



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 12/25/2015 09:15 AM [REDACTED]
Track Assigned: [REDACTED] Priority Assigned:
Screened By: [REDACTED]
Date Screened: 12/25/2015

Intake has not been linked to an investigation

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	17 Yrs	Abuse Death	Yes	Unknown Participant [REDACTED]	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address:
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: E-mail

Narrative: ****THIS CHILD IS IN DCS CUSTODY****

Family Case IDs: [REDACTED] (No Results Returned)

Open Court Custody/FSS/FCIP Yes. 08/13/2015. CM [REDACTED] TL [REDACTED]

Closed Court Custody Yes. Begin date:10/07/2014. End date: 04/21/2015. [REDACTED] CM

Number of Screen Outs: 0

History (not listed above): No

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

Reporter's name/relationship: [REDACTED]

Reporter states:



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

****THIS CHILD IS IN DCS CUSTODY****

██████████ (17) lives with ██████████ (mother/37) and ██████████ (father/40) in ██████████

Note: ██████████ was on a trial home visit with either his biological mother ██████████ or biological father ██████████. The home visit started on 12/17/15. The referent was notified in an email and by the discharge CFTM notes that ██████████ was on a trial visit with ██████████ but TFACTS stated that ██████████ was on a home visit with ██████████. It is believed that the home visit was going well.

The referent states that she received a report this morning from her team leader ██████████ stating that yesterday (12/24/15) ██████████ left his residence without permission from either ██████████ or ██████████ and was killed in a car accident. The time of the car accident is unknown. ██████████ friend (name unknown) was in the car accident as well. It is unknown if ██████████ friend survived. The circumstances surrounding the car accident is unknown. The extents of ██████████ injuries are unknown at this time. It is unknown if ██████████ was driving the car. It is unknown if ██████████ or his friend were under the influence. It is believed that the car incident occurred in ██████████ County. It is believed that Law Enforcement was notified, but did not report it because they did not know that ██████████ was in DCS custody. The referent did not have information about Law Enforcement that arrived on scene. It is unknown if an autopsy is going to be performed.

It is unknown as to where ██████████ and ██████████ were when the car accident occurred. It is unknown if ██████████ and ██████████ have been interviewed or what they said about the car accident. It is unknown if there are any other children in the home at this time. There have been no previous instances of a child dying or suffering serious injuries in the home. It is unknown if there are any known patterns of abuse in the home. It is not believed that ██████████ or ██████████ had history with Law Enforcement. It is not believed that Law Enforcement has responded to the home previously. ██████████ had law enforcement history because he was arrested for burglary and failed for marijuana on a drug test while on probation, which led him to go into DCS Custody. ██████████ frequently used marijuana. It is unknown as to when ██████████ last used marijuana. It is unknown if ██████████ was under the influence of marijuana at the time of the car accident. ██████████ was a drug screened a week ago and was clean. The referent did not know further information about ██████████ marijuana usage. It is not believed that ██████████ and ██████████ had drug and alcohol issues. It is unknown if anyone in the home has any mental issues. It is not believed that there were domestic violence present in the home.

The referent had no further details.

██████████ case manager is ██████████.

██████████ TFACTS ID number is ██████████ ██████████ TFACTS ID number is ██████████ and ██████████ TFACTS ID number is ██████████

Special Needs or Disabilities: No

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: No

Domestic Violence present in the home: No

Per SDM: Investigative Track, P1. ██████████ on 12/25/15 @ 10:28 AM.

This intake was reviewed by ██████████ ██████████ and ██████████ and approved for screen out. Screen out, does not meet the definition of abuse or neglect as established by Tennessee Law and Rules. ██████████ TL on 12/25/15 @ 1:20 PM.



**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: Race: Age: 37 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Unable to [REDACTED] Age: 17 Yrs

Address: [REDACTED] [REDACTED] [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 40 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

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: 01/27/2016
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 01/28/2016

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] 01/28/2016

C. Disposition Decision

Disposition Decision:
 Comments:

D. Case Workers

Case Worker: [REDACTED] Date: 01/28/2016
 Team Leader: [REDACTED] Date: 01/28/2016

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: 01/28/2016 Contact Method:
 Contact Time: 09:55 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/28/2016
 Completed date: 01/28/2016 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/28/2016 09:58 AM Entered By: [REDACTED]

ACV: [REDACTED]
 Intake #: [REDACTED]

A referral for ACV [REDACTED] was received on 12/25/2015 [REDACTED] was on a trial home visit, which began on 12/17/2015. On 12/24/2015, [REDACTED] was killed in a motor vehicle accident. The incident does not meet the definition of abuse or neglect as established by Tennessee Law and Rules. 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 for every death to be present in TFACTS. Once this information is successfully captured, the investigation will be closed with a classification of Unable to Complete due to the absence of an abuse or neglect allegation.