by the Tennessee Regional Forensic Center Agent [REDACTED] and [REDACTED] Police Department, Lieutenant [REDACTED]. The decedent was transported to Tennessee Regional Forensic Center for further examination. The report to DCS listed the alleged perpetrator as unknown. Numerous interviews were conducted with family members, witnesses and medical professionals. As part of the investigation, an autopsy was conducted by the [REDACTED] Tennessee Regional Forensic Center. Medical Examiner [REDACTED] reports that the cause of death was a result of intestinal ischemia due to small bowel obstruction due to congenital fibrous band. The manner of death is natural.

DEATH/NEAR DEATH:

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; 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.

NEGLECT DEATH:

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

The case was presented to the ([REDACTED] County of CPIT) Child Protective Investigation Team on 8/3/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death. The case will be submitted for review 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] Region

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/04/2015	Contact Method:
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 09/02/2015
Completed date: 09/02/2015	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: 09/02/2015 09:03 AM Entered By: [REDACTED]

This case was staffed with Investigator [REDACTED]. The case was presented back to CPIT and a decision for classification was made during the meeting. There has been follow up with the family and other children in the home. There are no known medical or safety problems at the time.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 08/03/2015	Contact Method: Face To Face
Contact Time: 03:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/12/2015
Completed date: 08/12/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation, Other Persons Living in Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/12/2015 12:38 PM Entered By: [REDACTED]

This CPSI conducted a follow up face to face with [REDACTED], and Mrs. [REDACTED] at the home of [REDACTED] and [REDACTED]. The CPSI was greeted by Ms. [REDACTED] when this CPSI arrived to the residence. This CPSI asked the family how they were doing. Mrs. [REDACTED] told this CPSI that the family plan to celebrate [REDACTED] birthday with a small ceremony. Mrs. [REDACTED] told this CPSI that the family is doing well at this time. This CPSI observed that Mrs. [REDACTED] became emotional during the visit. This CPSI discuss grief counseling with Mrs. [REDACTED] and she accepted the services. Mrs. [REDACTED] told this CPSI that she is still working on purchasing bedroom furniture for the home. This CPSI gave Mrs. [REDACTED] some resource information to obtain services for furniture. This CPSI asked Mrs. [REDACTED] if she had any concerns regarding the case and she said no. The children appeared to be doing well and appeared to be healthy. No risk of harm to the children was observed during the visit. The home was observed to be clean, organized and in good repair. This CPSI thanked Mrs. [REDACTED] for her time and the visit was ended.

Narrative Type: Created In Error Entry Date/Time: 09/22/2015 04:33 PM Entered By: [REDACTED]

[REDACTED] was also present during the follow-up visit at the family residence.

Narrative Type: Addendum 1 Entry Date/Time: 09/10/2015 02:50 PM Entered By: [REDACTED]

This CPSI referred the family to receive grief counseling with the [REDACTED] for [REDACTED] Services, located at [REDACTED]. Services were recommended and accepted.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/03/2015	Contact Method: Face To Face
Contact Time: 03:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 09/22/2015
Completed date: 09/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/22/2015 04:59 PM Entered By: [REDACTED]

This CPSI conducted a follow up face to face with [REDACTED] and Mrs. [REDACTED] at the home of [REDACTED] and [REDACTED]. The CPSI was greeted by Ms. [REDACTED] when this CPSI arrived to the residence. This CPSI asked the family how they were doing. Mrs. [REDACTED] told this CPSI that the family plan to celebrate [REDACTED] birthday with a small ceremony. Mrs. [REDACTED] told this CPSI that the family is doing well at this time. This CPSI observed that Mrs. [REDACTED] became emotional during the visit. This CPSI discuss grief counseling with Mrs. [REDACTED] and she accepted the services.

