



**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: 04/24/2013

Assignment Date: 04/25/2013

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			
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			10/30/2013
2	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			10/30/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Case investigated and closed as AUPU.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 10/30/2013

Team Leader: [REDACTED]

Date: 10/30/2013

**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:**

ACV [REDACTED] was unable to be interviewed due to this being a neglect death case. ACV [REDACTED] was deceased when this referral was received.

**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)?**

AP [REDACTED] was not present at the residence when ACV [REDACTED] passed away and was at work. The alleged perpetrator for the allegation of neglect death was unknown.

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



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

ACV [REDACTED] was a neglect death case. ACV [REDACTED] sister [REDACTED] is receiving counseling services.

Distribution Copies: Juvenile Court in All Cases  
District Attorney in Severe Child Abuse Cases  
Regional Supervising Attorney



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 04/24/2013 12:12 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 04/24/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 04/24/2013 06:58 PM  
First Team Leader Assigned: [REDACTED] Date/Time 04/24/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 04/24/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Lack of Supervision	Yes	[REDACTED]	Birth Father
[REDACTED]	1 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: Yes

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: Yes (2)

Prior INV/ASMT of Neglect: No

Open: ASMT # [REDACTED] (DEC) 4/1/13 (CM: [REDACTED])

Duplicate Referral: No

County: [REDACTED]  
Notification: None



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

School/ Daycare: None  
Native American Descent: None  
Directions: None

Reporters name/relationship: [REDACTED] / [REDACTED] County CPS

NOTE: Address and any applicable phone numbers are listed under the oldest child victim.

Reporter states:

[REDACTED] (4) and [REDACTED] (1) are in the primary custody of the birth mother, [REDACTED] but the children visit with their birth father, [REDACTED] every other week.

CM [REDACTED] currently has an open CPS case with this family. It was reported that CM [REDACTED] was attempting to complete a home visit, and she was notified by someone, no further details given, that [REDACTED] had been killed the previous day. Neither the family nor the medical center notified DCS about the incident.

Yesterday, [REDACTED] was in [REDACTED] custody. While [REDACTED] was with [REDACTED] an unknown person at the residence backed his vehicle over the child. [REDACTED] was taken to [REDACTED] Medical Center yesterday. It is believed he was pronounced deceased at [REDACTED] Medical Center.

At this time, the medical records have been requested.

It was reported that [REDACTED] was also in [REDACTED] custody at that time. At this time, it is not known where [REDACTED] is located.

Once the fatality protocol is complete, [REDACTED] location will be confirmed.

CPS is currently addressing this incident.

Per SDM: Investigative Track - P1 (Child Fatality)

[REDACTED] TL, on 4/24/13 @ 1:26pm

Notified Fatality/Near Fatality Notification Group via Email:

[REDACTED]



**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: Unable to

Age: 4 Yrs

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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 24 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 28 Yrs

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: Yes

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: [REDACTED] Race: Unable to [REDACTED] Age: 1 Yrs

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

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:** Unknown Participant [REDACTED] Unknown

**Gender:**

**Date of Birth:**

**Participant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**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:**



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**A. Investigation**

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Investigation ID: [REDACTED]

Referral Date: 04/24/2013

Assignment Date: 04/25/2013

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			
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]		Yes	
2	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown			Yes	

**C. Disposition Decision**

Disposition Decision:

Comments:

**D. Case Workers**

Case Worker:

Date:

Team Leader:

Date:

**E. Investigation Summary**

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**Case Name :** [REDACTED]

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

**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: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED].

Recorded For:

Location:

Created Date: 09/09/2013

Completed date: 09/09/2013

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: 09/09/2013 12:04 PM      Entered By: [REDACTED]

Case conference was held on this date with CPSI. Child fatality, case was reviewed with CPIT today but wanted to wait a couple of more days to see if the AP was going to be formally charged. The AP did have some marijuana and small amount of alcohol in his system which may be enough to charge.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/25/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/07/2013

Completed date: 08/07/2013

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: 08/07/2013 01:25 PM      Entered By: [REDACTED]

Case conference was held on this date with CPSI. Child fatality. The autopsy has just been completed and obtained by CPSI. Childs fathers friend accidentally ran over the child. The case will be closed as AIPU.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/17/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/17/2013

Completed date: 06/17/2013

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: 06/17/2013 02:28 PM      Entered By: [REDACTED]

Case conference was held on this date with CPSI. Child fatality. The BAC test has been done on the AP and charges against the AP are being discussed. The autopsy results havent gotten back. The father will be referred to grief counseling.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/23/2013

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED].

Recorded For:

Location:

Created Date: 05/29/2013

Completed date: 05/29/2013

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: 05/29/2013 11:55 AM      Entered By: [REDACTED]

Case conference was held on this date with CPSI. Child fatality. A BAC test has been done on the AP and waiting on results. The autopsy results have gotten back. The father will be referred to grief counseling and there is an open case on the living child in [REDACTED]. Services for the mother and living child will be addressed in the open [REDACTED] County case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/26/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2013

Completed date: 05/14/2013

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: 05/14/2013 11:20 AM      Entered By: [REDACTED]

Case conference was held on this date with CPSI. CPSI will interview living child and mother today. Deceased child was run over by car that Dad's best friend was driving while pulling out of the driveway. Autopsy is pending. The child was at the paternal grandparents home at the time of incident. Child fatality report has been completed and submitted.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/21/2013

Completed date: 06/21/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/21/2013 09:33 AM      Entered By: [REDACTED]

