



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2013.092

Intake #:		Investigation #:	██████████	Date of Referral:	11/01/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH		Date of Death/Near Death:	10/31/2013	
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Mother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

Describe (in detail) circumstances surrounding death/near death:

██████████ was riding his bike at approximately 9:00PM on October 31, 2013 at night at the ██████████ housing projects. A power line was knocked down by a tree and ██████████ came in contact with the live wire and was electrocuted. The mother, ██████████ was at a friend's home where she had been staying at nearby. ██████████ was with the mother's best friend, ██████████ son trick or treating. The other child is approximately six years old. There were numerous adults outside of the home at the time of the incident.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:		Telephone #	() -
Street Address:		City/State/Zip:	

Describe (in detail) interview with family:

CPSI ██████████ contacted Detective ██████████ of Youth Services Division of ██████████ Police Department who is assigned to the ██████████ death case. Det. ██████████ stated that he interviewed the mother earlier today and she stated she was in the home at the time of the incident and ██████████ was with her best friend, ██████████ Det. ██████████ stated that Ms. ██████████ was at a friend's home on ██████████ at the time of the incident and had been staying there for approximately a week. Det. ██████████ also interviewed ██████████ who stated her son who is six years old came running in the home a little after 9:00PM and ran directly upstairs. Ms. ██████████ asked her son what was wrong because she thought he had gotten in trouble outside or something. At that time her son told her something happened to ██████████ At that time she went outside and seen all the individuals at the scene of the incident and ██████████ under the power line. Det. ██████████ stated that he believes the child was on his bike and ran into the line Det. ██████████ stated that while at the scene he observed the area to be not well lit and the power line to be rather small. Det. ██████████ believes that the six year old child witnessed ██████████ get electrocuted and it scared him so he ran home. The power line when observed at the scene was draping across the sidewalk. Det. ██████████ stated that he observed the two year old in her mother's care earlier in the day. Det. ██████████ stated that Ms. ██████████ has a child that is sixteen years old in the custody of an aunt and a ten year old and thirteen year old in the care of a friend, ██████████

CPSI ██████████ interviewed the mother, ██████████ at her home on October 31, 2013 regarding her son, ██████████ death. According to Ms. ██████████ she had been going back and forth between her home and her best friend, ██████████ home. Ms. ██████████ stated that her son was trick or treating with Ms. ██████████ six year old son. Ms. ██████████ stated that her son checked in with her approximately two – five minutes before the incident occurred. ██████████ was riding a bike and was suppose to circle around and come back to his mother. Ms. ██████████ stated she was inside at the time of the actual incident. Ms. ██████████ stated she started hearing a lot of commotion outside. At that time her nephew, ██████████ came and told her that ██████████ was under wires. Ms. ██████████ stated she immediately ran to her son and at that time the ambulance was pulling up. The ambulance had to use a piece of wood to remove the wire from her son. CPSI ██████████ asked Ms. ██████████ if she had any other children. Ms. ██████████ stated she has three older children that she had while in DCS custody as a minor. Ms. ██████████ has a fifteen year old daughter that is in her aunt's custody. A thirteen year old and ten year old who is in the custody of Ms. ██████████ former foster parent, ██████████ CPSI ██████████

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

CS-0635, Rev. 08/13

RDA 2993

Page 1

Intake #:		Investigation #:		Date of Referral:	11/01/2013
-----------	--	------------------	--	-------------------	------------

asked Ms. [redacted] about any current substance abuse. Ms. [redacted] admitted to using Marijuana last night after she left the hospital after her son was pronounced dead. Ms. [redacted] also stated that she had been drinking alcohol today and last night. CPSI [redacted] asked Ms. [redacted] if she would take a drug screen. Ms. [redacted] was initially willing to complete the drug screen but was advised not to take the screen by her family. Ms. [redacted] signed the refusal form for the drug screen. CPSI [redacted] asked Ms. [redacted] about services for the family. Ms. [redacted] stated she would be interested in grief counseling immediately. Ms. [redacted] stated she currently takes medication for depression that is prescribed by her primary care physician because she recently had a miscarriage that was triplets. Ms. [redacted] stated she has gone to [redacted] before and would be willing to work with them again. Ms. [redacted] currently has TN Care insurance. Ms. [redacted] has a strong support unit from her family and is a member of the [redacted]

CPSI [redacted] interviewed [redacted] nephew of [redacted] on October 31, 2013 regarding the death of [redacted]. According to Mr. [redacted] he does not feel that this was an accident, he feels that [redacted] Electric Service is to blame. A call was made at approximately 6:00PM by individuals in the neighborhood about the tree and power line being down and they allegedly stated they were on their way. Earlier in the evening [redacted] and his friend had been at the local church at a trick or trunk. There were adults outside throughout the community as it was Halloween. There were allegedly adults and family's walking all around the power line and no one knew it was even down there. It was dark and there is not good lighting in that area. When [redacted] rode through on his bike he did not see the line and it wrapped around his bike and him. Mr. [redacted] feels that the moisture in the air and condensation made the electrical line basically attach to [redacted] body. Mr. [redacted] stated when he witnessed that it was [redacted] under the power line he immediately when to get [redacted] the mother of [redacted]