This CPSI referred the family to receive grief counseling with the [REDACTED] Services, located at [REDACTED]. Services were recommended and accepted by the family. This CPSI presented the family with the contact information regarding time and dates to begin the grief counseling. This CPSI observed that the family has obtained bedroom furniture for some of the children bedroom. Mrs. [REDACTED] told this CPSI that she is still working on purchasing more bedroom furniture for the home. This CPSI gave Mrs. [REDACTED] some resource information to obtain services for furniture. It appeared that the children did not appear to have a safety concern for the lack of furniture. The children explained to this CPSI that the family had just moved into the home at the time of [REDACTED] death. Mrs. [REDACTED] informed this CPSI that the family financially focused on making arrangement for [REDACTED] funeral and the household income was used towards funeral expenses. Mrs. [REDACTED] told this CPSI that they family purchased a tombstone and completed payments on the funeral cost. Mrs. [REDACTED] explained that the family is now financially able to purchase more household furniture for the residence. This CPSI asked Mrs. [REDACTED] if she had any concerns regarding the case and she said no.

The children appeared to be dressed in clean, appropriate clothing and appeared to be doing well. No risk of harm to the children was observed during the visit. The home was observed to be clean, organized and in good repair. The two story house presented to have appropriate space for each child as observed by this CPSI. The kitchen was observed to have plenty of food and utilities were working.

This CPSI thanked the family for their time and the home visit was ended.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 08/03/2015	Contact Method:
Contact Time: 02:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/12/2015
Completed date: 08/12/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/12/2015 11:44 AM Entered By: [REDACTED]

The closing structure decision making (SDM) was completed, ACV is safe.

Narrative Type: Created In Error Entry Date/Time: 08/12/2015 12:43 PM Entered By: [REDACTED]

The closing SDM was completed, the other children in the home is 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: 08/03/2015	Contact Method: Face To Face
Contact Time: 09:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/12/2015
Completed date: 08/12/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, 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: 08/12/2015 11:35 AM Entered By: [REDACTED]

The CPIT team met on 8/3/15 and is in agreement that allegation is classified as allegation unsubstantiated and perpetrator unsubstantiated. The CPIT Review form was signed by team members and placed in the CPS hard 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: 07/30/2015	Contact Method: Face To Face
Contact Time: 09:25 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/12/2015
Completed date: 08/12/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being	
Contact Type(s): Medical Exam,Notation	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2015 12:17 PM Entered By: [REDACTED]

The other children in the household have been medically cleared by Dr [REDACTED] with [REDACTED] Medical Center. The medical records are included in the CPS hard case files.



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: 07/13/2015	Contact Method: Face To Face
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/12/2015
Completed date: 08/12/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Medical Exam, Notation	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2015 12:12 PM Entered By: [REDACTED]

The CPSI received the autopsy report from [REDACTED] Tennessee Regional Forensic Center on 7/13/2015. The autopsy states that the cause of death is a result of intestinal ischemia due to small bowel obstruction due to congenital fibrous band. The manner of death is natural according to the medical examination conducted by medical examiner [REDACTED], D.O. The autopsy report is included in the CPS hard 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: 07/13/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 09/02/2015
Completed date: 09/02/2015	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: 09/02/2015 08:58 AM Entered By: [REDACTED]

This case was reviewed with Investigator, [REDACTED]. The Investigator advised of receiving the autopsy report. Follow up is still needed for the other children involved to obtain medical clearance.



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: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/08/2015
Completed date: 07/08/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/08/2015 04:05 PM Entered By: [REDACTED]

This CPSI request to obtain the Autopsy results for [REDACTED] from medical examiner [REDACTED] [REDACTED] via fax.



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: 06/05/2015	Contact Method:
Contact Time: 04:14 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/05/2015
Completed date: 06/05/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/05/2015 04:15 PM Entered By: [REDACTED]
 This CPSI request to obtain the Autopsy results for [REDACTED] from medical examiner [REDACTED] via fax.



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: 06/04/2015	Contact Method:
Contact Time: 09:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/30/2015
Completed date: 06/30/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/30/2015 10:41 AM Entered By: [REDACTED]

Follow up conducted on the case with Investigator, [REDACTED] Investigator [REDACTED] will follow up with the family regarding any needed services and obtain medical clearance on the other children in the home.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/26/2015	Contact Method:
Contact Time: 09:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 09/24/2015
Completed date: 09/24/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/24/2015 11:43 AM Entered By: [REDACTED]

This CPSI completed the child death notification form on 5/26/15. The forms are included in the CPS hard file.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/22/2015	Contact Method:
Contact Time: 09:29 AM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 05/26/2015
Completed date: 05/26/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/26/2015 03:03 PM Entered By: [REDACTED]

This CPSI fax a letter to the Office of [REDACTED] County Medical on 5/22/15 to request the Autopsy results for [REDACTED]. This CPSI was informed by the Office of [REDACTED] County Medical that the results of the Autopsy will take 8 to 10 weeks to obtain.