CPSA to talk to [REDACTED] with her to see if [REDACTED] saw what happened to [REDACTED] [REDACTED] stated that she saw the van run over [REDACTED] and [REDACTED] did not cry. She appeared to be very scared discussing what happened to [REDACTED] with her mother and CPSA. CPSA attempted to comfort [REDACTED] with his along with [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2013

Contact Method: Attempted Face To Face

Contact Time: 12:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/21/2013

Completed date: 06/21/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/21/2013 09:42 AM      Entered By: [REDACTED]

ACV [REDACTED] was unable to be seen f2f due to this being a child fatality case. CPSI [REDACTED] learned from Det. [REDACTED] that ACV [REDACTED] body had been sent for an autopsy.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/24/2013

Contact Method: Phone Call

Contact Time: 12:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Provider Office

Created Date: 06/21/2013

Completed date: 06/21/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/21/2013 09:40 AM      Entered By: [REDACTED]

CPSI [REDACTED] convened CPIT on this case by contacting Det. [REDACTED] with the [REDACTED] County Sheriff's Department by phone.

Narrative Type: Addendum 1      Entry Date/Time: 06/21/2013 09:43 AM      Entered By: [REDACTED]

This documentation occurred on 4/25/13 but was wrongfully documented as occurring on 4/24/13.



Tennessee Department of Children's Services  
**Notice of Child Fatality/Near Fatality**

Investigation #:	██████████	Date of Notification:	04/24/20 13	Date of Death/ Incident:	04/23/2013
Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY			
Child' Name:	██████████	DOB:	██████████	TFACTS #	██████████
Gender:	Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>	Race/Ethnicity:	White (No	County/Region:	██████████
Parent's Name(s):	Mother: ██████████	Father:	██████████		
Was child in custody at time of incident?	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Adjudication:			
If child is in DCS custody, list placement type and name:					
Describe (in detail) cause or circumstance regarding the death/injury: ██████ was at the home of his paternal grandparents, ██████ and ██████. His parents are currently separated, and this is the residence that ██████ and his older sibling reside at while in their father's care. The father was not home at the time of the fatality. ██████ was left in the care of his Grandmother ██████. At the home were also, ██████ paternal uncle ██████ (employee of the grandparents), and an unknown employee of the grandparents. ██████ and his sister were outside playing with the unknown employee's two children. ██████ and the unknown employee were unloading drywall from a company van owned by the paternal grandparents. Once this task was completed, Paternal Grandmother when into the home to retrieve her car keys in order to take Paternal Uncle ██████ home. At that time, employee ██████ got into the van, started it and put it in reverse. It is unknown if ██████ was playing behind the van or if he ran behind the van. He was run over by the van tire, causing severe damage to his skull. He was transported by ambulance to ██████ Hospital in ██████. He was pronounced dead on arrival by the attending physician.					
Describe (in detail) interview with family: CPSCA ██████ has made contact with both parents and ensured the safety of ██████ sister. ██████ father was not home at the time of the incident and was only able to relay the information that was given to him by his family and law enforcement. The mother was not with the child at the time of the incident. She was contacted earlier on this date (4/24/13) by CPSCA ██████ in order to schedule a home visit and relayed the information about the accident to CPSCA ██████.					
If child was hospitalized, describe (in detail) DCS involvement during hospitalization: ██████ was transported to ██████ Hospital in ██████ by ambulance. He was pronounced dead on arrival at the hospital.					
Describe disposition of body (Fatality):	Police reports with on scene photographs and sketches are not available at this time. The preliminary hospital report states that ██████ suffered severe injuries to the right side of his skull resulting in flattening of the skull, broken teeth and possible bite marks to his tongue. No other injuries to his body were found.				
Name of Medical Examiner or Coroner:	██████████ M.D. and Dr. ██████	Was autopsy requested?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Did CPS open an investigation on this Fatality/Near Fatality?	Open <input checked="" type="checkbox"/>	Closed <input type="checkbox"/>			
Was there an open investigation at the time of Fatality/Near Fatality?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			
If so, describe (in detail) law enforcement or court involvement: There was one open case on this family at the time of this fatality (investigation # ██████) with allegations of Drug Exposed Child. There was no court or law enforcement involvement in that case. The current fatality is being investigated by Investigator ██████.					

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

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RDA 2993  
 Page 1

Alleged perpetrator and relationship to child: Family Friend/Coworker, [REDACTED]	
Describe (in detail) action taken to ensure safety of other children (list names and ages of children) and or victim (Near Fatality) (attach safety plan, if applicable):	
[REDACTED] (4), contact has been made with the family and safety of this child has been ensured. She is under direct supervision of family at this time. As this preliminarily appears to have been an accident, a safety plan has not been completed at this point.	
Prior DCS involvement, include dates, findings, and/or adjudications:	
Open Assessment on 03/29/2013 # [REDACTED] with allegations of Drug Exposed Child. There was no court or law enforcement involvement in that case. It is being classified as Services Recommended and Accepted as the mother is working an Non Custodial Permanency Plan with CPSA [REDACTED]	No other cases on these children have been brought to the attention of DCS.
Has there been any media inquiry or is attention expected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Contact Person/Phone Number(s) (include CM, TL, and TC):	[REDACTED] CPSA [REDACTED] [REDACTED] TL [REDACTED] [REDACTED] TC [REDACTED]
ATTACH a copy of the <u>TFACTS Incident Report</u> or Form <u>CS-0496, Serious Incident Report</u> to this notice if TFACTS is inoperable:	Yes <input type="checkbox"/> No <input type="checkbox"/>

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]