



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 03/23/2023 05:25 PM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 03/23/2023

**Investigation**

Investigation ID: [REDACTED]  
First County/Region Assigned: [REDACTED]  
Date/Time Assigned : 03/24/2023 09:19 AM  
First Team Leader Assigned: [REDACTED] Date/Time Assigned : 03/24/2023 12:00 AM  
First Case Manager Assigned: [REDACTED] Date/Time Assigned : 03/24/2023 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	Deceased	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	
Unknown Participant [REDACTED] Unknown	3 Yrs (Est)	Lack of Supervision	No	Unknown Participant [REDACTED] Unknown	
Unknown Participant [REDACTED]	3 Yrs (Est)	Lack of Supervision	No	Unknown Participant [REDACTED] Unknown	

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
Referent Address:  
Referent Phone Number: [REDACTED]  
Type of Contact: I-3 Phone  
Notification: E-mail  
Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: [REDACTED]  
Associated Case IDs: No

Family Case ID Detailed History:  
Open Court Custody/FSS/FCIP: No  
Closed Court Custody: No



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Pending: No  
Awaiting Screening: No  
Submitted: No

Open CPS: No  
Substantiated: INV [REDACTED] / AP: [REDACTED] [REDACTED] [REDACTED] / ASPS / 2023-02-28  
Death: No  
Screen Outs: No

History (not listed above):

ASMT [REDACTED] / DEC / SN / 2022-12-16  
ASMT [REDACTED] / LOS / SRec / 2021-05-06  
ASMT [REDACTED] / DEC / SRec / 2021-01-13  
ASMT [REDACTED] / LOS / NSN / 2020-06-18  
INV [REDACTED] / DEC / AUPU / 2020-02-01

County of Jurisdiction: [REDACTED]  
School/ Daycare: It is believed [REDACTED] provides the childcare for the children.  
Active Military: none known

Reporter's Name/Relationship: [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (deceased) lived with his mother, [REDACTED] (age unknown), and maternal grandmother, [REDACTED] (late 60's), in [REDACTED] County. [REDACTED] has twin daughters (est. 2) who live in the home. One of the twins' name may be [REDACTED]. The twins' last name may be [REDACTED] or [REDACTED] may have custody of the twins.

[REDACTED] and [REDACTED] live in the home with their daughter (name unknown/2). [REDACTED] and [REDACTED] are from Georgia. It is unknown if [REDACTED] may be [REDACTED] son or how [REDACTED] and their daughter are staying with [REDACTED]

[REDACTED] or [REDACTED] (DOB may be [REDACTED])

-Does the child have any special needs or disabilities?  
Unknown

-Please describe in detail what has prompted your call today.

Detective [REDACTED] with the [REDACTED] Police Department requests an emergency removal of the twins and [REDACTED] and [REDACTED] daughter. Please call Detective [REDACTED] at [REDACTED] with an ETA. Detective [REDACTED] will be able to connect a DCS worker with officers who will be on scene until someone with DCS arrives to remove the children.

On 3/22/23 around noon, officers with the [REDACTED] Police Department responded to a call for an unexplained infant death. [REDACTED] was the deceased child. [REDACTED] was born drug addicted and had medical issues related to that.

The medical examiner (name unknown) called law enforcement today and advised that [REDACTED] has a skull fracture. It is unknown at this time if the skull fracture is the cause of death. The emergency removal of the other children in the home is needed due to the injury the medical examiner found on [REDACTED]

[REDACTED] death has already been reported to DCS. The only new information about [REDACTED] death that is known at this time is the skull fracture.

[REDACTED] and her brother, [REDACTED] were not in the home when law enforcement responded to the call on 3/22/23. [REDACTED] and [REDACTED] are both drug users. When [REDACTED] goes on binges, she typically leaves the home.

-Does the child have any injuries from the abuse or neglect?  
There are no known injuries for the three children still in the home.



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-When did the abuse or neglect occur?

█ died on 3/22/23.

-Where did the abuse or neglect occur?

█ transported from his home to the hospital where he was officially pronounced deceased.

-Has the child made a disclosure of the abuse or neglect?

Unknown

-What do the child's parents/caregivers say about the abuse/neglect?:

None of the adults in the home are aware that the medical examiner found that █ has a skull fracture.

-Are there any concerns for Domestic Violence in the home that pose a danger to the child's safety?

There may have been domestic violence between █ and █ and █ related to █ and █ drug use.

-Is anyone in the home protective of this child? If yes, who?:

█ is somewhat protective, but allows █ and █ to come back and forth to the home.

-Where is the child currently located?:

The remaining three children should be at the home.

-When will the alleged perpetrator have access to the child again? Is the child currently safe for the next 24 hours to 3 business days?:

The alleged perpetrator for █ skull fracture is unknown. The remaining children in the home are not believed to be safe due to █ injury.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?:

Law enforcement will be at the home.

CM Notation TFACTS NOTE: █ (█), █ (█), █ (1█), █ (█), \*\*\*companion reports: █ and █

Emailed/Paged CPSI On Call: Yes

Recipients	Time Issued	Response Received	Devices	Responses
█	03-23-2023 18:20:48	03-23-2023 18:21:38	work cell	Received
█	03-23-2023 18:20:48	---	work email	Email Sent

Notified Child Death/Preliminary Near-Death Notification Group via Email:

RA copied:

Per SDM: INV P1, approved by CAH Director.// █ TL 3.23.23 @ 634PM.