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

Describe disposition of body (Death):	Body was not observed by CPSI				
Name of Medical Examiner/Coroner:	Examine unknown at this time	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes			
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes		
Type:		Case #:			

Describe law enforcement or court involvement, if applicable:
 There was no law enforcement at the time of the incident. Youth Services division is currently conducting an investigation regarding the death.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):
 CPSI is contacting the mother to develop an appropriate safety plan.

Name: [redacted]	Age: 2
Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
02/20/2008	[redacted]	Lack of Supervision, Nutritional Neglect,	[redacted]	[redacted]	Unable to Complete

Intake #:		Investigation #:	██████████	Date of Referral:	11/01/2013	Case # 2013.092
		and Drug Exposed Child				
05/26/2004	██████████	Drug Exposed Infant	██████████ ██████████	██████████ ██████████		Allegation Indicated/ Perpetrator Indicated
/ /						
/ /						
/ /						
/ /						
/ /						
Any media inquiry or is attention expected?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	List organizations requesting information:		
Contact Person/Phone Number(s) (include CM, TL, and TC):						
Contact Person:			Telephone Number: () -			
Case Manager: ██████████ ██████████			Telephone Number: ██████████			
Team Leader: ██████████ ██████████			Telephone Number: ██████████			
Team Coordinator: ██████████ ██████████			Telephone Number: ██████████			
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>Email to: Child-Fatality-Notification EI-DCS within forty-eight (48) hours of notification Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</p>						



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 11/01/2013 01:50 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 11/01/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned: 11/01/2013 10:21 AM
 First Team Leader Assigned: [REDACTED] Date/Time: 11/01/2013 12:00 AM
 First Case Manager: [REDACTED] Date/Time: 11/01/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	9 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

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: Letter
 Narrative: TFACTS: Child is not in DCS custody
 Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Indicated 6/8/04/# [REDACTED] DEI [REDACTED]
 Fatality No
 Screened out 1



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

History (not listed above):

4/11/08/# [REDACTED] LOS/NUN/DEC/Unable to Complete

DUPLICATE REFERRAL: (No)

County: [REDACTED]
Notification: (Letter)
School/ Daycare: (Unknown)
Native American Descent: (No)
Directions: (None)

Reporters name/relationship: [REDACTED]

Note: All address information is located under the oldest child victims name

Reporter states [REDACTED] is not in DCS custody. [REDACTED] (9) and [REDACTED] (2) live with [REDACTED] their mother. It is also believed the mother has three other children who do not reside with her. There is no information known about the three other children.

[REDACTED] Police became involved with the family on October 31, 2013, in response to a call about a death. 911 had initially received a call about a child who happened to be [REDACTED] being injured at 9:30 p.m. on October 31, 2013. According to what the reporter was told, [REDACTED] was outside with a friend the night of October 31, 2013, and came into contact with a power line. It is being reported a tree was knocked down causing a power line to fall. [REDACTED] came into contact with the fallen power line. It is believed [REDACTED] was out with the friend for at least a couple of hours Trick-o- Treating. [REDACTED] was pronounced deceased at [REDACTED] Childrens Hospital at 10:01 p.m. [REDACTED] body is still at [REDACTED] Childrens Hospital.

Law enforcement has not been able to make contact with the mother as she left the hospital before an officer arrived. It was reported the mother left her home with her brother. No information was provided about the brother. The mothers whereabouts are unknown at this time. It is believed [REDACTED] is at her home. An officer spoke with [REDACTED] the mothers sister. [REDACTED] said the mother was visiting with a friend at the time of the accident involving [REDACTED] [REDACTED] can be reached at [REDACTED] which is also the mothers cell phone.

The police are still investigating the accident involving [REDACTED] There is no other information known about this matter at this time.

No special needs or disabilities are known.

There are no known safety concerns for the case manager.

Per SDM: Investigative Track, P1. [REDACTED] CM 3 @ 2:50am on 11-1-13

Recipients	Time Issued	Response Received	Devices	Responses	Received
[REDACTED]	11-01-13 03:43:14 AM CDT	11-01-13 03:43:54 AM CDT			[REDACTED]

EI_DCS_Child_Death_or_Near_Death_Notification Group notified @ 3:46am on 11-1-13: [REDACTED]



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



Also CC the RA , 



**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: Black/African

Age: 2 Yrs 6 Mos (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 9 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 28 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

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: 11/01/2013

Assignment Date: 11/01/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 01/18/2014
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/18/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being assessed and closed as allegation unsubstantiated/ perpetrator unsubstantiated for the allegation of Neglect Death as the death was accidental. The allegation of lack of supervision is being assessed as allegation substantiated/ perpetrator substantiated due to [REDACTED] [REDACTED] being alone on a bike at 9:00PM on Halloween night.