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: 05/20/2015	Contact Method: Correspondence
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/22/2015
Completed date: 09/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Collateral Contact, Notation	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/22/2015 04:12 PM Entered By: [REDACTED]

This CPSI received [REDACTED] medical records from [REDACTED] Clinic. It states that [REDACTED] last visit was on 03/18/2014 and she presented with nausea and vomiting. The report states that [REDACTED] was prescribed medication by Dr. [REDACTED]. The medical report is included in the CPS hard file.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/20/2015	Contact Method: Correspondence
Contact Time: 11:00 AM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 05/26/2015
Completed date: 05/26/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, 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: 05/26/2015 11:25 AM Entered By: [REDACTED]

The referral was reviewed in morning CPIT on 5/20/15 and was stamped "DCS to Handle and Return" with autopsy.



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: 05/19/2015	Contact Method: Face To Face
Contact Time: 04:32 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 05/26/2015
Completed date: 05/26/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Medical Exam, Notation	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/26/2015 02:44 PM Entered By: [REDACTED]

This CPSI received a phone call from Dr. [REDACTED] (Tennessee Regional Forensic Center) informing this CPSI that the blood supply to [REDACTED] bowels were cut off, which caused her bowels to twist.

Dr. [REDACTED] explained that her bowels were pinched off by a band that was wrapped around her intestines. It was reported that as [REDACTED] intestines grew, the band got tighter and caused her bowels to twist prior to her death on 5/17/15. It was reported that the vomiting and nausea that [REDACTED] exhibited over the weekend were signs of twisted bowels. According to Dr. [REDACTED] [REDACTED] was born with this band looped about her intestines. He advised that it is possible the hospital did not catch the medical concern if she had a bowel movement while admitted.

Dr. [REDACTED] also reported that she weighed 84 pounds, which is appropriate for her age and he observed no bruising or signs of abuse. According to Dr. [REDACTED] [REDACTED] death appears to be a result of natural causes. Dr. [REDACTED] reported that the blood culture test results are pending at this and he will contact this CPSI when the results arrive.

Narrative Type: Addendum 1 Entry Date/Time: 05/29/2015 10:49 AM Entered By: [REDACTED]

Dr. [REDACTED] reported that [REDACTED] was born with the band looped around her intestines.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	05/19/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/12/2015
Completed date:	08/12/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2015 12:42 PM Entered By: [REDACTED]
The SDM was completed, the other children in the home is safe.

Narrative Type: Created In Error Entry Date/Time: 08/12/2015 12:44 PM Entered By: [REDACTED]
The initial SDM was completed, the other children in the home is 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: 05/18/2015	Contact Method: Face To Face
Contact Time: 05:40 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/22/2015
Completed date: 05/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Collateral Contact, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/22/2015 04:02 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] spoke to the birth mother, [REDACTED] in private at the residence of Mrs. [REDACTED]. CPSI [REDACTED] introduced herself to Ms. [REDACTED] and stated the purpose of the visit. Ms. [REDACTED] reported that she does not reside at the address of Mrs. [REDACTED]. CPSI [REDACTED] asked Ms. [REDACTED] if [REDACTED] had any medical diagnoses and Ms. [REDACTED] stated no. Ms. [REDACTED] appeared emotional during the interview. CPSI [REDACTED] discussed grief counseling with Ms. [REDACTED] and offered her condolence to her. CPSI [REDACTED] thanked Ms. [REDACTED] and the interview was ended.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 05/18/2015	Contact Method:
Contact Time: 05:17 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/19/2015
Completed date: 06/18/2015	Completed By: System Completed
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: 05/19/2015 04:25 PM Entered By: [REDACTED]