**Tennessee Department of Children's Services  
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**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: Deceased

Address:

Deceased Date: 03/22/2023

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



**Tennessee Department of Children's Services  
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**Name:** Unknown Participant [REDACTED] Unknown

**Gender:** Female

**Date of Birth:**

**Participant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:** 3 Yrs (Est)

**Address:** [REDACTED], [REDACTED] Tennessee [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:** UNKNOWN

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



**Tennessee Department of Children's Services  
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**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

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] [REDACTED]

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

**Participant ID:** [REDACTED]

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

**Age:** 3 Yrs (Est)

**Address:** [REDACTED]

**Deceased Date:** [REDACTED]

**School/ ChildCare Comments:** [REDACTED]

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** [REDACTED]

**Contact Comments:** [REDACTED]

**External History Search Results:** [REDACTED]

**DCS History Search Results:** [REDACTED]

**DCS Intake Search Results:** [REDACTED]

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-03-05 07:54:00	Contact Method:
Contact Time: 07:54 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 03/05/2024
Completed date: 03/05/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 03/05/2024 07:56 AM      Entered By: [REDACTED] [REDACTED]

This case has been reviewed by Team Leader (TL) [REDACTED] [REDACTED]. This case was investigated by Child Protective Service Investigator (CPSI) [REDACTED] [REDACTED] and CPSI [REDACTED] [REDACTED]. The response time was met and safety was assessed. The closing FAST was completed, there was no immediate intervention recommended and no risk/need. This case was presented to the Child Protective Investigating Team (CPIT) on 5/4/23, the team was in agreement with the classification. The autopsy lists the cause of death as blunt head trauma and the manner of death as homicide. The case is being classified as allegation substantiated perpetrator substantiated. The perpetrator admitted to the abuse and was charged with aggravated child abuse. All investigation tasks have been completed, the 740 has been completed and forwarded to the Juvenile Court. The Juvenile Court and the District Attorney are notified of referrals and classification monthly per local protocol and policy. This case is approved for closure.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-03-04 11:34:00	Contact Method:
Contact Time: 11:34 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/04/2024
Completed date: 03/04/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original      Entry Date/Time: 03/04/2024 11:36 AM      Entered By: [REDACTED] [REDACTED]

On March 23, 2023, the Department of Childrens Services (DCS) received a referral with the allegation of Abuse Death regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] (5 months), and the allegation of Lack of Supervision regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] (3), and Alleged Child Victim [REDACTED] [REDACTED] (3). The Alleged Perpetrator (AP) was [REDACTED] [REDACTED]. This investigation was assigned to Child Protective Services Investigator (CPSI) [REDACTED] [REDACTED] by Lead Investigator (LI) [REDACTED] [REDACTED]. This case was worked in conjunction with The [REDACTED] Police Department ([REDACTED] PD).

[REDACTED] [REDACTED] (5 months) lived at home with his maternal grandmother, [REDACTED] [REDACTED] his uncle, [REDACTED] [REDACTED] his aunt, [REDACTED] [REDACTED] his cousin, [REDACTED] [REDACTED] (22 months), and his siblings, [REDACTED] [REDACTED] (3) and [REDACTED] [REDACTED] (3).

[REDACTED] [REDACTED] (3) lived at home with her maternal grandmother, [REDACTED] [REDACTED] her uncle, [REDACTED] [REDACTED] her aunt, [REDACTED] [REDACTED] her cousin, [REDACTED] [REDACTED] (22 months), and her siblings, [REDACTED] [REDACTED] (5 months) and [REDACTED] [REDACTED] (3).

[REDACTED] [REDACTED] (3) lived at home with her maternal grandmother, [REDACTED] [REDACTED] her uncle, [REDACTED] [REDACTED] her aunt, [REDACTED] [REDACTED] her cousin, [REDACTED] [REDACTED] (22 months), and her siblings, [REDACTED] [REDACTED] (5 months) and [REDACTED] [REDACTED] (3).

On March 22, 2023, The [REDACTED] Police Department responded to a call for an unexplained infant death. [REDACTED] [REDACTED] was the deceased child, who was born drug addicted. [REDACTED] [REDACTED] had medical issues related to that. The Medical Examiner contacted Law Enforcement advising that [REDACTED] [REDACTED] had a skull fracture. [REDACTED] [REDACTED] was transported to the hospital, where he was pronounced deceased at 12:27 pm.

On March 23, 2023, CPSI [REDACTED] [REDACTED] arrived at the family home, while Law enforcement was at the home. Law Enforcement explained to the family the reason for the visit. Mr. [REDACTED] [REDACTED] became extremely upset. Law Enforcement asked him to leave the room while this CPSI interviewed the family. Mr. [REDACTED] [REDACTED] stepped outside with Law Enforcement. Alleged Child Victims (ACV) [REDACTED] [REDACTED] and [REDACTED] [REDACTED] (twins) were observed to be dressed in t-shirts and pampers. CPSI

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

was unable to get either child to sit down and speak, due to their age. The twins ran around the home until an adult, along with Law Enforcement, was able to take all the children into the back room. The twins appeared sleepy. CPSI observed no visible marks or bruises, and the twins appeared to be healthy in terms of height and weight.