D. Case Workers

Case Worker: [REDACTED]

Date: 01/18/2014

Team Leader: [REDACTED]

Date: 01/18/2014

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:

10/31/13- [REDACTED] [REDACTED] passed away on December 31, 2013 and was never observed or interviewed by CPSI [REDACTED]

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

11/1/13- CPSI [REDACTED] contacted Detective [REDACTED] [REDACTED] of Youth Services Division of [REDACTED] Police Department who is assigned to the [REDACTED] [REDACTED] death case. Det. [REDACTED] stated that he interviewed the mother earlier today and she stated she was in the home at the time of the incident and [REDACTED] was with



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

Case Name : ██████████ ██████████

Investigation ID: ██████████

her best friend, ██████████ Det. ██████████ stated that Ms. ██████████ was at a friends home on ██████████ at the time of the incident and had been staying there for approximately a week. Det. ██████████ also interviewed ██████████ who stated her son who is six years old came running in the home a little after 9:00PM and ran directly upstairs. Ms. ██████████ asked her son what was wrong because she thought he had gotten in trouble outside or something. At that time her son told her something happened to ██████████ At that time she went outside and seen all the individuals at the scene of the incident and ██████████ under the power line. Det. ██████████ stated that he believes the child was on his bike and ran into the line Det. ██████████ stated that while at the scene he observed the area to be not well lit and the power line to be rather small. Det. ██████████ believes that the six year old child witnessed ██████████ get electrocuted and it scared him so he ran home. The power line when observed at the scene was draping across the sidewalk. Det. ██████████ stated that he observed the two year old in her mothers care earlier in the day. Det. ██████████ stated that Ms. ██████████ has a child that is sixteen years old in the custody of an aunt and a ten year old and thirteen year old in the care of a friend, ██████████ ██████████

11/5/13- CPSI ██████████ TL ██████████ Det. ██████████ and Sgt. ██████████ attended a meeting with Dr. ██████████ (Medical Examiner) on November 5, 2013 to discuss the death of ██████████ According to Dr. ██████████ there were burns observed on ██████████ arms and that is believed to be where the electrical current entered and exited his body. It is believed ██████████ death was almost instant because the electrical current paralyzed his heart. There were several burns observed on his clothing, legs, and hands. There were no concerning marks or bruises noted that were not related to the accident.

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

11/1/13- CPSI ██████████ interviewed the mother, ██████████ at her home on November 1, 2013 regarding her son, ██████████ death. According to Ms. ██████████ she had been going back and forth between her home and her best friend, ██████████ home. Ms. ██████████ stated that her son was trick or treating with Ms. ██████████ six year old son. Ms. ██████████ stated that her son checked in with her approximately two five minutes before the incident occurred. ██████████ was riding a bike and was suppose to circle around and come back to his mother. Ms. ██████████ stated she was inside at the time of the actual incident. Ms. ██████████ stated she started hearing a lot of commotion outside. At that time her nephew, ██████████ came and told her that ██████████ was under wires. Ms. ██████████ stated she immediately ran to her son and at that time the ambulance was pulling up. The ambulance had to use a piece of wood to remove the wire from her son. CPSI ██████████ asked Ms. ██████████ if she had any other children. Ms. ██████████ stated she has three older children that she had while in DCS custody as a minor. Ms. ██████████ has a fifteen year old daughter that is in her aunts custody. A thirteen year old and ten year old who is in the custody of Ms. ██████████ former foster parent, ██████████ CPSI ██████████ asked Ms. ██████████ about any current substance abuse. Ms. ██████████ admitted to using Marijuana last night after she left the hospital after her son was pronounced dead. Ms. ██████████ also stated that she had been drinking alcohol today and last night. CPSI ██████████ asked Ms. ██████████ if she would take a drug screen. Ms. ██████████ was initially willing to complete the drug screen but was advised not to take the screen by her family. Ms. ██████████ signed the refusal form for the drug screen. CPSI ██████████ asked Ms. ██████████ about services for the family. Ms. ██████████ stated she would be interested in grief counseling immediately. Ms. ██████████ stated she currently takes medication for depression that is prescribed by her primary care physician because she recently had a miscarriage that was triplets. Ms. ██████████ stated she has gone to ██████████ before and would be willing to work with them again. Ms. ██████████ currently has TN Care insurance. Ms. ██████████ has a strong support unit from her family and is a member of the ██████████

11/13/13- CPSI ██████████ interviewed the mother, ██████████ on November 13, 2013 regarding services to be completed by Ms. ██████████ CPSI ██████████ asked for Ms. ██████████ to complete a mental health evaluation through ██████████ CPSI ██████████ also asked Ms. ██████████ to complete an A & D assessment with ██████████ CPSI ██████████ asked Ms. ██████████ if she was currently doing any type of grief counseling. Ms. ██████████ stated she is not currently doing counseling but is willing to do whatever she has to do in order for her daughter to return to her care.



