



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 12/31/2015 10:17 AM [REDACTED]
Track Assigned: [REDACTED] Priority Assigned:
Screened By: [REDACTED]
Date Screened: 12/31/2015

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: ****The child is in DCS custody

Family Case IDs: Yes [REDACTED]

Open Court Custody/FSS/FCIP: Yes
Begin date: 7-25-15 / [REDACTED] / SS / re: [REDACTED] / TL, [REDACTED] and CM, [REDACTED]
Begin date: 12-30-15 / [REDACTED] / SS / re: [REDACTED]
Begin date: 4-1-14 / [REDACTED] / JJ / re: [REDACTED]
Begin date: 5-13-15 / [REDACTED] / SS / re: [REDACTED]
Begin date: 4-1-14 / [REDACTED] / JJ / re: [REDACTED] / TL, [REDACTED] and CM, [REDACTED]
Begin date: 12-5-95 / [REDACTED] / SS / re: [REDACTED] TL, [REDACTED] and CM, [REDACTED]
Begin date: 12-18-14 / [REDACTED] / SS / re: [REDACTED] / TL, [REDACTED] and CM, [REDACTED]
Begin date: 7-14-15 / [REDACTED] / SS / re: [REDACTED] / TL, [REDACTED] and CM, [REDACTED]



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Closed Court Custody: Yes

[REDACTED] / End date: 12-28-09 / re: [REDACTED]
 [REDACTED] / End date: 6-24-96 / re: [REDACTED]
 [REDACTED] / End date: 12-28-09 / re: [REDACTED]
 [REDACTED] / End date: 9-18-95 / re: [REDACTED]
 [REDACTED] / End date: 12-28-09 / re: [REDACTED]
 [REDACTED] / End date: 11-6-06 / re: [REDACTED]
 [REDACTED] / End date: 11-29-01 / re: [REDACTED]
 [REDACTED] / End date: 1-19-06 / re: [REDACTED]
 [REDACTED] / End date: 7-9-13 / re: [REDACTED]
 [REDACTED] / End date: 6-15-07 / re: [REDACTED]
 [REDACTED] / End date: 3-6-99 / re: [REDACTED]
 [REDACTED] / End date: 7-9-96 / re: [REDACTED]
 [REDACTED] / End date: 3-19-96 / re: [REDACTED]
 [REDACTED] / End date: 6-4-08 / re: [REDACTED]
 [REDACTED] / End date: 7-4-07 / re: [REDACTED]

Open: No

Substantiated: Yes

Begin date: Not provided (TFACTS error) / [REDACTED] / Investigation / DEC / Allegation and Perpetrator
 Substantiated / AP, [REDACTED] / ACV, [REDACTED] / End date: Not provided (TFACTS error)

Begin date: Not provided (TFACTS error) / [REDACTED] / Investigation / PHA / AP's, [REDACTED] and [REDACTED]
 [REDACTED] / ACV, [REDACTED] / End date: Not provided (TFACTS error)

Death: No

Number of Screen Outs: Yes [REDACTED]

History (not listed above): Yes

Begin date: Not provided (TFACTS error) / [REDACTED] / SIU / AP's, [REDACTED] and [REDACTED]
 [REDACTED] / ACV, [REDACTED] / LOS and PHA / Allegation and Perpetrator Unsubstantiated / End date
 (Not provided (TFACTS error))

Begin date: 3-5-10 / [REDACTED] / Assessment / EDN and ENN / EDN No Services Needed and ENN Services
 Recommended and Accepted / AP's [REDACTED] and [REDACTED] / ACV's, [REDACTED] and [REDACTED]
 [REDACTED] / End date: 3-23-10

Begin date: 2-10-09 / [REDACTED] / Investigation / SEE / Allegation and Perpetrator Unsubstantiated / AP,
 [REDACTED] and [REDACTED] / ACV's, [REDACTED] and [REDACTED] / End
 date: 5-2-09