This case was staffed with Investigator, [REDACTED] on 05/18/2015. Investigator, [REDACTED] advised she made contact with the caregiver, [REDACTED]. It was reported that [REDACTED] had no known medical problems. Additionally, Investigator [REDACTED] was advised that [REDACTED] had not been ill. Investigator, [REDACTED] was able to obtain signatures on the Release Of Information form so she can obtain the medical records from the clinic that provided medical care to [REDACTED]. Investigator, [REDACTED] advised she made contact with five children ([REDACTED] age 15, [REDACTED] age 14, [REDACTED] age 16, [REDACTED] 15, and [REDACTED] age 12) that were at the home during the time of the visit. She further advised the five children reported no knowledge of [REDACTED] having any illness. She informed they also reported that [REDACTED] ate a lot of candy on Friday, May 15, 2015 during school field day. They further informed Investigator, [REDACTED] that [REDACTED] complained of a stomach ache on Friday after school. It was reported that the family advised they gave [REDACTED] water, Sprite and children's Immodium due to her complaint of stomach pain. It was further explained that [REDACTED] immediately regurgitated the Immodium. Additionally, it was reported that [REDACTED] regurgitated food that she ate but there was no presence of blood. [REDACTED] urinated on herself on Sunday and then had a bowel movement. It was reported that she appeared to be weak and had to be assisted while she was administered a drink of water. Additionally, [REDACTED] was assisted with changing her clothes once she had urinated on herself. It was reported that [REDACTED] expired about 5 minutes later. Investigator, [REDACTED] informed she spoke to [REDACTED] with the [REDACTED] County Medical Examiner's Office. [REDACTED] advised that [REDACTED] bowels were twisted.



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: 05/18/2015	Contact Method: Face To Face
Contact Time: 05:15 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/22/2015
Completed date: 05/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation, Sibling Interview/Observation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2015 03:59 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] conducted a private face to face interview with the alleged victim sister [REDACTED], age 17. The interview was conducted upstairs in the bedroom of [REDACTED] and [REDACTED]. CPSI [REDACTED] introduced herself and CPSI [REDACTED] to [REDACTED] and asked to speak with her regarding the incident that occurred on 5/17/15. According to [REDACTED] stated her stomach was hurting on 5/15/15 because she ate too much candy at school. [REDACTED] reported she and [REDACTED] went their cousin's beauty shop on 5/15/15. On 5/15/15 at approximately at 5:00 p.m. she gave [REDACTED] a Sprite soft drink. She stated [REDACTED] was falling asleep around 7:00 p.m. at the beauty shop. According to [REDACTED] on the evening of 5/15/15 [REDACTED] later played with the kids. It was reported that on 5/16/15, [REDACTED] watched television and played throughout the day. [REDACTED] reported that on 5/17/15 at approximately 5:57 a.m. [REDACTED] woke her up and said she urinated on herself. According to [REDACTED] she helped [REDACTED] clean herself up and gave her water. It was reported that [REDACTED] vomited while cleaning herself up. [REDACTED] observed [REDACTED] to appear very weak and was unable to drink the water on her own. [REDACTED] advised that she cleaned [REDACTED] and then they both went to bed in separate rooms [REDACTED] reported [REDACTED] stated she was okay before they went to their separate rooms. It was reported that [REDACTED] woke her up at approximately at 6:00 a.m. and stated that [REDACTED] was not moving. [REDACTED] stated at that time she knew [REDACTED] was dead. According to [REDACTED] [REDACTED] died 5 minutes later from the time she cleaned her up. [REDACTED] was emotional so the interview was ended.



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: 05/18/2015	Contact Method: Face To Face
Contact Time: 05:15 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 09/24/2015
Completed date: 09/24/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/24/2015 12:12 PM Entered By: [REDACTED]

CPSI [REDACTED] conducted a private face to face interview with [REDACTED], age 13 at the family residence. [REDACTED] informed this CPSI that she was not home during the weekend of [REDACTED] death. CPSI [REDACTED] asked [REDACTED] if [REDACTED] has a history of illness or made complaints concerning an upset stomach and she stated no. [REDACTED] advised CPSI [REDACTED] that [REDACTED] has no prior history of stomach illness or complaints about her stomach that she has observed [REDACTED] also informed this CPSI that she has never observed [REDACTED] to display any strange behavior. CPSI [REDACTED] thanked [REDACTED] for her time and the interview was ended.