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

Case Name : ██████████ ██████████

Investigation ID: ██████████

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

11/1/13- CPSI ██████████ interviewed, ██████████ nephew of ██████████ on November 1, 2013 regarding the death of ██████████. According to Mr. ██████████ he does not feel that this was an accident, he feels that ██████████ Electric Service is to blame. A call was made at approximately 6:00PM by individuals in the neighborhood about the tree and power line being down and they allegedly stated they were on their way. Earlier in the even ██████████ and his friend had been at the local church at a trick or trunk. There were adults outside throughout the community as it was Halloween. There were allegedly adults and familys walking all around the power line and no one knew it was even down there. It was dark and there is not good lighting in that area. When ██████████ rode through on his bike he did not see the line and it wrapped around his bike and him. Mr. ██████████ feels that the moisture in the air and condensation made the electrical line basically attach to ██████████ body. Mr. ██████████ stated when he witnessed that it was ██████████ under the power line he immediately when to get ██████████ the mother of ██████████

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

Autopsy Report and Medical Records

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] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2014

Contact Method:

Contact Time: 02:50 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/23/2014

Completed date: 01/23/2014

Completed By: [REDACTED] [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: 01/23/2014 02:55 PM Entered By: [REDACTED] [REDACTED]

Case is being closed as Unsubstantiated for Neglect Death and substantiated for Lack of Supervision. Case is being transferred to long term.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/21/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/21/2014

Completed date: 01/21/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/21/2014 09:28 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] observed [REDACTED] [REDACTED] at the WIC office on January 24, 2014. [REDACTED] [REDACTED] was with her mother at the office. [REDACTED] was appropriately dressed and did not show any outward signs of abuse or neglect.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/18/2014 Contact Method:
 Contact Time: 11:20 AM Contact Duration: Less than 15
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/18/2014
 Completed date: 01/18/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/18/2014 11:24 AM Entered By: [REDACTED] [REDACTED]

This case is being assessed and closed as allegation unsubstantiated/ perpetrator unsubstantiated for the allegation of Neglect Death as the death was accidental. The allegation of lack of supervision is being assessed as allegation substantiated/ perpetrator substantiated due to [REDACTED] [REDACTED] being alone on a bike at 9:00PM on Halloween night.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/18/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/18/2014

Completed date: 01/18/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/18/2014 11:34 AM Entered By: [REDACTED] [REDACTED]

A release of information was faxed to [REDACTED] Children's Hospital so medical records can be obtained for the day of the accident/death of [REDACTED] [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/17/2014

Contact Method: Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/18/2014

Completed date: 01/18/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/18/2014 09:08 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] contacted [REDACTED] [REDACTED] by phone on January 17, 2014 to speak to her about her attendance at [REDACTED]. According to Ms. [REDACTED] she missed one day because the car broke down so she has now contacted transportation so they can take her to class. Ms. [REDACTED] states she missed five days when she was in the hospital and five days when she was not allowed to come because of her medication. Ms. [REDACTED] stated she was thirty minutes late on time but was told that was okay. CPSI [REDACTED] asked Ms. [REDACTED] to continue attending class so that she can complete the program.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/16/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/18/2014

Completed date: 01/18/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/18/2014 09:04 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received a report from [REDACTED] [REDACTED] with [REDACTED] Health Services on January 16, 2014. The report states that [REDACTED] [REDACTED] has been sporadic with her attendance therefore her new date of completion is 1/29/14. It is also states that Ms. [REDACTED] is arriving an hour late when she does attend. Ms. [REDACTED] states that Ms. [REDACTED] is at risk or being discharged.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/13/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/18/2014

Completed date: 01/18/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/18/2014 11:30 AM Entered By: [REDACTED] [REDACTED]

Medical Records were received from [REDACTED] on January 13, 2014 for [REDACTED] [REDACTED]. The primary diagnosis given for [REDACTED] is Posttraumatic Stress Disorder, Chronic and the Secondary is Bereavement. Ms. [REDACTED] has been recommended for individual therapy and medication evaluation.



