



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 06/04/2013 10:35 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 06/04/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 06/04/2013 11:56 AM
First Team Leader Assigned: [REDACTED] Date/Time 06/04/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 06/04/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	16 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS: No History Found (based on the information provided by the referent)

County: [REDACTED]
Notification: Letter
School/ Daycare: Unknown
Native American Descent: Unknown
Directions: None

Reporters name/relationship: [REDACTED]

Reporter states:
[REDACTED] (15) is believed to be residing with his mother (name unknown).



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

Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** White **Age:** 16 Yrs
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:
Unknown
Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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:



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: 06/04/2013

Assignment Date: 06/04/2013

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]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 08/13/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The case has been investigated and closed.

D. Case Workers

Case Worker: [REDACTED]

Date: 08/13/2013

Team Leader: [REDACTED]

Date: 08/13/2013

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:

I observed the body of [REDACTED], 15, at [REDACTED] Medical Center's ER on 6/4/13. I did observed the child lying on a hospital gurney covered up with a blanket to his neck.

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

I went to [REDACTED] Medical Center at 12:00pm. on 6/4/13 I first spoke to an ER nurse who told me that the preliminary toxicology report revealed the presence of marijuana, opiates, and benzodiazapine in the child's blood. The medical examiner out of [REDACTED], Dr. [REDACTED] had no definitive findings. Dr. [REDACTED] said he possibly found an abnormality in the child's brain, but he might have caused that himself removing the skull cap.

I first made contact with [REDACTED]. I first thought she was the mother, but I was corrected and told she was [REDACTED] grandmother. Mrs. [REDACTED] husband, [REDACTED], was also present. She stated that [REDACTED] lived with her and his mother, [REDACTED]. She stated that [REDACTED] spent the night of 6/3/13 with his friend [REDACTED]. Mrs. [REDACTED] could not give me [REDACTED] last name or tell me his parents name, but she gave a description of the home on [REDACTED] in [REDACTED]. I later found out that it was [REDACTED], and his parents are [REDACTED] and [REDACTED]. Mrs. [REDACTED] stated that [REDACTED] sent her a text message at 9:26am asking that she call him "ASAP". Mrs. [REDACTED] stated that she called and found out that [REDACTED] had been taken to the hospital and she came as soon as she



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

Case Name : ██████████

Investigation ID: ██████████

could. She stated that as far as she knew there were "a bunch of boys" at ██████████ home. ██████████, mother, walked up and joined our conversation. Ms. ██████████ stated that she sent ██████████ to live with her mother two years ago with a power of attorney, and he splits his time between homes. ██████████ home address was given as the same as Mrs. ██████████. Ms. ██████████ could not provide any additional information regarding ██████████ or his parents. She did state that ██████████ and ██████████ did spend a lot of time together. I asked if ██████████ had any medical problems, and they stated no. They stated that he was perfectly healthy. Mr. ██████████ stated that ██████████ was in the ROTC at school and had just been promoted. According to Mr. ██████████, ██████████ wanted to be an Army ranger after high school and had a lot going for him. Mr. ██████████ felt that someone gave ██████████ drugs and stated that this was "murder". I asked if they knew of ██████████ using drugs. They stated that they were aware that he had used marijuana. Mr. ██████████ stated that they thought they had "nipped that in the bud".

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

There has been no indication that any foul play was involved in the child's death and no allegations have been made against anyone. The alleged perpetrator will be unknown.

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

██████████ stated that ██████████ has spent the night on 6/3/13 and had checked on the boys at 11:00pm. They were watching TV in ██████████ room and he went to bed. He stated ██████████ woke him up at 9:00am saying something was wrong with ██████████. He called 911 and the operator told him to start CPR. He wiped the blood from his mouth as blood was coming from the mouth and nose. He stated that it sounded like blood was in his throat when he moved him.

██████████, ██████████ mother, stated that she was sleeping the night of 6/3/13 and left the morning of 6/4/13 early in the morning to go to work and had not known anything happened.