On March 23, 2023, Ms. [REDACTED] [REDACTED] was extremely upset after hearing the preliminary findings of [REDACTED] death. Ms. [REDACTED] explained everyone had always been so careful with [REDACTED] because he was born drug exposed. She reports there was always adult supervision with him. Ms. [REDACTED] reports Tennessee Early Intervention Services (TEIS) was just in the home, and they approved [REDACTED] for therapy, which was supposed to start on earlier today at 1 pm. She reports other than a mild cold, [REDACTED] was healthy. [REDACTED] was seen at the [REDACTED] Clinic for his well-child exam, back in December or January, for his 2-month shots. She expressed that [REDACTED] sounded raspy and the doctor told her it was just a cold. [REDACTED] was scheduled in February, but when they got to the clinic, they did not see an appointment for him. She reports the clinic was provided the appointment card they were given, and the clinic still stated they did not have an appointment. She reports they have tried to make an appointment since then, with no success.

Ms. [REDACTED] explained that Mr. [REDACTED] [REDACTED] (AP) is a half-brother to the childrens mother, [REDACTED] [REDACTED]. She reports Mr. [REDACTED] his wife and his 2-year-old daughter, [REDACTED] have been residing with them for about 6 months. The plan was once Mr. [REDACTED] and his wife were employed and had stable housing, they were going to look into the kinship program to have [REDACTED] placed with them.

Ms. [REDACTED] explained on March 21, 2023, Mr. [REDACTED] and his family went to the emergency room because Mrs. [REDACTED] was not feeling well. She reports she was home with the twins and [REDACTED] until the [REDACTED] returned home, a little after 9 pm. Mr. [REDACTED] took over with [REDACTED] because he usually takes the night shift, caring for [REDACTED] and his daughter. Ms. [REDACTED] reports she went to get the twins ready for bed and did not see anyone else, until the next morning when Mrs. [REDACTED] came downstairs to get a bottle for [REDACTED]. She reports the next time she saw [REDACTED] it was a little after 11 am when Mrs. [REDACTED] screamed [REDACTED] was laying in his crib and was not breathing. She observed [REDACTED] skin to be discolored as if he was not breathing and she immediately began CPR. Someone called 911. Ms. [REDACTED] reports Mr. [REDACTED] was reportedly in the room asleep when Ms. [REDACTED] observed [REDACTED] not breathing. [REDACTED] was taken by ambulance to the hospital and Mr. [REDACTED] rode along with him.

Ms. [REDACTED] was extremely upset throughout the interview. Ms. [REDACTED] denies having any knowledge of how [REDACTED] received the injury.

On March 23, 2023, Mrs. [REDACTED] reported she and Mr. [REDACTED] [REDACTED] were married on June 13, 2022 in [REDACTED] County, Georgia. She reports she and her family have been residing with Ms. [REDACTED] for about 6 months. Mr. [REDACTED] is the uncle to the [REDACTED] and [REDACTED] children. Mr. and Mrs. [REDACTED] planned to get custody of [REDACTED] once they were settled, in [REDACTED] to assist Ms. [REDACTED].

On the evening of March 21, 2023, Mrs. [REDACTED] and her family went to the Emergency Room, due to her having an ovarian cyst and back pain. They returned home after 9 pm, and Mr. [REDACTED] put [REDACTED] and [REDACTED] to bed because he usually takes the night shift, with the babies. The following morning, she woke up after 7 am to feed [REDACTED] who was fine. [REDACTED] was fed, burped, and changed. Mr. [REDACTED] and [REDACTED] were still asleep, when [REDACTED] was being fed. After feeding and putting [REDACTED] back to bed, she took [REDACTED] downstairs to feed her and helped Ms. [REDACTED] with the twins. After 11 am, she went back upstairs. Mr. [REDACTED] was still asleep. Mrs. [REDACTED] noticed [REDACTED] looked purple, as if he was not breathing. Mrs. [REDACTED] began to call for help. Ms. [REDACTED] and Mr. [REDACTED] were trying to help and called 911. Mrs. [REDACTED] reports each time she entered the room Mr. [REDACTED] was asleep and [REDACTED] was breathing and acting normally.

Mrs. [REDACTED] spoke about how Mr. [REDACTED] is good with the children. She reports she has never observed him lose his temper or become angry with any of the children. Mrs. [REDACTED] denied having any knowledge of how [REDACTED] received the reported injury.

Mrs. [REDACTED] reports Mr. [REDACTED] is getting tested for Autism, and she believes he is diagnosed with ADHD (no meds). She denied any mental health or domestic violence concerns within the home. Mrs. [REDACTED] is willing to take services, but she is not sure how much longer she will be in [REDACTED].