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: 01/08/2014

Contact Method: Face To Face

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 12:51 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at court on January 8, 2014 and completed a drug screen on [REDACTED] while at court. Ms. [REDACTED] tested positive for Marijuana and admitted to CPSI [REDACTED] that she recently smoked when her sister had a horrible car accident and her cousin died. CPSI [REDACTED] encouraged Ms. [REDACTED] to continue going to [REDACTED] and NA meetings. CPSI [REDACTED] informed Ms. [REDACTED] that the case would have to be transferred to long term and a meeting will be held in a couple of weeks so that Ms. [REDACTED] could meet with her new worker. CPSI [REDACTED] scheduled a homevisit to see [REDACTED] for Friday January 10, 2014.



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: 01/08/2014 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Court Hearing
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 09:46 AM Entered By: [REDACTED]

Settlement hearing was held on January 8, 2014 for the [REDACTED] case. The IPA was dissolved at court and the case will be reviewed in sixty days to monitor the mother's progress. The next court date for this case is March 7, 2013 at 1:00PM before Magistrate [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2014

Contact Method:

Contact Time: 02:01 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/07/2014

Completed date: 01/07/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/07/2014 01:11 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] faxed a release of information to [REDACTED] so that medical records for [REDACTED] [REDACTED] can be obtained. CPSI [REDACTED] faxed a release of information to the Medical Examiners office so that the autopsy report for [REDACTED] [REDACTED] can be obtained.



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: 01/03/2014

Contact Method: Phone Call

Contact Time: 10:48 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/07/2014

Completed date: 01/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2014 10:45 AM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED] on January 3, 2014. Ms. [REDACTED] stated that she just had her first appointment at [REDACTED] and it was difficult for her because they discussed [REDACTED] and the events of his death. CPSI [REDACTED] encouraged Ms. [REDACTED] to speak about the death of her son and continue going to [REDACTED]. Ms. [REDACTED] stated that [REDACTED] is going well and she will be graduating in about two weeks. Ms. [REDACTED] has been attending NA classes as often as she can since she does not have transportation. CPSI [REDACTED] stated that Ms. [REDACTED] is doing well with her services. CPSI [REDACTED] reminded Ms. [REDACTED] that court is on January 8, 2014.



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:	01/02/2014	Contact Method:	Correspondence
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/09/2014
Completed date:	01/09/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 12:47 PM Entered By: [REDACTED]

CPSI [REDACTED] received a fax on January 2, 2013 from [REDACTED] Health Services. The report states that [REDACTED] has been compliant with the IOP program and her tentative discharge date is 1/14/13. [REDACTED] has been attending and participating on a regular basis. [REDACTED] is showing proof of attending 12 step meetings.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/18/2013 Contact Method: Phone Call
 Contact Time: 03:50 PM Contact Duration: Less than 15
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 10:52 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] contacted [REDACTED] and informed her that she has to go back to her class at [REDACTED] as soon as possible or she will be discharged. Ms. [REDACTED] stated that [REDACTED] told her she could not attend class for a week because of her prescription but she intends on attending class this evening.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/18/2013	Contact Method:	Phone Call
Contact Time:	03:40 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/09/2014
Completed date:	01/09/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 10:50 AM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED] with [REDACTED] Health Services on December 18, 2013. Ms. [REDACTED] was calling to inform CPSI [REDACTED] that if [REDACTED] was unable to return to class that day or atleast by Monday she will be discharged from the program. Ms. [REDACTED] explained to CPSI [REDACTED] that after three unexcused absents they have to discharge the individual. CPSI [REDACTED] stated she will be in contact with Ms. [REDACTED] immediately to inform her that she has to be at class.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/17/2013 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 12:44 PM Entered By: [REDACTED] [REDACTED]

This CPSI presented this case at CPIT and the team agreed with classification of AUPU. This case won't be prosecuted. See CPIT form attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/12/2013

Contact Method: Phone Call

Contact Time: 03:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 11:06 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED] [REDACTED] on December 12, 2013. Ms. [REDACTED] stated that [REDACTED] [REDACTED] has been placed on Medical Leave from the IOP program until she is off her current medication. The absents for this week will all be excused. Ms. [REDACTED] is not allowed to attend the program while she is taking Opiates even if they are prescribed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/11/2013

Contact Method: Phone Call

Contact Time: 02:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 11:00 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] contacted [REDACTED] [REDACTED] to check on the status of her sister, [REDACTED] [REDACTED] Ms. [REDACTED] stated that [REDACTED] was released from the hospital today and she intends to be at class this evening. CPSI [REDACTED] provided Ms. [REDACTED] contact information for [REDACTED] [REDACTED] and told her to have [REDACTED] contact her as soon as possible.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/11/2013