██████████ stated that he had been with ██████████ and ██████████ earlier in the evening watching TV and drank a beer while in the room with them. He stated that the boys were still up when he went to bed. He stated that he saw ██████████ get up at 2:30am probably going to the bathroom

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: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2013

Contact Method: Correspondence

Contact Time: 01:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2013

Completed date: 08/14/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2013 01:12 PM Entered By: [REDACTED]

0740 form was sent to juvenile court and the DA.



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: 08/14/2013

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2013

Completed date: 08/14/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2013 12:54 PM Entered By: [REDACTED]

Administrative Review was conducted. CM [REDACTED] worked collaboratively with law enforcement for the investigation. [REDACTED] was spending the night at a friend's house when his death occurred. It was discovered that he had drugs in his system. Everyone present in the home where the incident occurred was interviewed. All denied any issues with [REDACTED]. [REDACTED] (friend) denied any use of alcohol or drugs or that anything was out of the ordinary on that night. He did report that [REDACTED] said he had a headache. There has been no evidence of foul play. [REDACTED] siblings, [REDACTED] and [REDACTED], were at their father's for the summer. They have since returned. CM [REDACTED] met with the family. Ms. [REDACTED] did not tell the children about [REDACTED] until they returned home from their father's. Ms. [REDACTED] did not report any issues with children and reported that they are taking it well. CM [REDACTED] spoke with Ms. [REDACTED] regarding counseling. Ms. [REDACTED] is in counseling at [REDACTED] and takes Prozac. She started counseling after [REDACTED] died. [REDACTED] died as a result of injuries from a 4 wheeler accident. Ms. [REDACTED] feels she is doing as well as can be expected. She is open to putting the children in counseling, if the need arises. She does not feel it is needed at this point. The final autopsy report has not been received. There is no evidence of foul play and there is insufficient evidence to indicate the case. Case is classified as AUPU for Neglect Death and the case is being closed. Safety Assessment and 0740 were completed for the case.

Case is closed as AUPU for Neglect Death. Case will be presented to CPIT at the next scheduled meeting.

Family Composition:

[REDACTED] (mother)
 [REDACTED] (daughter)
 [REDACTED] (son)

Narrative Type: Addendum 1 Entry Date/Time: 08/16/2013 09:20 AM Entered By: [REDACTED]

Please note CPIT was conducted for the case on 8/5/13.



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: 08/14/2013

Contact Method:

Contact Time: 09:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2013

Completed date: 08/14/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2013 09:39 AM Entered By: [REDACTED]

CASE SUMMARY/CLOSURE

I went to [REDACTED] Medical Center at 12:00pm. on 6/4/13 I first spoke to an ER nurse who told me that the preliminary toxicology report revealed the presence of marijuana, opiates, and benzodiazapine in the child's blood. The medical examiner out of [REDACTED], Dr. [REDACTED] had no definitive findings. Dr. [REDACTED] said he possibly found an abnormality in the child's brain, but he might have caused that himself removing the skull cap.

A P1 investigation was assigned on 6/4/13. The allegation is neglect death. The case has been investigated and is being submitted for closure at this time. The case is classified as ALLEGATION UNFOUNDED PERPETRATOR UNFOUNDED.

