



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 07/23/2015 07:24 PM [REDACTED]
Track Assigned: [REDACTED] Priority Assigned: [REDACTED]
Screened By: [REDACTED]
Date Screened: 07/24/2015

Intake has not been linked to an investigation

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: This child is in DCS custody

Family Case IDs: [REDACTED]

Note: in TFACTS, the child is listed as [REDACTED]

Open Court Custody: Yes, [REDACTED], CM and [REDACTED] Supervisor, [REDACTED] County/Full Guardianship

Open ICPC: Yes, [REDACTED] CM and [REDACTED] Supervisor

Closed Court Custody No

Open: No

Substantiated: None

Death: No

Number of Screen Outs: 5



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History (not listed above): Yes

8-5-2014/ASMT [REDACTED] PHA/No Services Needed/10-14-2014

11-27-2012/SIU [REDACTED] SEE/AU,PU/2-22-2013

7-27-2012/SIU [REDACTED] /LOS, Administrative Closure & SEE, AU, PU/10-16-2012

6-30-2011/INV [REDACTED] /PHA, SEE [REDACTED] for PHA and unknown AP for the SEE/AU, PU/9-8-2011

County: [REDACTED]

Notification: Email

School/ Daycare: in facility

Native American Descent: none known

Directions: None

Reporter's name/relationship: [REDACTED]

Reporter states:

****THE CHILD IS IN DCS CUSTODY****

[REDACTED] (17) is in [REDACTED] DCS state custody out of [REDACTED] County. He has been residing at [REDACTED] since 5/20/2015.

[REDACTED] committed suicide tonight 7/23/2015. He went in his room and "snuck" into the bathroom; he had not been in the bathroom very long. It was time to go to dinner and after dinner his roommate (name unknown) found [REDACTED] with a shoe string around his neck "hanging in the bathroom"; it is unknown what he was hanging from. The roommate had gone in the room a couple times before dinner and [REDACTED] was still in the bathroom at that time. The roommate just thought that [REDACTED] was using the bathroom. Staff also went in the room and spoke with the roommate while [REDACTED] was in the bathroom and assumed [REDACTED] was using the bathroom also.

[REDACTED] was pronounced dead at 6:07 PM [REDACTED] EMS, Law Enforcement, Forensics, and the coroner have been notified and are at the facility currently. There were 18 children and 6 staff on that unit, which is over ratio by law at the time of the incident.

The [REDACTED] DCS Case Manager is [REDACTED] [REDACTED] in [REDACTED]. Her phone number is desk [REDACTED] and work cell is [REDACTED]. The referent attempted to contact [REDACTED] but was unable to reach her regarding this incident.

[REDACTED], the Joint Commission and local services have not yet been notified regarding this incident. The referent stated that they would all be notified in the morning via phone call.

Note: The referent needed to get off the phone because forensic personnel needed to speak with them. The referent stated if someone needs to call them it is fine to do so.

Special Needs or Disabilities: none but has been in a psychiatric facility.

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

Perpetrator's location at this time: N/A

Any other safety concerns for the child(ren) or worker who may respond: N/A

Domestic Violence present in the home: N/A

Per SDM: SIU Track, P1. This is a Child Death. [REDACTED] CM2 on 7/23/2015 at 8:05 PM.

[REDACTED] 07-23-15 09:55:06 PM [REDACTED] 07-23-15 09:57:13 PM [REDACTED] Received
RA [REDACTED] was also notified by [REDACTED].

[REDACTED] SS On Call was paged regarding this report. This report has been staffed with [REDACTED] [REDACTED] and



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is being held for approval by Dr. [REDACTED] on 07/23/15 @ 10:00 PM.

Screen out - The alleged child victim does not reside in [REDACTED]. This information has been referred to the state where the child is located. The abuse occurred in [REDACTED]. Report is being faxed to [REDACTED] Local CPS Intake, Director for [REDACTED] and [REDACTED], Intake Director for [REDACTED] [REDACTED] per phone calls made to both [REDACTED] by Director [REDACTED]. This screen out has been approved by Dr. [REDACTED].

Information in this report is being emailed to CM [REDACTED] and Supervisor [REDACTED] due to their open Court Custody case [REDACTED]. This information is also being emailed to CM [REDACTED] and Supervisor [REDACTED] due to their open ICPC case [REDACTED] [REDACTED] TL on 7-24-15 @ 12:40 pm

Notified Child Death Group via email: [REDACTED]

RA [REDACTED] was also copied on the notification email.



**Tennessee Department of Children's Services
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Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race: White

Age: Deceased

Address: [REDACTED]

Deceased Date: 07/23/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
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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]
 Referral Date: 08/14/2015
 Street Address: [REDACTED]
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]
 Assignment Date: 08/17/2015

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Abuse Death	Unknown, Unknown	[REDACTED]	Unable to Complete	Yes	[REDACTED] 08/18/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed
 Comments:

D. Case Workers

Case Worker: [REDACTED] Date: 08/18/2015
 Team Leader: [REDACTED] Date: 08/18/2015

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:

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

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

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

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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 Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/18/2015 Contact Method: Attempted Face To Face
 Contact Time: 02:45 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/18/2015
 Completed date: 08/18/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 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: 08/18/2015 11:48 AM Entered By: [REDACTED]

A referral for ACV [REDACTED] was received on 7/23/2015. [REDACTED] was in [REDACTED] custody but passed away at [REDACTED] in [REDACTED] where he had resided since 5/20/2015. Because the death occurred outside the state, [REDACTED] DCS lacks jurisdiction over the case. An investigation is being opened solely for the purpose of capturing data related to the death in the Child Death / Near Death Application, which requires an Investigation ID and allegation for every death to be present in TFACTS. This investigation will be closed with a classification of Unable to Complete due to lack of jurisdiction.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/17/2015 Contact Method:
 Contact Time: 10:26 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/17/2015
 Completed date: 08/17/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

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

A referral for ACV [REDACTED] was received on 7/23/2015. [REDACTED] was in [REDACTED] DCS custody but passed away at [REDACTED] in [REDACTED] where he had resided since 5/20/2015. Because the death occurred outside the state, [REDACTED] DCS lacks jurisdiction over the case. An investigation is being opened solely for the purpose of capturing data related to the death in the Child Death / Near Death Application, which requires an Investigation ID and allegation for every death to be present in TFACTS. This investigation will be closed with a classification of Unable to Complete due to lack of jurisdiction.



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Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/17/2015 Contact Method: Other
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/19/2015
 Completed date: 08/19/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Good Faith Effort, Initial ACV Face To Face
 Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/19/2015 09:42 AM Entered By: [REDACTED]

A referral for ACV [REDACTED] was received on 7/23/2015. [REDACTED] was in [REDACTED] DCS custody but passed away at [REDACTED] in [REDACTED] where he had resided since 5/20/2015. Because the death occurred outside the state, [REDACTED] DCS lacks jurisdiction over the case. An investigation is being opened solely for the purpose of capturing data related to the death in the Child Death / Near Death Application, which requires an Investigation ID and allegation for every death to be present in TFACTS. This investigation will be closed with a classification of Unable to Complete due to lack of jurisdiction.