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: 05/18/2015	Contact Method: Face To Face
Contact Time: 05:00 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/22/2015
Completed date: 05/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/22/2015 03:58 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] conducted a private interview with the maternal cousin of [REDACTED], age 14. CPSI [REDACTED] introduced herself and CPSI [REDACTED] to [REDACTED] and stated the purpose of the visit. CPSI [REDACTED] asked [REDACTED] if she could tell investigators what happened during the weekend of the incident. According to [REDACTED] she does not remember details from the weekend. [REDACTED] reported that on 5/17/15, she witnessed [REDACTED] body on the floor and foaming at the mouth. CPSI [REDACTED] observed that [REDACTED] was extremely emotional during the interview. CPSI [REDACTED] and CPSI [REDACTED] discussed grief counseling with [REDACTED] and offered our condolence to her. CPSI [REDACTED] thanked [REDACTED] for her time and the interview was ended.



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: 05/18/2015	Contact Method: Face To Face
Contact Time: 04:45 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/22/2015
Completed date: 05/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/22/2015 03:33 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] conducted a private face to face interview with [REDACTED], age 16, maternal cousin of [REDACTED]. The interview was conducted privately upstairs in the bedroom of [REDACTED] and [REDACTED]. CPSI [REDACTED] introduced herself and CPSI [REDACTED] to [REDACTED] and asked to speak with him regarding the incident that occurred on 5/17/15. According to [REDACTED] came into his room and asked him for help with [REDACTED] reported that on 5/17/15 that he witnessed [REDACTED] laying on her back in front of the girl's bedroom door. He advised the investigator that on 5/16/15, [REDACTED] was acting playful as normal. [REDACTED] explained that on 5/16/15, [REDACTED] slept in his room and he witnessed her playing with a neighbor, [REDACTED] in his room. He reported that [REDACTED] said that her stomach was hurting. He advised his parents gave her medicine. [REDACTED] advised the investigator that [REDACTED] has no prior history of stomach illness or complaints about her stomach. CPSI [REDACTED] thanked [REDACTED] for his time and the interview was ended.



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: 05/18/2015	Contact Method: Phone Call
Contact Time: 04:40 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/22/2015
Completed date: 05/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/22/2015 03:45 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] conducted a private face to face interview with [REDACTED], age 16, maternal cousin of [REDACTED]. The interview was conducted privately upstairs in the bedroom of [REDACTED] and [REDACTED]. CPSI [REDACTED] introduced herself and CPSI [REDACTED] to [REDACTED] and asked to speak with him regarding the incident that occurred on 5/17/15. According to [REDACTED] on 5/15/15 he rode with his mother, Mrs. [REDACTED] to pick [REDACTED] up from [REDACTED] Elementary. [REDACTED] reported [REDACTED] was laughing and talking to him in the car on the way home from school. [REDACTED] also reported that on 5/15/15, [REDACTED] stated to him she felt a little sick. The investigator was advised that on the morning of 5/16/15, [REDACTED] came outside to play with the other children. [REDACTED] reported he also witnessed [REDACTED] talking and lying around on the couch downstairs. [REDACTED] explained that on the morning on 5/17/15, [REDACTED] was asleep in his room and [REDACTED] came into his room to wake [REDACTED] up because she urinated on herself. [REDACTED] informed [REDACTED] about feeling weak. According to [REDACTED] [REDACTED] appeared very weak and could barely move on her own. CPSI [REDACTED] asked [REDACTED] if [REDACTED] asked to go to the doctor and he reported no. [REDACTED] reported [REDACTED] did not complain a lot about hurting the weekend prior to her death. CPSI [REDACTED] thanked [REDACTED] for his time and the interview was ended.