Begin date: Not provided (TFACTS error) / [REDACTED] / Investigation / DEC / Allegation and Perpetrator
 Unsubstantiated / AP, [REDACTED] / ACV, [REDACTED] / End date: Not provided (TFACTS error)

Pending: No

Awaiting Screening: No

Submitted: No

Sex Offender Registry: N/A

County: [REDACTED]
 Notification: Email
 School/ Daycare: N/A



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Native American Descent: No but the paternal grandmother [REDACTED] tried to say the child had Native American descent but Judge [REDACTED] ruled that the family was not active members of a Native American Tribe. It is unknown at the time of this call what Tribal Affiliation the grandmother was trying to identify with.

Directions: [REDACTED] resided with her foster father at [REDACTED]. The contact number there is [REDACTED].

Reporter's name/relationship: [REDACTED]

Reporter states: ****The child is in DCS custody

[REDACTED] lived with her foster father, [REDACTED] (60), in [REDACTED] County. The foster mother, [REDACTED], passed away on Tuesday, December 29, 2015. [REDACTED] and [REDACTED] home was a non-relative placement for [REDACTED].

[REDACTED] came into custody in February 2015, because her mother, [REDACTED] (17), was in custody. [REDACTED] surrendered her parental rights to [REDACTED] in July 2015, specific date unknown but believed to be around July 22. [REDACTED] is in DCS custody. [REDACTED] is currently placed in a non-relative foster home in [REDACTED]. [REDACTED] address and phone number are not known at the time of this phone call. [REDACTED] DCS worker is [REDACTED]. [REDACTED] personal cell phone number is [REDACTED].

[REDACTED] father's name is [REDACTED] (15). [REDACTED] is currently residing at [REDACTED] in [REDACTED]. [REDACTED] has been on state probation and his worker is [REDACTED]. [REDACTED] came into DCS custody yesterday. [REDACTED] will be assigned a new worker because he came into DCS custody as Social Services (SS) yesterday. [REDACTED] is aware of [REDACTED] death and will be informing [REDACTED] today. [REDACTED] personal cell phone number is [REDACTED].

[REDACTED] and his daughter-in-law [REDACTED] (last name unknown) transported [REDACTED] to [REDACTED] on Monday, December 28, 2015, because [REDACTED] was having trouble breathing and she was congested. [REDACTED] was admitted to [REDACTED] on Monday, December 28, 2015. It is unknown who examined [REDACTED] at the hospital. [REDACTED] was diagnosed with RSV. It is unknown if [REDACTED] was diagnosed with anything else, but [REDACTED] has had a heart valve issue since birth. [REDACTED] diagnosis regarding this issue is unknown at the time of this phone call. [REDACTED] was being treated for her heart condition by [REDACTED] (Name/Contact information). [REDACTED] primary care physician is through [REDACTED]. Their contact number is [REDACTED]. [REDACTED] was discharged from [REDACTED] around 5:30 p.m. last night, Wednesday, December 30, 2015. [REDACTED] went home with [REDACTED] (DOB/age unknown). [REDACTED] was at the hospital when [REDACTED] was discharged but he has not had contact with [REDACTED] since that time. [REDACTED] was providing [REDACTED] for [REDACTED]. [REDACTED] contact number is [REDACTED]. [REDACTED] address is unknown at the time of this call.

[REDACTED] has six (6) children living in her home: three (3) foster children and three (3) adoptive children. [REDACTED] (age approximately: 3) is the only name known at the time of this call of the foster children. The other two (2) children are female twins, approximately five (5) to six (6) months in age. [REDACTED] and the twins are in DCS custody and their case worker is [REDACTED]. [REDACTED] contact phone number is [REDACTED]. [REDACTED] (age approximately: 10/11), [REDACTED] (age approximately: 8), and [REDACTED] (age approximately: 5/pronounced [REDACTED]) are [REDACTED] adoptive children. [REDACTED] husband, [REDACTED] (DOB/age unknown), also lives in the home.