I first made contact with [REDACTED]. I first thought she was the mother, but I was corrected and told she was [REDACTED] grandmother. Mrs. [REDACTED] husband, [REDACTED], was also present. She stated that [REDACTED] lived with her and his mother, [REDACTED]. She stated that [REDACTED] spent the night of 6/3/13 with his friend [REDACTED]. Mrs. [REDACTED] could not give me [REDACTED] last name or tell me his parents names, but she gave a description of the home on [REDACTED] in [REDACTED]. I later found out that it was [REDACTED], and his parents are [REDACTED] and [REDACTED]. Mrs. [REDACTED] stated that [REDACTED] sent her a text message at 9:26am asking that she call him "ASAP". Mrs. [REDACTED] stated that she called and found out that [REDACTED] had been taken to the hospital and she came as soon as she could. She stated that as far as she knew there were "a bunch of boys" at [REDACTED] home. [REDACTED], mother, walked up and joined our conversation. Ms. [REDACTED] stated that she sent [REDACTED] to live with her mother two years ago with a power of attorney, and he splits his time between homes. [REDACTED] home address was given as the same as Mrs. [REDACTED]. Ms. [REDACTED] could not provide any additional information regarding [REDACTED] or his parents. She did state that [REDACTED] and [REDACTED] did spend a lot of time together. I asked if [REDACTED] had any medical problems, and they stated no. They stated that he was perfectly healthy. Mr. [REDACTED] stated that [REDACTED] was in the ROTC at school and had just been promoted. According to Mr. [REDACTED], [REDACTED] wanted to be an Army ranger after high school and had a lot going for him. Mr. [REDACTED] felt that someone gave [REDACTED] drugs and stated that this was "murder". I asked if they knew of [REDACTED] using drugs. They stated that they were aware that he had used marijuana. Mr. [REDACTED] stated that they thought they had "nipped that in the bud".

[REDACTED] stated that [REDACTED] has spent the night on 6/3/13 and had checked on the boys at 11:00pm. They were watching TV in [REDACTED] room and he went to bed. He stated [REDACTED] woke him up at 9:00am saying something was wrong with [REDACTED]. He called 911 and the operator told him to start CPR. He wiped the blood from his mouth as



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

blood was coming from the mouth and nose. He stated that it sounded like blood was in his throat when he moved him. [REDACTED], [REDACTED] mother, stated that she was sleeping the night of 6/3/13 and left the morning of 6/4/13 early in the morning to go to work and had not known anything happened.

[REDACTED] stated that he had been with [REDACTED] and [REDACTED] earlier in the evening watching TV and drank a beer while in the room with them. He stated that the boys were still up when he went to bed. He stated that he saw [REDACTED] get up at 2:30am probably going to the bathroom

There has been no indication that any foul play was involved in the child's death and no allegations have been made against anyone. The alleged perpetrator will be unknown.

The child's siblings, [REDACTED] and [REDACTED], were seen on 8/12/13. They appeared to be well cared for, healthy, and well adjusted.

The case has been assessed for safety, well-being, and permanency. The signs of safety are: there is no suspicion of child abuse or foul play of any kind. The signs of well-being are: the mother is in counseling and knows how to access those resources if her children need it. The signs of permanency are: there is family support.



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: 08/14/2013

Contact Method:

Contact Time: 09:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2013

Completed date: 08/14/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2013 09:28 AM Entered By: [REDACTED]

I received the medical records from [REDACTED] Medical Center. The records are located in the CPS 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: 08/13/2013

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/13/2013 08:50 AM Entered By: [REDACTED]

I made a home visit to [REDACTED]. I found [REDACTED], mother, at home with her children, [REDACTED] (9) and [REDACTED] (8). [REDACTED] came to the door and invited me inside. The home was clean and appropriate. [REDACTED] and [REDACTED] stated that they were glad to be home from their dad's and back at school. They did not return from their dad's until 7/22/13. [REDACTED] stated that she did not tell them about [REDACTED] until they returned home. She stated that both children took the news well, and they seem to be doing all right.

[REDACTED] stated that she has been in counseling with [REDACTED] since after her son, [REDACTED], died. She stated that they have prescribed her Prozac. She stated that she talked to her counselor about [REDACTED] and [REDACTED] being in counseling. [REDACTED] stated that they don't seem to need it. She stated that she talked her counselor, and her counselor told her that children's minds are much more resilient to things than adults. [REDACTED] stated that if they need it, she will put them in counseling. I asked her if there was anything that DCS could do for her, and she stated no. [REDACTED] stated that she is just wanting the final autopsy report to be completed. She stated that she feels that once she has that, she will get the closure that she needs. She stated that she called Dr. [REDACTED] office about three weeks ago, and she was told that it could take up to 12 weeks for a report to be completed. She stated that she is not expecting it to be done for a few more months. I told her that I didn't know anymore either. I asked her if she had any ideas what might have happened now that there has been some time to think about, and she stated no. She stated that he didn't have any known medical problems, and they don't have any idea.