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: 05/18/2015	Contact Method: Face To Face
Contact Time: 04:15 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/22/2015
Completed date: 05/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation, Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/22/2015 03:30 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] conducted a private face to face interview with [REDACTED], age 15. [REDACTED] is the brother of the alleged victim, [REDACTED] and resides in the same household. The interview was conducted in his bedroom located upstairs of the residence. CPSI [REDACTED] introduced herself and CPSI [REDACTED] to [REDACTED] and asked to speak with him regarding the incident that occurred on 5/17/15. According to [REDACTED] on 5/16/15 [REDACTED] was in his room twisting and asking him to rub her stomach. [REDACTED] reported that she told him that her stomach was hurting. [REDACTED] advised that on the evening of 5/16/15 he rubbed [REDACTED] stomach and then she laid on his back while he played video games on the floor. He explained that he was unable to remember the time regarding this incident that occurred on 5/16/15. CPSI [REDACTED] thanked [REDACTED] for his time and the interview was ended.



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: 05/18/2015	Contact Method:
Contact Time: 04:00 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/19/2015
Completed date: 05/19/2015	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: 05/19/2015 04:14 PM Entered By: [REDACTED]

This case is assigned to Investigator [REDACTED]. The case is being assigned on 05/18/2015. The allegation is neglect death. The alleged child victim is [REDACTED] age 10. The alleged perpetrator is [REDACTED]. Notification to the referent is none. The DA and Juvenile Court will be notified about the report according to policy.



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: 05/18/2015	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/22/2015
Completed date: 05/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2015 03:27 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] conducted a private face to face interview with [REDACTED], age 12, maternal cousin of [REDACTED]. CPSI [REDACTED] introduced herself and CPSI [REDACTED] to [REDACTED] and conducted a private interview upstairs a bedroom of the residence. [REDACTED] advised that the bedroom is shared by [REDACTED] and [REDACTED] who also that resides in the home. CPSI [REDACTED] asked [REDACTED] to describe in details what happened on the date of [REDACTED] death. [REDACTED] informed she was not at the residence on 5/16/15 and arrived back to the home on 5/17/15 at 1:00 a.m. from her cousin's house. [REDACTED] explained that [REDACTED] was asleep in the boy's room across the hall when she arrived home. According to [REDACTED] woke up at approximately 4:00 a.m. and walked into her room asking her for water. [REDACTED] advised that [REDACTED] appeared weak so she gave [REDACTED] a glass of water. [REDACTED] reported she later got into the shower at approximately 5:30 a.m. to prepare for church. [REDACTED] informed the investigator that at approximately 6:00 a.m., she recognized [REDACTED] was not awake or moving. [REDACTED] reported that [REDACTED] was lying face down on an air mattress with her face touching the floor and her body positioned on the air mattress. [REDACTED] explained she tried to wake up [REDACTED] but she did not respond. [REDACTED] reported she went downstairs to tell Mrs. [REDACTED]. CPSI [REDACTED] asked [REDACTED] if [REDACTED] was in the room alone. [REDACTED] advised that [REDACTED] was in the girl's room alone at the time of her death. CPSI [REDACTED] thanked [REDACTED] for her time and the interview was ended.



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: 05/18/2015	Contact Method:
Contact Time: 04:00 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 05/26/2015
Completed date: 05/26/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/26/2015 10:30 AM Entered By: [REDACTED]

Background checks were completed with the following results:

[REDACTED]:
 Drug Offender Registry: No records found
 TN Sex Offender Registry: No records found
 JSSI: Viol. Financial responsibility law
 Sheriff's Warrants: No records found

[REDACTED]:
 Drug Offender Registry: No records found
 TN Sex Offender Registry: No records found
 JSSI: Failure to pay county fine
 Violation of Vehicle Registration Law
 Aggravated Assault
 Fail to appear for booking/process
 Speeding
 Viol. Of Vehicle Registration Law
 No Driver's License
 Sheriff's Warrants: No records found

A TFACTS search was completed with the following results:

On February 5, 2009, Juvenile Court of [REDACTED] and [REDACTED] County awarded custody and guardianship to [REDACTED] and [REDACTED] for [REDACTED] and [REDACTED]

Household composition:

[REDACTED] (sister/legal guardian)
 [REDACTED] (legal guardian)
 [REDACTED] (maternal cousin)
 [REDACTED] (maternal cousin)
 [REDACTED] (maternal cousin)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] (maternal cousin)
[REDACTED] (ACV sister)
[REDACTED] (ACV brother)
[REDACTED] (ACV)
[REDACTED] (maternal cousin)
[REDACTED] (maternal cousin)

Narrative Type: Addendum 1 Entry Date/Time: 09/22/2015 05:06 PM Entered By: [REDACTED]

A TFACTS search was completed with no prior history of investigation or assessment cases.