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Case Status: Close	Organization: [REDACTED] Region

On March 23, 2023, [REDACTED] [REDACTED] was being interviewed, at the home, by law enforcement. Law Enforcement later reported Mr. [REDACTED] admitted that while he and [REDACTED] was upstairs alone on March 22, 2023, he tried to give [REDACTED] his pacifier to help him go back to sleep. When [REDACTED] refused, he hit [REDACTED] in the head with his fist. Mr. [REDACTED] was taken into custody and charged with Aggravated Child Abuse, Aggravated Child Neglect.

On March 27, 2023, Ms. [REDACTED] stated her grandchildren have become much clingier, than usual. They sense something is wrong, but they are unsure of what is going on. She stated she tries to keep them on their routine. The kids' father, [REDACTED] [REDACTED] has been her support system. He took a DNA Test, and it came back that he was 99% the father. He attempted to file a petition with Juvenile Court last year, but DCS was supposed to help. Mr. [REDACTED] went to try and file the petition, today, but he was turned around. The court told him he needed an address on [REDACTED] and [REDACTED] [REDACTED]. Ms. [REDACTED] was given information regarding [REDACTED] [REDACTED] Center for [REDACTED] [REDACTED]. Ms. [REDACTED] was informed [REDACTED] and [REDACTED] needed to be taken to the hospital, for an assessment of injuries. Ms. [REDACTED] spoke about [REDACTED] spider bite, and she assured the doctor's will handle everything at once.

On March 27, 2023, Detective [REDACTED] stated [REDACTED] [REDACTED] was not at the home, the day of [REDACTED] death. The [REDACTED] Police Department has received multiple calls from Ms. [REDACTED] [REDACTED] regarding crimes that [REDACTED] [REDACTED] has committed. The last calls they received were in July and October. The October call happened before [REDACTED] was born. The [REDACTED] Police Department knows [REDACTED] [REDACTED] and if she was at the home, she would have been arrested. Ms. [REDACTED] [REDACTED] currently has active warrants.

On March 27, 2023, [REDACTED] and [REDACTED] were taken to [REDACTED] [REDACTED] in [REDACTED]. The children were seen by Dr. [REDACTED] [REDACTED] for medical clearance. Dr. [REDACTED] stated the children have nothing showing any trauma, marks, or bruises that warrant any concern that an x-ray needs to be done. When the children were felt on their head and body, they did not express tenderness or pain. [REDACTED] has a spider bite on her bottom, from playing and sitting in the grass. [REDACTED] was prescribed Clindamycin for her spider bite. The spider bite has an infection. Dr. [REDACTED] informed Ms. [REDACTED] that a capsule will be prescribed, instead of the liquid, due to children spitting it up. Dr. [REDACTED] informed Ms. [REDACTED] to open the capsule and pour the medicine into chocolate syrup or pudding. [REDACTED] would be able to ingest the medicine, easier. The prescription will be sent to Walgreens on [REDACTED]. Dr. [REDACTED] did not have any concerns for abuse.

On May 4, 2023, CPSI [REDACTED] presented the case to the [REDACTED] County Child Protective Investigative Team (CPIT). The CPIT Meeting was held via Zoom Video Conference.

The Alleged Child Victims are [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED]. The Alleged Perpetrator is [REDACTED] [REDACTED].

The Allegations are Lack of Supervision and Abuse Death.

The CPIT Team consisted of Assistant District Attorney Devon Dennis, Le Bonheur Hospital Staff, Department of Childrens Services Staff, [REDACTED] Child Advocacy Center Staff, and Law Enforcement. The team agreed that the Lack of Supervision allegation should be classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. The Abuse Death Allegation will be classified as Allegation Substantiated Perpetrator Substantiated. Mr. [REDACTED] is in jail, with a bond of \$500,000.

On December 12, 2023, the Autopsy report was received. The autopsy was completed on [REDACTED] [REDACTED] on March 23, 2023, by the [REDACTED] Regional Forensic Center, [REDACTED] TN. Autopsy findings revealed a left parietal skull fracture, with an associated hemorrhage and significant brain swelling. Toxicological studies performed on postmortem iliac blood were negative. Death was caused by Blunt Head Trauma. Reports of the death scene investigation, circumstances surrounding and leading up to the death, and autopsy findings indicate the manner of death to be homicide.

On January 3, 2024, Detective [REDACTED] with the [REDACTED] Police Department, stated Mr. [REDACTED] was charged with Aggravated Child Abuse and Aggravated Child Neglect. After the District Attorney was spoken to, charges of First-Degree

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Murder in Perpetration of Aggravated Child Neglect and First-Degree Murder in Perpetration of Aggravated Child Abuse were added. Mr. [REDACTED] is still in custody.

Per DCS Policy Work Aid 1 Section C:

Child Death is defined as:

- a) Any child death caused by abuse or neglect.
  - b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
  - c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.
2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect. When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline selects Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician. Preliminary near deaths are always treated as severe child abuse.