Contact Method: Phone Call

Contact Time: 01:55 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2014 10:56 AM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED] with [REDACTED] Health Services on December 11, 2013. According to Ms. [REDACTED] she has been unable to get in contact with Ms. [REDACTED] using the phone number Ms. [REDACTED] provided. Ms. [REDACTED] stated that if she is not contacted by Ms. [REDACTED] immediately she will be discharged from the IOP program. CPSI [REDACTED] explained that Ms. [REDACTED] has been in the hospital because of a blood clot in her lung. CPSI [REDACTED] also explained that Ms. [REDACTED] phone is a minute phone and she often runs out of minutes. CPSI [REDACTED] stated she will contact family members to check on the status of Ms. [REDACTED] and ask Ms. [REDACTED] to contact Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/05/2013

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2014 11:09 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED] [REDACTED] on December 5, 2013. Ms. [REDACTED] stated that her sister, [REDACTED] [REDACTED] has a blood clot in her lung and is currently hospitalized. [REDACTED] is currently in the hospital at [REDACTED] and it is unknown when she will be released because she may require surgery. CPSI [REDACTED] asked that Ms. [REDACTED] contact [REDACTED] to inform them of her condition if possible or CPSI [REDACTED] will contact them. CPSI [REDACTED] asked that Ms. [REDACTED] keep CPSI [REDACTED] updated on Ms. [REDACTED] condition.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/03/2013 Contact Method: Face To Face
 Contact Time: 11:30 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Notation,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 11:17 AM Entered By: [REDACTED]

CPSI [REDACTED] completed a homevisit on December 3, 2013. CPSI [REDACTED] observed [REDACTED] at the safety placement, [REDACTED] home. [REDACTED] was playing with CPSI [REDACTED] and sitting in her lap during the visit.

The safety placement agreement was renewed and signed on December 3, 2013 and is now valid until January 3, 2014.

CPSI [REDACTED] spoke with Ms. [REDACTED] who was visiting her daughter, [REDACTED] at the time. Ms. [REDACTED] stated she is attending grief counseling through a hospice group that her aunt was familiar with. Ms. [REDACTED] stated she has an appointment with [REDACTED] on [REDACTED] on Friday December 6, 2013. Ms. [REDACTED] stated that she is doing well at this time and so is [REDACTED]

This CPSI explained the Native American Heritage Veto Verification, Client Rights Handbook, Notification of Equal Access, HIPPA Notice of Privacy Practices and Release of Information forms to the family. The forms were signed and a copy of the Client Rights, Notification of Equal Access, and HIPPA were provided to the family. A release of information was also completed for all family members. Originals attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/02/2013 Contact Method: Face To Face
 Contact Time: 08:30 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Court Hearing
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 01:19 PM Entered By: [REDACTED]

Appearance hearing was held on December 2, 2013 before Magistrate [REDACTED] was assigned as attorney and the GAL is [REDACTED] The case is set for settlement on January 8, 2014 before Magistrate [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/21/2013 Contact Method: Correspondence
 Contact Time: 11:15 AM Contact Duration: Less than 05
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Collateral Contact, Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 11:22 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received a fax from [REDACTED] Health Services on November 21, 2013 that stated [REDACTED] [REDACTED] completed an A & D Assessment on November 20, 2013 and she was recommended to complete IOP substance abuse treatment. [REDACTED] [REDACTED] is scheduled to start the program on December 2, 2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/13/2013

Contact Method: Phone Call

Contact Time: 10:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 01:14 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] [REDACTED] by phone on November 13, 2013 regarding the services that need to be completed. CPSI [REDACTED] asked Ms. [REDACTED] to complete an A & D Assessment at [REDACTED] Health Services, go to [REDACTED] to get a mental health evaluation, and begin attending grief counseling. Ms. [REDACTED] stated that once her sons funeral is over and everything she will get started on services and healing.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/11/2013 Contact Method: Attempted Face To Face
 Contact Time: 09:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation,Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 01:03 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] and Det. [REDACTED] had a forensic interview scheduled for the child that was with [REDACTED] [REDACTED] the night of the accident. The child's mother, [REDACTED] [REDACTED] refused to attend the forensic interview or allow her child to be interviewed.



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: 11/05/2013

Contact Method: Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/09/2014

Completed date: 01/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2014 12:59 PM Entered By: [REDACTED]

CPSI [REDACTED] TL [REDACTED] Det. [REDACTED] and Sgt. [REDACTED] attended a meeting with Dr. [REDACTED] (Medical Examiner) on November 5, 2013 to discuss the death of [REDACTED]. According to Dr. [REDACTED] there were burns observed on [REDACTED] arms and that is believed to be where the electrical current entered and exited his body. It is believed [REDACTED] death was almost instant because the electrical current paralyzed his heart. There were several burns observed on his clothing, legs, and hands. There were no concerning marks or bruises noted that were not related to the accident.