I told [REDACTED] that I would be closing the case. I told her that at this time there is no suspicion of foul play. I told her to call me if she ever had any questions or needed anything even after the case is close.

I went over and gave her the HIPAA, Title VI, Native American Heritage Veto, and Client's Rights Handbook. She signed that she received them.

Narrative Type: Addendum 2 Entry Date/Time: 08/14/2013 12:49 PM Entered By: [REDACTED]

CM [REDACTED] also observed [REDACTED] and [REDACTED]. They appeared to be well cared for, healthy, and well adjusted.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 08/14/2013 09:27 AM Entered By: [REDACTED]

I need to make a correction to the case recording. This occurred on 8/12/13 not 8/13/13.



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: 08/13/2013

Contact Method:

Contact Time: 08:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2013

Completed date: 08/14/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 08/14/2013 09:42 AM

Entered By: [REDACTED]

740 was completed.



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: 08/12/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 08:35 AM Entered By: [REDACTED]

I requested the medical records from [REDACTED] hospital on this date.



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: 08/05/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/14/2013

Completed date: 08/14/2013

Completed By: [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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 08/14/2013 01:44 PM Entered By: [REDACTED]

The case was presented at CPIT on this date. The team was in agreement of the classification on AUPU for the allegation of Neglect Death. DA [REDACTED] stated that there is no suspicion of foul play. He stated that he just waiting for the final autopsy report.



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: 07/26/2013

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/13/2013 09:44 AM Entered By: [REDACTED]

Administrative Review was conducted. There has not been any new information received regarding the cause of [REDACTED] death. There has been no evidence of abuse or neglect. Final autopsy results are still pending. Case is progressing to closure.



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: 06/25/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/13/2013

Completed date: 08/13/2013

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: 08/13/2013 09:04 AM Entered By: [REDACTED]

I spoke to Inv. [REDACTED] on this date. He stated that there had been no more new information involving this case. He stated that he just waiting for the final autopsy report which could take a few months to get.



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: 06/24/2013

Contact Method:

Contact Time: 10:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2013

Completed date: 07/24/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/24/2013 01:52 PM Entered By: [REDACTED]

Case File Service Review was conducted. TC [REDACTED], DCS Legal [REDACTED], TL [REDACTED], and CM [REDACTED] participated in the review. The allegation is Neglect Death. [REDACTED] died while spending the night at a friend's house. According to CM [REDACTED], [REDACTED] reportedly had a headache that night. It was also reported that [REDACTED] had benzo's and marijuana in his system. The preliminary autopsy found a place on [REDACTED] brain, but this could have resulted when the medical examiner was removing the skull cap. There has been no results regarding the cause of death at this point. There had been suspicions regarding the death resulting from a suicide. [REDACTED] reportedly had been depressed, although [REDACTED] was in ROTC and had plans for the future. Investigation is continuing.



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: 06/10/2013

Contact Method: Correspondence

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2013

Completed date: 07/24/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/24/2013 01:46 PM Entered By: [REDACTED]

Notice of Report was sent to juvenile court.



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: 06/10/2013

Contact Method: Face To Face

Contact Time: 01:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/13/2013

Completed date: 08/13/2013

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)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/13/2013 09:22 AM Entered By: [REDACTED]

CM [REDACTED] and I went to the home of [REDACTED] on [REDACTED] in [REDACTED]. We were invited inside the home by [REDACTED] older brother, [REDACTED]. [REDACTED] was a friend of [REDACTED]. [REDACTED] spent the night before he died at [REDACTED] home. [REDACTED] stated that [REDACTED] spent the night often. He stated that there wasn't anything unusual about that night. He stated that he does remember [REDACTED] saying that he had a headache before going to bed. He stated that they were up until 1am. [REDACTED] stated that he went to the bathroom at 2:30am, but didn't notice anything strange with [REDACTED]. He stated that he tried to wake [REDACTED] up at 9am, and he noticed blood coming from [REDACTED] nose and blood on the pillow. [REDACTED] stated that he went and got his dad who called 9-1-1. He denied using any drugs or alcohol that night. I took photos of [REDACTED] room and the floor where [REDACTED] had slept.