Lack of Supervision is defined as:

Failure to provide adequate supervision, by a parent or other legal custodian/caretaker, who is able to do so. A lack of supervision allegation or determination means that:

- a) The child has been placed in a situation that requires actions beyond the childs level of maturity, physical ability, and/or mental ability; or
- b) Caregiver inadequately supervises a child. The caregiver is with the child, but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills).
- c) Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.
- d) Concerns that children in a juvenile justice facility were able to engage in sexual activity that raises lack of appropriate supervision, regardless of age of children and/or if initially reported as consensual. Sexual activity in a juvenile justice facility that falls outside this provision are referred to the Prison Rape Elimination Act (PREA) Coordinator (see DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse and Sexual Harassment Incidents and Prison Rape Elimination Act (PREA)).

There is not a preponderance of evidence to support the allegation of Lack of Supervision, against [REDACTED] [REDACTED] [REDACTED]. There is a preponderance of evidence to support the allegation of Abuse Death, against [REDACTED] [REDACTED] [REDACTED]. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for Lack of Supervision and Allegation Substantiated, Perpetrator Substantiated for Abuse Death.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-03-04 08:30:00	Contact Method: Face To Face
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/04/2024
Completed date: 03/04/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/04/2024 11:34 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted a Parent Interview with [REDACTED] [REDACTED]. The interview was conducted in the living room, with the children present. CPSI [REDACTED] gave an introduction and stated the purpose of the interview.

The girls are on the Pre-Kindergarten waiting list for [REDACTED] Elementary. Since their birthdays are late, they will be behind a year. The ballet classes are going well, but [REDACTED] does not like it. They attend ballet around the time their naps would usually start.

CPSI [REDACTED] conducted Alleged Child Victim Interviews with [REDACTED] and [REDACTED] [REDACTED]. The interviews were conducted in the living room, with Ms. [REDACTED] present.

[REDACTED] stated she had a dream, last night, about wearing a blue skirt with sparkles. [REDACTED] was also in the dream. [REDACTED] showed CPSI [REDACTED] her new dress and shoes. She gave CPSI [REDACTED] a crown to play "princesses." [REDACTED] was clothed in a multicolored dress. No marks or bruises were visible, and she appeared healthy.

[REDACTED] showed CPSI [REDACTED] her bears, which she says are her children. [REDACTED] took CPSI [REDACTED] in the kitchen, and [REDACTED] showed she can put waffles in the toaster. She was clothed in a pink and blue dress. No marks or bruises were visible, and she appeared healthy.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-02-14 11:07:00	Contact Method:
Contact Time: 11:07 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 02/14/2024
Completed date: 02/14/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 02/14/2024 11:08 AM      Entered By: [REDACTED] [REDACTED]

This case was reviewed by Team Leader (TL) [REDACTED] [REDACTED] and staffed with Child Protective Service Investigator (CPSI) [REDACTED] [REDACTED]. CPSI [REDACTED] has completed a home visit with the siblings and their caregiver and there were no concerns stressed or noted. The autopsy has been received and the closing summary has been submitted for review. This case is approved to remain open pending the review of the closing summary.

**Next Steps:**

- CPSI will complete Closing FAST before case closure.
- CM will conduct monthly visits throughout this investigation to continuously assess the safety and well-being of the siblings and adhere to investigation protocols.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-02-01 11:00:00	Contact Method: Face To Face
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 02/01/2024
Completed date: 02/01/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/01/2024 01:53 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted a Parent Interview with [REDACTED] [REDACTED] Ms. [REDACTED] stated the children received new clothes and coats. The have new Frozen dresses, and they have pretended to be princesses. Their preschool applications were done and have been turned in to [REDACTED] Elementary.

CPSI [REDACTED] conducted Alleged Child Victim Interviews with [REDACTED] and [REDACTED] [REDACTED]

[REDACTED] told CPSI [REDACTED] that she is pretending to be Elsa. She was observed eating a snack and watching her grandmother's phone. [REDACTED] was clothed in an Elsa dress, and no marks or bruises were visible.

[REDACTED] stated she is Anna, from Frozen. She showed CPSI [REDACTED] her toys and how they work. [REDACTED] counted to 12 and spelled her name. She was clothed in a blue and pink dress. No marks or bruises were visible.

The children appeared healthy.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-01-04 12:43:00	Contact Method:
Contact Time: 12:43 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 01/25/2024
Completed date: 01/25/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 01/25/2024 11:00 AM      Entered By: [REDACTED] [REDACTED]

This case was reviewed by Team Leader (TL) [REDACTED] [REDACTED] and staffed with Child Protective Service Investigator (CPSI) [REDACTED] [REDACTED]. CPSI [REDACTED] has completed a home visit with the siblings and their caregiver and there were no concerns stressed or noted. The autopsy has been received and the closing summary has been submitted for review. This case is approved to remain open pending the review of the closing summary.

**Next Steps:**

- CPSI will complete Closing FAST before case closure.
- CM will conduct monthly visits throughout the duration of this investigation to continuously assess the safety and well-being of the siblings and adhere to investigation protocols.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 2024-01-04 08:30:00	Contact Method: Correspondence
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/05/2024
Completed date: 01/05/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/05/2024 11:09 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted a Parent Interview with [REDACTED] [REDACTED]. The interview was conducted in the kitchen, with [REDACTED] present.

The twins received their 4-year-old shots, yesterday. [REDACTED] has mostly slept the pain away, but [REDACTED] has been grumpy. Ms. [REDACTED] was spoken to about Mr. [REDACTED] charges, and she was informed the autopsy was received.