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: 11/03/2013 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: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 01:43 PM Entered By: [REDACTED]

CPSI [REDACTED] met with the family on November 3, 2013 and completed the safety placement agreement between [REDACTED] and the department. [REDACTED] will be residing in the home with [REDACTED] while her mother [REDACTED] completes services. [REDACTED] can have supervised visits with her daughter.

CPSI [REDACTED] observed [REDACTED] home to be in good condition. The expedited placement summary was completed with Ms. [REDACTED] CPSI [REDACTED] completed a drug screen on [REDACTED] and she was negative for all substances.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/02/2013 Contact Method: Phone Call
 Contact Time: 04:50 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 01:37 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] made contact with [REDACTED] [REDACTED] by phone on November 2, 2013 at 4:50PM. CPSI [REDACTED] informed Ms. [REDACTED] that a safety placement needed to be put into place for [REDACTED] CPSI [REDACTED] asked Ms. [REDACTED] if there were any family member or friends that could pass all background checks and care for [REDACTED] Ms. [REDACTED] offered her sister [REDACTED] [REDACTED] and provided all necessary information so that back ground checks could be completed. CPSI [REDACTED] scheduled a meeting at [REDACTED] home on November 3, 2013 at [REDACTED] [REDACTED] home. CPSI [REDACTED] was advised by TL [REDACTED] and TC [REDACTED] not to meet with the family after dark.

Ms. [REDACTED] expressed during the conversation that she feels like she is being harassed by the department and blamed for her son's death. Ms. [REDACTED] stated she has too much going on at this time to continue to be bothered by the department. CPSI [REDACTED] apologized for any inconvenience and ensured Ms. [REDACTED] that the department just wants to ensure [REDACTED] safety.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/02/2013 Contact Method: Attempted Face To Face
 Contact Time: 01:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 01:25 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] looked up the obituary article for [REDACTED] [REDACTED] at 10:30AM on November 2, 2013 to see if funeral arrangements were announced but no times were listed.

CPSI [REDACTED] attempted to contact [REDACTED] [REDACTED] by phone on November 2, 2013 at 12:15PM, 12:20PM, and 1:00PM all attempts were unsuccessful and multiple numbers were attempted. C

CPSI [REDACTED] attempted a homevisit at 1:30PM on November 2, 2013 at the grandmother's address and no one was present at the home.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/01/2013 Contact Method:
 Contact Time: 06:55 PM Contact Duration: Less than 05
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/01/2013
 Completed date: 11/01/2013 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/01/2013 08:13 PM Entered By: [REDACTED] [REDACTED]

This CPSI completed and submitted the Notice of Child Fatality/Near Fatality. The hard copy of the form will be included in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/01/2013 Contact Method: Attempted Face To Face
 Contact Time: 06:45 PM Contact Duration: Less than 05
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/09/2014
 Completed date: 01/09/2014 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2014 01:21 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted a homevisit on November 1, 2013 to complete a safety placement agreement with [REDACTED] [REDACTED] CPSI [REDACTED] went to the grandmother's home where [REDACTED] resides and was told by the grandmother that [REDACTED] was not home and she has not heard from her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/01/2013

Contact Method: Face To Face

Contact Time: 01:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/01/2013

Completed date: 11/01/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/01/2013 08:14 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] interviewed, [REDACTED] nephew of [REDACTED] on October 31, 2013 regarding the death of [REDACTED]. According to Mr. [REDACTED] he does not feel that this was an accident, he feels that [REDACTED] Electric Service is to blame. A call was made at approximately 6:00PM by individuals in the neighborhood about the tree and power line being down and they allegedly stated they were on their way. Earlier in the even [REDACTED] and his friend had been at the local church at a trick or trunk. There were adults outside throughout the community as it was Halloween. There were allegedly adults and familys walking all around the power line and no one knew it was even down there. It was dark and there is not good lighting in that area. When [REDACTED] rode through on his bike he did not see the line and it wrapped around his bike and him. Mr. [REDACTED] feels that the moisture in the air and condensation made the electrical line basically attach to [REDACTED] body. Mr. [REDACTED] stated when he witnessed that it was [REDACTED] under the power line he immediately when to get [REDACTED] the mother of [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/01/2013

Contact Method: Face To Face

Contact Time: 01:20 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/01/2013

Completed date: 11/01/2013

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/01/2013 08:22 PM Entered By: [REDACTED]

CPSI [REDACTED] observed [REDACTED] at her home on November 1, 2013. [REDACTED] was appropriately dressed in her with Halloween costume. CPSI [REDACTED] interacted with [REDACTED] by allowing her to write on some of CPSI [REDACTED] paper while CPSI [REDACTED] spoke with her mother, [REDACTED]. CPSI [REDACTED] observed that [REDACTED] is not very verbal for a two year old child. CPSI [REDACTED] will follow up with services like TEIS to address the concerns of [REDACTED] development.