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: 06/06/2013

Contact Method: Attempted Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 10:40 AM Entered By: [REDACTED]

TL [REDACTED] attempted again to contact Mr. [REDACTED]. His phone continues to have the message that he could not accept phone calls at this time and there was no way to leave a message.



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: 06/06/2013

Contact Method:

Contact Time: 09:33 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/06/2013

Completed date: 06/06/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 09:34 AM Entered By: [REDACTED]

Safety assessment was completed. No immediate harm factors were identified.



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: 06/06/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2013

Completed date: 07/24/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; Unknown, Unknown

Narrative Details

Narrative Type: Original Entry Date/Time: 07/24/2013 01:55 PM Entered By: [REDACTED]

Administrative Review to discuss the status of the case. CM [REDACTED] advised that Investigator [REDACTED] has had contact with the medical examiner in [REDACTED]. They found a abnormality on [REDACTED] brain; however, the medical examiner may have caused this when removing the skull cap. She and Investigator [REDACTED] had an appointment with the [REDACTED]; however, they did not show up while CM [REDACTED] was present and waiting.



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: 06/05/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/06/2013

Completed date: 06/06/2013

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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2013 09:24 AM Entered By: [REDACTED]

I went back to [REDACTED] Police Dept. to meet with Inv. [REDACTED] and the [REDACTED] family. At approximately 2:05pm, Officer [REDACTED] called Inv. [REDACTED] and told him that the [REDACTED] would be late for their appointment with us. Officer [REDACTED] was at the [REDACTED] home over a domestic dispute between [REDACTED] and [REDACTED]. No one was charged and the [REDACTED] family said that they would be at the police dept. shortly. While waiting, Inv. [REDACTED] looked the [REDACTED] up in the police database. The [REDACTED] and [REDACTED] have a history of domestic violence calls to their home. [REDACTED] has been arrested for domestic assault in the past. The mother, [REDACTED], attempted suicide in 2009.

Inv. [REDACTED] also informed me that the medical examiner out of [REDACTED], Dr. [REDACTED] had called him. He no definitive findings yet. Dr. [REDACTED] said he possibly found an abnormality in the child's brain, but he might have caused that himself removing the skull cap. The brain is going to be held for a few days maybe a couple of weeks and then re-examined.

At approximately 3:00pm the [REDACTED] family had not arrived at the police dept. I left and told Inv. [REDACTED] to call me should they happen to come in. I told him to go ahead and interview them and not to wait on me.



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: 06/05/2013

Contact Method:

Contact Time: 12:57 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/06/2013

Completed date: 06/06/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 09:30 AM Entered By: [REDACTED]

I sent the Notice of a Child Fatality Report to the Office of Child Safety via e-mail.



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: 06/05/2013 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 06/05/2013
 Completed date: 06/05/2013 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)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2013 04:20 PM Entered By: [REDACTED]

I went to [REDACTED] Police Dept. to meet with Inv. [REDACTED] and the [REDACTED] family. At approximately 10:30am. The family had not shown up. Inv. [REDACTED] called the family's home and spoke to [REDACTED]. He stated that his brother, [REDACTED], had court this morning. He stated that they thought they could come in to talk to Inv. [REDACTED] any time before 4:00pm today. Inv. [REDACTED] told [REDACTED] to be at his office with his dad at 2:00 whether is brother was back from court or not. I told Inv. [REDACTED] I would come back at 2.

