



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 08/04/2013 02:52 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 08/04/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 08/06/2013 04:24 PM
First Team Leader Assigned: [REDACTED] Date/Time 08/06/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 08/06/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Lack of Supervision	No	[REDACTED]	Other Non-relative

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: Yes
Family Case IDs: [REDACTED], [REDACTED]

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: 0
Prior INV/ASMT of Neglect: 0
Prior INV/ASMT of both Abuse & Neglect: 1
Screen Outs:

Indicated: [REDACTED] / SEE/ 7-2409/ [REDACTED] (Perp. Unknown)

Fatality: [REDACTED] / Neglect Death/ 7-24-09/ [REDACTED] / AUPU

County: [REDACTED]



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

Notification: None
School/ Daycare: Unknown
Native American Descent: None
Directions: None Given

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

Reporter states: [REDACTED] (9 months) lives with his mother, [REDACTED]. [REDACTED] has other children in the home, but their information is unknown.

[REDACTED] has a trach. [REDACTED] has a history of medical issues. It is unknown what [REDACTED] is diagnosed with.

Law enforcement received a call from the Nike store that [REDACTED] was not breathing. The grandmother, [REDACTED] ([REDACTED]), dropped [REDACTED] off at the store and went to park. [REDACTED] said that [REDACTED] had been coughing. When [REDACTED] went to get [REDACTED] out of the car seat, he was not breathing. Once law enforcement made the scene, the EMS unit had already transported [REDACTED] to [REDACTED] Hospital in critical condition. Sgt. [REDACTED] made the scene there. Reportedly, [REDACTED]'s medical condition caused critical airway. [REDACTED] was then transported to [REDACTED] Childrens Hospital still in critical condition. There is no suspicion of neglect on the caregivers part.

Per SDM: Investigative Track / P1, Due to neglect death history on family. Staffed with interim TC [REDACTED]. P1 on 8/4/13 @ 3:19pm by CM [REDACTED]

Event [20]Alert Started ([REDACTED]) Status: [20]Alert Started, [REDACTED]
Event [07]Group Started ([REDACTED]) Status: [07]Group Started, [REDACTED]:C
Event [80]Send Started ([REDACTED]) Status: [80]Message issued, [REDACTED]:C [REDACTED] xx yy
[REDACTED]

[REDACTED] responded at 3:34 pm - CM [REDACTED]



**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:** Black/African **Age:** 1 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:

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 19 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:



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

Name: [REDACTED], [REDACTED]

Gender: [REDACTED] **Date of Birth:** [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED]

Age: [REDACTED]

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:



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: 08/04/2013 Assignment Date: 08/06/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB, SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB, SSN, Classification, Severe Abuse, Classified By, Classified Date. Row 1: 1, [Redacted], [Redacted], [Redacted], Lack of Supervision, Unknown Participant, Unknown, [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, No, [Redacted], 08/20/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: Investigation is complete, case submitted for closure.
Case Classification: Allegations Unfounded / Perpetrator Unfounded

D. Case Workers

Case Worker: [Redacted] Date: 09/10/2013
Team Leader: [Redacted] Date: 09/11/2013

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:

On 8/4/2013 @ 5:20pm CPSI [Redacted] made response time and conducted initial Face to Face observation of [Redacted]. CPSI observed child to be in a hospital bed asleep. The child was observed to be hooked up to monitors and worked on by hospital staff. CPSI observed no marks, injuries or bruises. A picture was taken of infant and will be placed in file.

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

On 8/6/2013 [Redacted] hospital Social Worker [Redacted] called and reported that [Redacted] had been pronounced dead on 8/6/2013 at 3:12am. Medical records have been requested pertaining to this incident. [Redacted]'s death was due to medical issues not due to abuse or neglect by birth mother.

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

The alleged perpetrator was listed as an Unknown participant. No alleged perpetrator was identified by the Department.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

There are no witnesses to give descriptions of what they saw and what they believe indicates child neglect. On 08/04/2013 @ 2:52pm the Department received a P1 referral alleging Lack of Supervision. The alleged child victim was listed as [REDACTED] and the alleged perpetrator is listed as Unknown Participant (Non-Relative). The referral reported that [REDACTED] has a trach and has a history of medical issues. Referral reported that law enforcement received a call from the Nike store that [REDACTED] was not breathing. [REDACTED] was transported to [REDACTED] Childrens hospital still in critical condition. The referral reported that there is no suspicion of neglect on the caregivers part.