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: 05/18/2015	Contact Method: Face To Face
Contact Time: 03:30 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/22/2015
Completed date: 05/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/22/2015 03:18 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] conducted a private face to face interview with [REDACTED] (legal guardian/sister). The interview took place in the living room area of the residence. CPSI [REDACTED] discussed with Mrs. [REDACTED] that the Department of Children's Services received a referral concerning the death of [REDACTED]. According to Mrs. [REDACTED] she picked [REDACTED] up from school and [REDACTED] informed that she had a stomach ache and that she had a bowel movement while at school. Mrs. [REDACTED] reported she gave [REDACTED] Children's Imodium A-D diarrhea medicine after arriving to the home that afternoon. Mrs. [REDACTED] advised [REDACTED] immediately vomited and was unable to keep the medicine down. Mrs. [REDACTED] informed that she observed the vomit and it contained pickles, nachos and food. CPSI [REDACTED] asked Mrs. [REDACTED] if she observed blood in the vomit and she reported no. Mrs. [REDACTED] explained that prior to this incident that other children in the home experienced illness from a stomach virus. Mrs. [REDACTED] reported that the stomach virus within the household occurred last week approximately on 5/11/15. CPSI Love asked Mrs. [REDACTED] if [REDACTED] was behaving strange during the days prior to her death. According to Mrs. [REDACTED] continued to vomit on 5/16/15 to 5/17/15. Mrs. [REDACTED] reported she observed [REDACTED] laying on the living room couch downstairs on 5/16/15 and [REDACTED] informed her that she was feeling better. Mrs. [REDACTED] also mentioned that she witnessed [REDACTED] playing with the other children on 5/16/15. Mrs. [REDACTED] reported that she observed [REDACTED] acting as her usual self but often saw her resting on the couch throughout that day. CPSI [REDACTED] asked Mrs. [REDACTED] to describe in details what happened the date of [REDACTED] death. Mrs. [REDACTED] advised that [REDACTED] maternal cousin, [REDACTED] came downstairs on the morning of 5/17/15 and told her that [REDACTED] was not breathing. Mrs. [REDACTED] reported that she is a Certified Nursing Assistant (CNA) and wanted give Cardio Pulmonary Resuscitation (CPR). Mrs. [REDACTED] advised she did not perform CPR on [REDACTED] because she observed that [REDACTED] chest was hard. Mrs. [REDACTED] asked the children to call 911. Investigators observed that Mrs. [REDACTED] was emotional throughout the interview, so they thanked her for her time and ended the interview.

Narrative Type: Addendum 1 Entry Date/Time: 05/22/2015 04:23 PM Entered By: [REDACTED]

CPSI [REDACTED] observed the home to have limited furniture. According to Mrs. [REDACTED] the family moved into the home 6 months ago prior to this incident. CPSI [REDACTED] observed the boy's room to have two mattresses on the bedroom floor. CPSI [REDACTED] also observed that the girl's bedroom did not have any furniture. Mrs. [REDACTED] advised that the children was sleeping on air mattresses but the mattresses recently busted and she threw them away. Mrs. [REDACTED] explained that some of the children sleep on the living room sofa and make pallets on the floor for sleeping.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Mrs. [REDACTED] told this CPSI that she is working on purchasing bedroom furniture for the home at this time.



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: 05/18/2015	Contact Method:
Contact Time: 03:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 09/22/2015
Completed date: 09/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/22/2015 12:29 PM Entered By: [REDACTED]