Inv. [REDACTED] stated that he had talked to the members of the [REDACTED] family yesterday, but he wants formal statement on video from them. Inv. [REDACTED] stated that he cannot make the family come in and talk to him. He stated that this time there is no suspicion of foul play. He stated that he would have to wait for a full autopsy report. Inv. [REDACTED] stated that Dr. [REDACTED] seem to think that [REDACTED] had vomited and aspirated on it. Inv. [REDACTED] stated that there was a lot of bright red blood on a pillow, rag, and carpet at the [REDACTED] home. Inv. [REDACTED] stated that his wife is a nurse and she stated that blood from the lungs would be foamy and pink. She told him that bright red blood sounded like something form the upper G.I. track. Inv. [REDACTED] provided me a copy of his report.

According the police report,police and EMS were dispatched to the scene on 6/4/13. They were working on [REDACTED] trying to revive with CPR as he was not breathing and unresponsive. He was transported [REDACTED] Medical Center ER. There was a bloody rag and blood on a pillow and carpet. Law enforcement spoke to [REDACTED] friend, [REDACTED]. He stated that he and [REDACTED] were best friends and [REDACTED] had spent the night as he usually does. They had hung outside and went inside around 11pm to watch TV and they went to sleep around 1am. [REDACTED] woke up at 2:30am to go to the bathroom, but didn't notice anything unusual with [REDACTED]. He tried to wake [REDACTED] up around 9:00am. [REDACTED] was laying on his stomach with his head turned to the right. [REDACTED] stated that he patted [REDACTED] face, but couldn't get him to wake up [REDACTED] rolled [REDACTED] over and noticed blood coming from his nose and blood on the pillow. [REDACTED] stated that he got a wash cloth and wiped blood from his face and attempted to get a response from [REDACTED], but he was unsuccessful. He then went and got his father, [REDACTED], who came to see what was going on and called 911. He stated that they started CPR at that time. [REDACTED] was asked if they had been drinking, doing any drugs, or fighting (play or for real) and he stated no. There was a beer can in the room, but [REDACTED] older brother, [REDACTED], had been in the room smoking cigarettes and drinking the one beer. [REDACTED] is an adult.

[REDACTED] stated that [REDACTED] has spent the night on 6/3/13 and had checked on the boys at 11:00pm. They



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

were watching TV in [REDACTED] room and he went to bed. He stated [REDACTED] woke him up at 9:00am saying something was wrong with [REDACTED]. He called 911 and the operator told him to start CPR. He wiped the blood from his mouth as blood was coming from the mouth and nose. He stated that it sounded like blood was in his throat when he moved him.

[REDACTED], [REDACTED] mother, stated that she was sleeping the night of 6/3/13 and left the morning of 6/4/13 early in the morning to go to work and had not known anything happened.

[REDACTED] stated that he had been with [REDACTED] and [REDACTED] earlier in the evening watching TV and drank a beer while in the room with them. He stated that the boys were still up when he went to bed. He stated that he saw [REDACTED] get up at 2:30am probably going to the bathroom.

The full police report has been placed in the case 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: 06/05/2013 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/06/2013
 Completed date: 06/06/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 09:28 AM Entered By: [REDACTED]

TFACTS history search was completed. DCS/CPS history was found:

Inv# [REDACTED];Feb.2012;Assessment for lack of supervision on [REDACTED] and [REDACTED]; No services needed [REDACTED]
 [REDACTED] & [REDACTED], alleged perpetratorsInv.# [REDACTED];Sept.2012 Investigation for Neglect Death and Lack of Supervision on [REDACTED];both allegations unfounded;
 [REDACTED] and [REDACTED] alleged perpetrators.



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:	06/05/2013	Contact Method:	Attempted Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/13/2013
Completed date:	08/13/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/13/2013 10:20 AM Entered By: [REDACTED]

TL [REDACTED] attempted to contact Mr. [REDACTED]. His phone had a message that he could not accept calls at this time. There was no way to leave a message for a returned call.



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: 06/05/2013

Contact Method: Attempted Phone Call

Contact Time: 09:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/05/2013

Completed date: 06/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/05/2013 04:09 PM Entered By: [REDACTED]

I attempted to call [REDACTED], father of [REDACTED] and [REDACTED], but there wasn't an answer and no voicemail was available.