CPSI [REDACTED] observed [REDACTED] peeling an orange. She showed CPSI [REDACTED] the crane she received for her birthday. [REDACTED] informed CPSI [REDACTED] she got shots yesterday, and they hurt. [REDACTED] wa clothed in a purple shirt and pink pants. No marks or bruises were visible.

[REDACTED] was observed asleep in her grandmother's bed. She was clothed in a white night gown, and no marks or bruises were visible. The twins both appeared healthy.

Narrative Type: Created In Error Entry Date/Time: 02/02/2024 01:02 PM Entered By: [REDACTED] [REDACTED]

This case note was a face-to-face visit, and it should not have been listed as correspondence.

Tennessee Department of Children's Services  
Case Recording Summary

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

**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	2024-01-04 08:30:00	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	Family Home	Created Date:	02/02/2024
Completed date:	02/02/2024	Completed By:	██████████ ██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

██████████ ██████████ ██████████ ██████████

**Participant(s)**

██████████ ██████████

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/02/2024 01:03 PM      Entered By: ██████████ ██████████

CPSI ██████████ conducted a Parent Interview with ██████████ ██████████. The interview was conducted in the kitchen, with ██████████ present.

The twins received their 4-year-old shots, yesterday. ██████████ has mostly slept the pain away, but ██████████ has been grumpy. Ms. ██████████ was spoken to about Mr. ██████████ charges, and she was informed the autopsy was received.

CPSI ██████████ observed ██████████ peeling an orange. She showed CPSI ██████████ the crane she received for her birthday. ██████████ informed CPSI ██████████ she got shots yesterday, and they hurt. ██████████ wa clothed in a purple shirt and pink pants. No marks or bruises were visible.

██████████ was observed asleep in her grandmother's bed. She was clothed in a white night gown, and no marks or bruises were visible. The twins both appeared healthy.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-18 16:04:00	Contact Method:
Contact Time: 04:04 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 12/18/2023
Completed date: 12/18/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/18/2023 04:06 PM      Entered By: [REDACTED] [REDACTED]

This case has been reviewed by Team Leader (TL) [REDACTED] [REDACTED]. The siblings of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] appeared to be doing well in the home. The caretaker did not report any concerns or needs. According to the caregiver the children's mother is pregnant again. The Uncle, [REDACTED] [REDACTED] [REDACTED] was charged with AGGRAVATED CHILD ABUSE-CHILD U/6 and FIRST DEGREE MURDER. The autopsy was received, reviewed, and uploaded. The autopsy lists the cause of death as blunt head trauma and the manner of death as homicide.

**Next Steps:**

- CPSI will complete Closing FAST before case closure.
- CPSI will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 2023-12-12 16:40:00	Contact Method:
Contact Time: 04:40 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 12/18/2023
Completed date: 12/18/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original    Entry Date/Time: 12/18/2023 04:03 PM    Entered By: [REDACTED] [REDACTED]

The autopsy was received, reviewed, and uploaded. The autopsy lists the cause of death as blunt head trauma and the manner of death as homicide.

Narrative Type: Created In Error    Entry Date/Time: 12/18/2023 04:08 PM    Entered By: [REDACTED] [REDACTED]

data entry error

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

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	2023-12-12 16:40:00	Contact Method:	
Contact Time:	04:40 PM	Contact Duration:	
Entered By:	████ ██████	Recorded For:	
Location:		Created Date:	12/18/2023
Completed date:	12/18/2023	Completed By:	████ ██████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/18/2023 04:08 PM      Entered By: █████ ██████

The autopsy was received, reviewed, and uploaded. The autopsy lists the cause of death as blunt head trauma and the manner of death as homicide.

Tennessee Department of Children's Services  
Case Recording Summary

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	2023-12-12 16:40:00	Contact Method:	
Contact Time:	04:40 PM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	01/03/2024
Completed date:	01/03/2024	Completed By:	██████████ ██████████
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: 01/03/2024 09:09 AM      Entered By: ██████████ ██████████

The Autopsy was received for ██████████ ██████████ The Cause of Death was determined as Blunt Force Head Trauma. The Manner of Death was determined to be a Homicide.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-06 08:30:00	Contact Method: Face To Face
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/06/2023
Completed date: 12/06/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/06/2023 11:26 AM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted a Parent Interview with [REDACTED] [REDACTED]. Ms. [REDACTED] stated the girls have recently started ballet. She bought them a new bunk bed set. She is getting her deck redone, and the children are getting a new playground for their birthdays and Christmas.

CPSI [REDACTED] went to [REDACTED] and [REDACTED] room, and interviews were conducted.

[REDACTED] showed CPSI [REDACTED] her new bed. She likes to use the slide instead of the stairs to get out of bed. [REDACTED] showed CPSI [REDACTED] her ponies, and she named each one. [REDACTED] was clothed in a mermaid pajama gown. She had no marks or bruises visible and appeared healthy.