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

The is no substantial evidence to support the investigative findings for the allegation of 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:	10/23/2013	Contact Method:	
Contact Time:	02:49 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/23/2013
Completed date:	10/23/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2013 02:50 PM Entered By: [REDACTED]

This case has been reviewed by Regional Investigative Director [REDACTED] and is approved for 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:	10/18/2013	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/18/2013
Completed date:	10/18/2013	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: 10/18/2013 02:41 PM Entered By: [REDACTED]

Background Checks:

The following Internet Records Clearance inquiries were completed on the date(s) indicated on: [REDACTED]

Justice System Inquiry (JSSI): no criminal records found

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: no results were found

The following Internet Records Clearance inquiries were completed on the date(s) indicated on: [REDACTED]

Justice System Inquiry (JSSI): OPERATE MV W/EXPIRED REG PLATE/CERT; CONTEMPT OF COURT-GENERAL LAW

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: no results were found



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: 08/22/2013

Contact Method:

Contact Time: 12:53 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/22/2013

Completed date: 08/22/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/22/2013 12:55 PM Entered By: [REDACTED]

Case was staffed with TL [REDACTED] and TL [REDACTED] and it was decided that the neglect death allegation would be classified as Administrative closure in this investigation. Case is being investigated for Neglect Death by CM 3 [REDACTED]. See investigative case no [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: 08/20/2013

Contact Method:

Contact Time: 12:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/20/2013

Completed date: 08/20/2013

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: 08/20/2013 12:46 PM Entered By: [REDACTED]

This case was classified as Allegation Unfounded / Perpetrator Unfounded on 8/20/2013



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:	08/20/2013	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/20/2013
Completed date:	08/20/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/20/2013 12:22 PM Entered By: [REDACTED]

On 8/04/2013 the Department received a P1 referral (Intake ID: [REDACTED]) alleging lack of supervision. The alleged child victim was listed as [REDACTED] and the alleged perpetrator is listed as Unknown Participant. The referral reported that law enforcement had received a call from the [REDACTED] Store that [REDACTED] was not breathing. Child was transported to [REDACTED] children's Hospital in critical condition. Referral reported that there was no suspicion of neglect on the caregivers part.

CPSI met response time on 8/4/2013 and child was currently in the Critical Care Unit of the hospital.

Family has previous DCS/CPS history with the department, Investigation ID: [REDACTED] (5/2009) /Neglect Death & Sexual Abuse ([REDACTED]/AUPU - [REDACTED] AIPK)

CPSI called in a neglect death referral due to child expiring on 8/06/2013. Investigation ID Case: [REDACTED] has been classified as Allegations Unfounded / perpetrator Unfounded.

Case is being submitted for review to TL. For further narratives and updates please see Investigation ID [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: 08/07/2013 Contact Method:
 Contact Time: 11:18 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/07/2013
 Completed date: 08/07/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2013 11:23 AM Entered By: [REDACTED]
 Notice of Child Fatality/Near Fatality form faxed to [REDACTED] on 8/7/2013



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: 08/06/2013

Contact Method: Correspondence

Contact Time: 01:11 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/20/2013

Completed date: 08/20/2013

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: 08/20/2013 09:44 AM Entered By: [REDACTED]

[REDACTED], Social Worker from [REDACTED] hospital called and informed the Department that the child died this morning around 3:12am.



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: Phone Call

Contact Time: 11:22 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/07/2013

Completed date: 08/07/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2013 09:35 AM Entered By: [REDACTED]

CPSI [REDACTED] is currently attempting to make contact with [REDACTED] Childrens Social Worker [REDACTED] to obtain medical consult, a message was left with her supervisor.

Request for Medical Consult faxed to SW [REDACTED] on 8/5/2013 regarding [REDACTED]. CPSI [REDACTED] spoke with SW [REDACTED] who reported that infant was not doing good and remained in critical care.