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: 06/05/2013

Contact Method: Phone Call

Contact Time: 09:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/05/2013

Completed date: 06/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/05/2013 04:07 PM Entered By: [REDACTED]

I called and spoke to [REDACTED] on this date. She stated that she was doing as well as could be expected today. I told her that I would need to verify that her other children, [REDACTED] and [REDACTED], were all right and with their father. She stated that was fine and gave his phone number as [REDACTED]. She stated that she had told their father what happened, but the children have not been told. I told her that I would not be talking to the children and would not tell them what happened.



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: 06/04/2013

Contact Method: Correspondence

Contact Time: 12:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/04/2013

Completed date: 06/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/04/2013 12:23 PM Entered By: [REDACTED]

Notification of Case Assignment was sent to [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: 06/04/2013 Contact Method: Face To Face
 Contact Time: 12:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/05/2013
 Completed date: 06/05/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/05/2013 01:20 PM Entered By: [REDACTED]

I went to [REDACTED] Medical Center at 12:00pm. on 6/4/13 I first spoke to an ER nurse who told me that law enforcement had been there, took pictures and left. I did observe the child lying on a hospital gurney covered up with a blanket to his neck. A tube was still in his mouth. Law enforcement took photos at the hospital. The nurse told me that the family was outside. She stated that they were waiting for Dr. [REDACTED] the new county medical examiner to arrive. The nurse could not provide me with much information. Preliminary toxicology report revealed the presence of marijuana and benzodiazapine in the child's blood. The nurse pointed the family out to me so that I could speak to them.

I first made contact with [REDACTED]. I first thought she was the mother, but I was corrected and told she was [REDACTED] grandmother. Mrs. [REDACTED] husband, [REDACTED], was also present. She stated that [REDACTED] lived with her and his mother, [REDACTED]. She stated that [REDACTED] spent the night of 6/3/13 with his friend [REDACTED]. Mrs. [REDACTED] could not give me [REDACTED] last name or tell me his parents name, but she gave a description of the home on [REDACTED] in [REDACTED]. Mrs. [REDACTED] stated that [REDACTED] sent her a text message at 9:26am asking that she call him "ASAP". Mrs. [REDACTED] stated that she called and found out that [REDACTED] had been taken to the hospital and she came as soon as she could. She stated that as far as she knew there were "a bunch of boys" at [REDACTED] home. [REDACTED], mother, walked up and joined our conversation. Ms. [REDACTED] stated that she sent [REDACTED] to live with her mother two years ago with a power of attorney, and he splits his time between homes. [REDACTED] home address was given as the same as Mrs. [REDACTED]. Ms. [REDACTED] could not provide any additional information regarding [REDACTED] or his parents. She did state that [REDACTED] and [REDACTED] did spend a lot of time together. I asked if [REDACTED] had any medical problems, and they stated no. They stated that he was perfectly healthy. Mr. [REDACTED] stated that [REDACTED] was in the ROTC at school and had just been promoted. According to Mr. [REDACTED], [REDACTED] wanted to be an Army ranger after high school and had a lot going for him. Mr. [REDACTED] felt that someone gave [REDACTED] drugs and stated that this was "murder". I asked if they knew of [REDACTED] using drugs. They stated that they were aware that he had used marijuana. Mr. [REDACTED] stated that they thought they had "nipped that in the bud". Mrs. [REDACTED] stated that [REDACTED] could have said no and didn't have to take anything. I asked [REDACTED] if there were any other children in her home, and she stated no. She stated that she had four-year-old, [REDACTED], who died in Sept. 2012 of an ATV accident. She nor Mrs. [REDACTED] reported any other children in the home.

I spoke to the hospital chaplin, [REDACTED]. She stated that when the mother first arrived, she thought [REDACTED] had



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

possibly committed suicide. She stated that [REDACTED] had been depressed about his younger brother and a friend of his who passed away recently. [REDACTED] had told his mother that he no longer believed in God. Mrs. [REDACTED] stated that when the family found out drugs were involved, the blame shifted to someone giving him drugs. I left the hospital at 1:00pm. At that time, the medical examiner had not shown up yet.