[REDACTED] reportedly put [REDACTED] down around 1 a.m. this morning. [REDACTED] reported that she checked on [REDACTED] around 6 a.m. and [REDACTED] was fine. When [REDACTED] checked on [REDACTED] around 8 a.m., [REDACTED] was not breathing. [REDACTED] started CPR and called EMS. Detective [REDACTED] from the [REDACTED] County Sheriff's Department responded to the scene. Detective [REDACTED] can be reached at [REDACTED]. [REDACTED] County EMS transported [REDACTED] to [REDACTED] Regional Hospital. It is unknown who examined [REDACTED] at [REDACTED] Regional, but there were no report of injuries. It is unknown who pronounced [REDACTED] dead. It is unknown what time [REDACTED] was pronounced dead. The cause of death is currently unknown, but it is not believed that [REDACTED] was abused and/or neglected. [REDACTED] is going to be sent to [REDACTED] for an autopsy. An autopsy has



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not been completed at this time. Forensic Medical will be completing the autopsy, but it is unknown who at Forensic Medical is going to complete the autopsy. It is unknown if there have been any physical abuse reports regarding [REDACTED] home. It is unknown if there were any witnesses, but it is suspected that the other children in the home may be.

It is unknown where [REDACTED] was sleeping. It is unknown what type of bed [REDACTED] was sleeping in.

[REDACTED] was interviewed by law enforcement but it is unknown who interviewed her. Photos have been taken of the scene.

It is unknown if there are any known patterns of abuse. It is unknown if there has been law enforcement involvement in the home. It is unknown if there is drug use, alcohol use, or mental health issues in the home. It is unknown if there is domestic violence in the home.

Special Needs or Disabilities: [REDACTED] had a heart valve condition and RSV
 Child's current location/is the child safe at this time: En route to [REDACTED] for autopsy
 Any other safety concerns for the child(ren) or worker who may respond: No
 Domestic Violence present in the home: None

Per SDM: SIU P1 - [REDACTED] CM3, on 12-31-15 at 1:21 p.m. Override, based on additional information received from the county, screen out. Does not meet the definition of abuse or neglect as established by [REDACTED] Law and Rules. Screen out approved by [REDACTED] and [REDACTED], CM3, on 12-31-15 at 4:23 p.m.

SIU notified via MIR3

[REDACTED] - Time Issued: 01:23:17 PM // Completed: 01:23:52 PM

Email sent to [REDACTED]

Email sent to TL, [REDACTED] and CM, [REDACTED] regarding open court case (ID # [REDACTED])
 Email sent to TL, [REDACTED] and CM, [REDACTED] regarding open court case (ID # [REDACTED])
 Email sent to Director, [REDACTED] TC, [REDACTED] TC, [REDACTED] and FC, [REDACTED] regarding child in custody/congregate care.



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Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: Deceased

Address:

Deceased Date: 12/28/2015

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:



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Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 60 Yrs (Est)

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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 16 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: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 3 Yrs (Est)

Address:

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:

Participant 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: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 11 Yrs (Est)

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: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 8 Yrs (Est)

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: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 5 Yrs (Est)

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:

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: Deceased

Address: [REDACTED]

Deceased Date: 12/31/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

Contact: [REDACTED]

Contact Type: HOME

Contact Comments: Foster Care Placement

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 17 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]
 Referral Date: 01/27/2016
 Street Address: [REDACTED]
 City/State/Zip: [REDACTED]

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:



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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/28/2016	Contact Method:
Contact Time: 09:45 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 09:50 AM Entered By: [REDACTED]
 ACV: [REDACTED]
 Intake #: [REDACTED]

A referral for ACV [REDACTED] was received on 12/31/2015. [REDACTED] was found unresponsive on the morning of 12/31/2015. She was transported to [REDACTED] Hospital, where she was pronounced deceased the same day. [REDACTED] had been diagnosed with Respiratory Syncytial Virus (RSV) and had a heart valve issue since birth. The circumstances related to the death do not meet the definition of abuse or neglect as established by [REDACTED] 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.