[REDACTED] told CPSI [REDACTED] she loves her bottom bunk, but she plays on the slide, from her sister's bunk. Their birthdays are coming up, and they are turning 4. [REDACTED] was clothed in a Christmas gown, and no marks or bruises were visible. [REDACTED] appeared healthy.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-11-20 14:11:00	Contact Method:
Contact Time: 02:11 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 11/21/2023
Completed date: 12/04/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 11/21/2023 07:32 AM      Entered By: [REDACTED] [REDACTED]

This case has been reviewed by Team Leader (TL) [REDACTED] [REDACTED]. The siblings of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] appeared to be doing well in the home. The caretaker did not report any concerns or needs. According to the caregiver the children's mother is pregnant again. The Uncle, [REDACTED] [REDACTED] [REDACTED] was charged with AGGRAVATED CHILD ABUSE-CHILD U/6 and FIRST DEGREE MURDER. The case is an abuse death case and it is approved to remain open pending the autopsy.

**Next Steps:**

- CPSI will document and upload the autopsy into TFACTS once received.
- CPSI will complete Closing FAST before case closure.
- CPSI will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-11-08 08:30:00	Contact Method: Face To Face
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/06/2023
Completed date: 12/06/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/06/2023 11:16 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted a Parent Interview with Ms. [REDACTED] [REDACTED]

Ms. [REDACTED] stated the girls have been doing fine. There have not been any issues.

CPSI [REDACTED] also conducted interviews with [REDACTED] and [REDACTED] [REDACTED]

[REDACTED] was just waking up. She informed CPSI [REDACTED] she was going to use the restroom, and then she was coming to eat breakfast. She was clothed in a purple and white gown. She had no marks or bruises visible and appeared healthy.

[REDACTED] was observed eating breakfast. She was attempting to eat cupcakes, as well. [REDACTED] was clothed in a red and white dress. No marks or bruises were visible, and she appeared healthy.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-10-20 13:42:00	Contact Method:
Contact Time: 01:42 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 10/31/2023
Completed date: 10/31/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 10/31/2023 02:11 PM      Entered By: [REDACTED] [REDACTED]

This case has been reviewed by Team Leader (TL) [REDACTED] [REDACTED]. The siblings of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] appeared to be doing well in the home. The caretaker did not report any concerns or needs. The case is an abuse death case and it is approved to remain open pending the autopsy.

**Next Steps:**

- CPSI will document and upload the autopsy into TFACTS once received.
- CPSI will complete Closing FAST before case closure.
- CPSI will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-10-05 08:45:00	Contact Method: Face To Face
Contact Time: 08:45 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/06/2023
Completed date: 12/06/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/06/2023 11:11 AM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted a Parent Interview with Ms. [REDACTED] [REDACTED]

Ms. [REDACTED] stated the girls have been doing fine. There have not been any issues.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-10-05 08:30:00	Contact Method: Face To Face
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/06/2023
Completed date: 10/18/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation	
Contact Sub Type:	

**Children Concerning**

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

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

Narrative Type: Original      Entry Date/Time: 10/06/2023 08:48 AM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted Alleged Child Victim Interviews with [REDACTED] and [REDACTED] [REDACTED]. The interviews were conducted in their grandmother's bedroom.

[REDACTED] informed CPSI [REDACTED] she played with a new horse toy, at the library. She played with the horse today, and she is going to play with it again today. [REDACTED] was clothed in a princess night gown, with no marks or bruises visible.

[REDACTED] stated it is her turn to play with the horse. They are going to the library, today, for story time. [REDACTED] informed CPSI [REDACTED] she has been using the potty on her own. She was clothed in a red and green night gown, with no marks or bruises visible.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-09-15 11:40:00	Contact Method:
Contact Time: 11:40 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 09/15/2023
Completed date: 09/15/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 09/15/2023 11:41 AM      Entered By: [REDACTED] [REDACTED]

This case has been reviewed by Team Leader (TL) [REDACTED] [REDACTED]. The siblings of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] appeared to be doing well in the home. The caretaker did not report any concerns or needs. The case is an abuse death case and it is approved to remain open pending the autopsy.

**Next Steps:**

- CPSI will follow up with the grandmother and surviving siblings to continue the assessment of any needs.
- CPSI will document and upload the autopsy into TFACTS once received.
- CPSI will complete Closing FAST before case closure.
- CPSI will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Tennessee Department of Children's Services  
Case Recording Summary

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	2023-09-07 08:45:00	Contact Method:	Face To Face
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	Family Home	Created Date:	12/06/2023
Completed date:	12/06/2023	Completed By:	██████████ ██████████
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: 12/06/2023 11:20 AM      Entered By: ██████████ ██████████

CPSI ██████████ conducted a Parent Interview with Ms. ██████████ ██████████

Ms. ██████████ stated the girls have been doing fine. There have not been any issues.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-09-07 08:30:00	Contact Method: Face To Face
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 09/08/2023
Completed date: 09/08/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/08/2023 08:39 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted Alleged Child Victim Interviews with [REDACTED] and [REDACTED]. The interviews were conducted in the family home, with their grandmother present. CPSI [REDACTED] engaged with the children by playing hide and seek and dolls.

[REDACTED] stated she went to the fair, and she rode the ponies. She stated she had so much fun, and she wanted to ride again and again. [REDACTED] and CPSI [REDACTED] played hide and seek. [REDACTED] was clothed in an Elsa dress from Frozen. She had no marks or bruises visible and appeared healthy.