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: 11/01/2013 Contact Method: Face To Face
 Contact Time: 01:15 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/01/2013
 Completed date: 11/01/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/01/2013 08:16 PM Entered By: [REDACTED]

CPSI [REDACTED] interviewed the mother, [REDACTED] at her home on October 31, 2013 regarding her son, [REDACTED] death. According to Ms. [REDACTED] she had been going back and forth between her home and her best friend, [REDACTED] home. Ms. [REDACTED] stated that her son was trick or treating with Ms. [REDACTED] six year old son. Ms. [REDACTED] stated that her son checked in with her approximately two five minutes before the incident occurred. [REDACTED] was riding a bike and was suppose to circle around and come back to his mother. Ms. [REDACTED] stated she was inside at the time of the actual incident. Ms. [REDACTED] stated she started hearing a lot of commotion outside. At that time her nephew, [REDACTED] came and told her that [REDACTED] was under wires. Ms. [REDACTED] stated she immediately ran to her son and at that time the ambulance was pulling up. The ambulance had to use a piece of wood to remove the wire from her son. CPSI [REDACTED] asked Ms. [REDACTED] if she had any other children. Ms. [REDACTED] stated she has three older children that she had while in DCS custody as a minor. Ms. [REDACTED] has a fifteen year old daughter that is in her aunts custody. A thirteen year old and ten year old who is in the custody of Ms. [REDACTED] former foster parent, [REDACTED] CPSI [REDACTED] asked Ms. [REDACTED] about any current substance abuse. Ms. [REDACTED] admitted to using Marijuana last night after she left the hospital after her son was pronounced dead. Ms. [REDACTED] also stated that she had been drinking alcohol today and last night. CPSI [REDACTED] asked Ms. [REDACTED] if she would take a drug screen. Ms. [REDACTED] was initially willing to complete the drug screen but was advised not to take the screen by her family. Ms. [REDACTED] signed the refusal form for the drug screen. CPSI [REDACTED] asked Ms. [REDACTED] about services for the family. Ms. [REDACTED] stated she would be interested in grief counseling immediately. Ms. [REDACTED] stated she currently takes medication for depression that is prescribed by her primary care physician because she recently had a miscarriage that was triplets. Ms. [REDACTED] stated she has gone to [REDACTED] before and would be willing to work with them again. Ms. [REDACTED] currently has TN Care insurance. Ms. [REDACTED] has a strong support unit from her family and is a member of the [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/01/2013 Contact Method: Phone Call
 Contact Time: 12:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/01/2013
 Completed date: 11/01/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/01/2013 08:18 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted Detective [REDACTED] of Youth Services Division of [REDACTED] Police Department who is assigned to the [REDACTED] death case. Det. [REDACTED] stated that he interviewed the mother earlier today and she stated she was in the home at the time of the incident and [REDACTED] was with her best friend, [REDACTED]. Det. [REDACTED] stated that Ms. [REDACTED] was at a friends home on [REDACTED] at the time of the incident and had been staying there for approximately a week. Det. [REDACTED] also interviewed [REDACTED] who stated her son who is six years old came running in the home a little after 9:00PM and ran directly upstairs. Ms. [REDACTED] asked her son what was wrong because she thought he had gotten in trouble outside or something. At that time her son told her something happened to [REDACTED]. At that time she went outside and seen all the individuals at the scene of the incident and [REDACTED] under the power line. Det. [REDACTED] stated that he believes the child was on his bike and ran into the line. Det. [REDACTED] stated that while at the scene he observed the area to be not well lit and the power line to be rather small. Det. [REDACTED] believes that the six year old child witnessed [REDACTED] get electrocuted and it scared him so he ran home. The power line when observed at the scene was draping across the sidewalk. Det. [REDACTED] stated that he observed the two year old in her mothers care earlier in the day. Det. [REDACTED] stated that Ms. [REDACTED] has a child that is sixteen years old in the custody of an aunt and a ten year old and thirteen year old in the care of a friend, [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/01/2013

Contact Method:

Contact Time: 01:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/01/2013

Completed date: 11/01/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/01/2013 08:11 PM Entered By: [REDACTED] [REDACTED]

The Department of Childrens Services received the referral on November 1, 2013 and this CPSI received the referral on November 1, 2013 as a response priority 1 regarding Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/31/2013

Contact Method: Face To Face

Contact Time: 10:01 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/01/2013

Completed date: 11/01/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/01/2013 08:09 PM Entered By: [REDACTED] [REDACTED]

[REDACTED] [REDACTED] was pronounced deceased at [REDACTED] Children's Hospital on October 31, 2013 at approximately 10:01PM after being electrocuted by a down power line while riding his bike. CPSI [REDACTED] did not observe the body of [REDACTED] [REDACTED]