After returning to the office a TFACTS history search was conducted and revealed that there are two other children, [REDACTED], 9, and [REDACTED], 7. I spoke to Mrs. [REDACTED] and Ms. [REDACTED] by phone after I couldn't reach the mother. Mrs. [REDACTED] stated that the children are currently in [REDACTED] visiting their father [REDACTED], for the summer.



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: 06/04/2013

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/04/2013

Completed date: 06/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2013 12:14 PM Entered By: [REDACTED]

TL [REDACTED] and CM [REDACTED] consulted regarding the P-1 Investigation for [REDACTED] and the circumstances reported. [REDACTED] was pronounced dead around 10:15am at the hospital. He reportedly was at a friend's home and 911 was called due to cardiac arrest. Reportedly, [REDACTED] had no signs of trauma on his body. According to the referral, Law Enforcement has been contacted. CM [REDACTED] will keep TL [REDACTED] informed of the status of the case. RA, TC, and Legal will be notified regarding the case.



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: 06/04/2013

Contact Method:

Contact Time: 10:35 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/05/2013

Completed date: 06/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/05/2013 03:55 PM Entered By: [REDACTED]

CASE SUMMARY/ASSIGNMENT

A P1 investigation was assigned to this worker. The allegation is neglect death. The CPS referral states:

Today, 06/04/2013, [REDACTED] was brought to [REDACTED] Medical Center by EMS around 9:45am due to Cardiac Arrest. [REDACTED] was at a friends house and it is believed that the friend called 911; [REDACTED]. [REDACTED] arrived at the hospital unresponsive so medical staff tried CPR, but [REDACTED] was pronounced dead around 10:15am. The referent states that they contacted the local DCS and they were told that the case may not be screened in because [REDACTED] was not at home during the time of incident. It is unknown how long [REDACTED] was unresponsive or how long he had been at the friends house.

LE has been contacted and it has yet to be determined if [REDACTED] will go for an autopsy or sent to a funeral home. [REDACTED] had no signs of trauma on his body. The referent states that someone called the mother (name unknown) and she did arrive at the hospital (time unknown). The referent did not speak to the woman so they have no details to provide.

The referent states that the guarantor on [REDACTED] insurance is listed as a [REDACTED], but they are not certain of their relation to each other. There is a phone listed on [REDACTED] medical records, but the referent does not know who the number belongs to; [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: 06/04/2013

Contact Method: Phone Call

Contact Time: 01:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/05/2013

Completed date: 06/05/2013

Completed By: [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: 06/05/2013 04:04 PM Entered By: [REDACTED]

I called Lt. [REDACTED] with [REDACTED] Police Dept. He stated that Inv. [REDACTED] was assigned the the case. I told Lt. [REDACTED] that I had met with the family and told him what they had told me. Lt. [REDACTED] knew what I knew about the incident and did not have any additional information. I told him that I would fax a copy of th CPS referral to him.

I called Inv. [REDACTED]. He told me that he would be interview the friend of [REDACTED], [REDACTED], and his parents tomorrow at the police department at 10:00am on 6/5/13. I asked if I could be present during those interviews, and he stated that would be fine.

Narrative Type: Addendum 1 Entry Date/Time: 08/14/2013 12:34 PM Entered By: [REDACTED]

Time on recording should reflect PM, not AM.

Law Enforcement and the DA were notified of the referral.



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: Created In Error

Contact Date: 05/05/2013

Contact Method: Attempted Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 10:37 AM Entered By: [REDACTED]

TL [REDACTED] again tried to contact Mr. [REDACTED]. Again, his phone had a message that he could not accept calls at this time. There was no way to leave a message for a returned call.

Narrative Type: Created In Error Entry Date/Time: 08/13/2013 10:41 AM Entered By: [REDACTED]

Date was entered incorrectly.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/4/13 10:35 AM

Date of Assessment: 6/4/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): _____

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



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SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____