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:	
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/07/2013
Completed date:	08/07/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/07/2013 08:49 AM Entered By: [REDACTED]

Case Summary

On 08/04/2013 the Department received a P1 referral alleging lack of supervision. The alleged child victim was listed as [REDACTED] and the alleged perpetrator is listed as Unknown Participant (Non-Relative). The referral reported that [REDACTED] has a trach and has a history of medical issues. Referral reported that law enforcement received a call from the Nike store that [REDACTED] was not breathing. [REDACTED] was transported to [REDACTED] Childrens hospital still in critical condition. The referral reported that there is no suspicion of neglect on the caregivers part.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	████████████████████
Case Status:	Close	Organization:	████████████████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	08/04/2013	Contact Method:	Face To Face
Contact Time:	06:00 PM	Contact Duration:	Less than 15
Entered By:	██████████	Recorded For:	
Location:	Hospital	Created Date:	08/07/2013
Completed date:	08/07/2013	Completed By:	██████████
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: 08/07/2013 08:58 AM Entered By: ██████████

On 8/4/2013 CPSI ██████████ interviewed maternal grandmother ██████████ at ██████████ hospital. Ms. ██████████ reported that she and birth mother ██████████ were at the ██████████ shoe store to get some shoes. Ms. ██████████ reported that her daughter ██████████ left the car to go and get the shoes, and ██████████ was in the backseat asleep. ██████████ reported that she was talking on the phone and all of a sudden she heard him making noises, grunting noises, like he had cold in his throat. ██████████ reported that she called the mother to come back to the car. ██████████ reported that the mother immediately came back and got ██████████ and stated he was not breathing and he was turning colors. ██████████ reported that they were hollering telling people to call an ambulance. ██████████ reported that the mother started running toward the ambulance that was on property and they took the baby in the ambulance and transported him to the hospital.



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: 08/04/2013 Contact Method:
 Contact Time: 06:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/07/2013
 Completed date: 08/20/2013 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: 08/07/2013 09:31 AM Entered By: [REDACTED]

Household Composition:

[REDACTED] male ACV (birth father reported as [REDACTED], not involved)
 [REDACTED] birth mother
 [REDACTED] God mother)
 [REDACTED] female sibling 3yr
 [REDACTED] male sibling 2yr
 [REDACTED] is the reported birth father for two older children; mother reported that he is involved)

Family current address is [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: 08/04/2013

Contact Method: Face To Face

Contact Time: 05:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/07/2013

Completed date: 08/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/07/2013 08:52 AM Entered By: [REDACTED]

On 8/4/2013 CPSI [REDACTED] interviewed birth mother [REDACTED] who was observed to be upset about babys current condition. The doctor had just told birth mother that it was not looking favorable for child that they were still trying to stabilize child. CPSI observed mother to be upset and she really didnt want to talk with this CPSI. This CPSI attempted to engage mother and explain the Departments involvement.

[REDACTED] reported that she and maternal grandmother [REDACTED] were at the Nike store to buy shoes for her children. [REDACTED] reported that she exited the car to enter the store when she received a call from [REDACTED] telling her that something was wrong with [REDACTED]. [REDACTED] reported that [REDACTED] was asleep when she exited the car to enter the store. [REDACTED] reported that when she received the call she ran back to the car, and saw that [REDACTED] was turning blue. [REDACTED] reported that she immediately got his bag, took out his trach and attempted to do CPR. [REDACTED] reported that there was a ambulance already there on property and she picked [REDACTED] up and ran to the ambulance [REDACTED] reported that he was coughing like he could not breathe; she stated he became limp and was turning colors. [REDACTED] reported child having no other medical conditions other than trach in throat.



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: 08/04/2013

Contact Method: Face To Face

Contact Time: 05:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/07/2013

Completed date: 08/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/07/2013 08:50 AM Entered By: [REDACTED]

On 8/4/2013 @ 5:20pm CPSI [REDACTED] made response time and conducted initial Face to Face observation of [REDACTED]. CPSI observed child to be in a hospital bed asleep. The child was observed to be hooked up to monitors and worked on by hospital staff. CPSI observed no marks, injuries or bruises. A picture was taken of infant and will be placed in 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: 08/04/2013

Contact Method:

Contact Time: 02:52 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/20/2013

Completed date: 08/20/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/20/2013 11:51 AM Entered By: [REDACTED]

On 8/04/2013 the Department received a P1 referral (Intake ID: [REDACTED]) alleging lack of supervision. The alleged child victim was listed as [REDACTED] and the alleged perpetrator is listed as Unknown Participant. The referral reported that law enforcement had received a call from the [REDACTED] Store that [REDACTED] was not breathing. Child was transported to [REDACTED] Childrens Hospital in critical condition. Referral reported that there was no suspicion of neglect on the caregivers part.