This CPSI discussed the initial paperwork with Ms. [REDACTED] and she signed the Acknowledgment of Receipt of the Client's Rights Handbook, Notification of Equal Access to Programs and Services and grievance Procedures, Native American Heritage Veto Verification, Authorization for Release of Information and HIPPA Protected Health Information to the Department of Children's Services and Notification of Release, HIPPA Notice of Privacy Practices- Client Acknowledgement and Authorization for release of Medical 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: 05/18/2015	Contact Method: Face To Face
Contact Time: 03:00 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/22/2015
Completed date: 05/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/22/2015 11:24 AM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] and CPSI [REDACTED] conducted a face to face interview at [REDACTED], the home of the legal guardian, [REDACTED] and [REDACTED]. When Investigators arrived at the residence, Investigators were greeted by Mr. [REDACTED]. CPSI [REDACTED] introduced herself and CPSI [REDACTED] to Mr. [REDACTED] and asked to speak with him in private. The interview was conducted in the living room area of the residence. CPSI [REDACTED] discussed with Mr. [REDACTED] that the Department of Children's Services received a referral regarding the death of [REDACTED] on 5/18/15. Mr. [REDACTED] reported that [REDACTED] arrived home from school, [REDACTED] Elementary and stated that she felt sick. Mr. [REDACTED] reported that [REDACTED] stated that she felt sick when she arrived home from school, [REDACTED] Elementary. Mr. [REDACTED] advised that [REDACTED] reported she ate a lot on candy, nachos and festival food on 5/15/15 at the school's May festival. According to Mr. [REDACTED] began vomiting on 5/15/15 and continued to vomit on 5/16/15. Mr. [REDACTED] reported that the vomit observed on 5/15/15 only consist of food. Mr. [REDACTED] explained that Mrs. [REDACTED] was planning to take [REDACTED] to the [REDACTED] Children's Hospital on 5/18/15. CPSI [REDACTED] thanked Mr. [REDACTED] for his time and the interview was ended.



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: 05/18/2015	Contact Method: Face To Face
Contact Time: 03:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 09/03/2015
Completed date: 09/03/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Initial ACV Face To Face	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/03/2015 03:29 PM Entered By: [REDACTED]

Deceased children are not required to be seen by DCS Case Managers per Department of Children's Services Work-Aid 2.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/18/2015	Contact Method: Attempted Face To Face
Contact Time: 03:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 09/24/2015
Completed date: 09/24/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Notation	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/24/2015 01:49 PM Entered By: [REDACTED]

The alleged perpetrator is unknown. There is no interview with the alleged perpetrator due to no identified alleged perpetrator. The preliminary medical report from the medical exam shows that it appears that the manner of death is a result of natural cause and not a result of neglect child death.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/18/2015	Contact Method: Phone Call
Contact Time: 02:15 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 05/26/2015
Completed date: 05/26/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Referent Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/26/2015 12:10 PM Entered By: [REDACTED]

This CPSI spoke to the referent via phone on 5/18/15. The referent informed this CPSI that [REDACTED] was found by her sister [REDACTED] at 5:17 a.m. on 5/17/2015. According to the referent, Mrs. [REDACTED] stated that [REDACTED] complained about her stomach hurting the whole weekend prior to her death. The referent informed this CPSI that [REDACTED] bowels were twisted. The referent was unable to explain what caused her bowels to twist.



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: 05/18/2015	Contact Method:
Contact Time: 02:00 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 05/22/2015
Completed date: 05/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/22/2015 08:48 AM Entered By: [REDACTED]

The department received a P1 referral on 5/18/15 with the allegation of Neglect Death naming [REDACTED] (age 9) as the ACV and naming the AP as unknown. It was reported that [REDACTED] was found unresponsive at 6:00 a.m. on the morning of 5/17/15. It was reported that Paramedics with [REDACTED] Fire Department responded to the residence of [REDACTED]. It was reported that a scene investigation was conducted by the Tennessee Regional Forensic Center and the [REDACTED] Police Department, and the decedent's remains were transported to Tennessee Regional Forensic Center for autopsy. It was reported that the cause/manner of death is pending at this time. The mother's name is [REDACTED]. According to the reporter, the decedent has a legal guardian who is named [REDACTED]. It was reported that [REDACTED] is also the decedent's sister. It was reported that a total of 7 children reside at the residence. It was also reported that the house has no furnishings. This case was assigned to CPSI [REDACTED] on 5/18/15.



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: 05/18/2015	Contact Method:
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/22/2015
Completed date: 09/22/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/22/2015 02:59 PM Entered By: [REDACTED]

A copy of the report will be forward to the AG and Judge through [REDACTED] County protocol.