[REDACTED] was upstairs, in her room, playing dolls. CPSI [REDACTED] got on the floor and played with [REDACTED]. While Playing, [REDACTED] informed CPSI [REDACTED] she went to the fair and rode a big horse. Her horse was black and white, and she named him Spirit. [REDACTED] was clothed in a white pajama gown, and no marks or bruises were visible. She appeared healthy.

CPSI [REDACTED] spoke to Ms. [REDACTED] [REDACTED]. She stated the girls' mother is in [REDACTED] due to her job being on strike. Ms. [REDACTED] [REDACTED] also went to the fair, and the girls really loved that their mom was there.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-08-17 09:43:00	Contact Method:
Contact Time: 09:43 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/17/2023
Completed date: 08/17/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

**Children Concerning**

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

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

Narrative Type: Original      Entry Date/Time: 08/17/2023 12:55 PM      Entered By: [REDACTED] [REDACTED]  
 CPSI [REDACTED] received [REDACTED] [REDACTED] and [REDACTED] [REDACTED] Medical Records from [REDACTED] [REDACTED] Hospital.

On March 27, 2023, [REDACTED] [REDACTED] and [REDACTED] [REDACTED] went to the Hospital for Medical Clearance, due to suspected physical abuse. There were no problems to document.

[REDACTED] [REDACTED] had a cutaneous abscess of the right buttock. She was prescribed clindamycin, and Ibuprofen or Tylenol are to be taken every 6 hours, as needed.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-08-08 12:17:00	Contact Method:
Contact Time: 12:17 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 08/08/2023
Completed date: 08/08/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 08/08/2023 12:17 PM      Entered By: [REDACTED] [REDACTED]

This case has been reviewed by Team Leader (TL) [REDACTED] [REDACTED]. The siblings of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] appeared to be doing well in the home. The caretaker did not report any concerns or needs. The case is an abuse death case and it is approved to remain open pending the autopsy.

**Next Steps:**

- CPSI will follow up with the grandmother and surviving siblings to continue the assessment of any needs.
- CPSI will document and upload the autopsy into TFACTS once received.
- CPSI will complete Closing FAST before case closure.
- CPSI will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Tennessee Department of Children's Services  
Case Recording Summary

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 2023-07-28 11:22:00 Contact Method:  
Contact Time: 11:22 AM Contact Duration:  
Entered By: [REDACTED] [REDACTED] Recorded For:  
Location: DCS Office Created Date: 07/28/2023  
Completed date: 07/28/2023 Completed By: [REDACTED] [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/28/2023 11:31 AM Entered By: [REDACTED] [REDACTED]  
CPSI [REDACTED] reviewed [REDACTED] [REDACTED] [REDACTED] Medical Records.

[REDACTED] [REDACTED] started CPR, and she called 911. Intubation was attempted twice, while in the ambulance, but it was unsuccessful. [REDACTED] arrived at [REDACTED] [REDACTED] with bruising on his right jaw. [REDACTED] presented to the hospital in Cardiac Arrest. The cause was unspecified. Compressions were given, and when pulse checks were performed, [REDACTED] had no pulse. [REDACTED] was pronounced deceased on March 22, 2023, at 1227 pm.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-07-27 13:20:00	Contact Method:
Contact Time: 01:20 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/27/2023
Completed date: 07/27/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED]

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

Narrative Type: Original      Entry Date/Time: 07/27/2023 01:31 PM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received and reviewed [REDACTED] [REDACTED] Birth records from [REDACTED] Hospital.

[REDACTED] was 6 pounds (3 kilograms) at birth.

[REDACTED] was born drug exposed with cocaine, fentanyl, opioids, and oxycodone, by his mother. His umbilical cord was positive for cocaine, fentanyl, methadone, and opiates. [REDACTED] was said to have Neonatal Opioid Withdrawal Syndrome. He was weaned off phenobarbital, before being discharged. [REDACTED] [REDACTED] also had Hyperbilirubinemia.

[REDACTED] did not have any brain abnormalities or intraventricular hemorrhaging.  
[REDACTED] was circumcised, while in the hospital.

He was discharged on December 7, 2022.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-07-27 12:52:00	Contact Method:
Contact Time: 12:52 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/27/2023
Completed date: 07/27/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED]

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

Narrative Type: Original Entry Date/Time: 07/27/2023 01:14 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received [REDACTED] [REDACTED] Medical Records from [REDACTED] Fire Department. Detective [REDACTED] with the [REDACTED] Police Department, obtained the records, and they were given to CPSI [REDACTED]

On March 22, 2023, [REDACTED] Fire Department's primary impression was of [REDACTED] being in Cardiac Arrest.

There was bruising or dark discoloration to the right-side mandible. [REDACTED] had cyanosis to his lips and nose. There was nasal discharge of both nostrils. Modeling (blotchy redness) was in [REDACTED] right, rear thigh. His distal extremities were not perfusing.

A pulse check was done that showed [REDACTED] was still pulseless. Chest compressions were conducted, and the child was taken to [REDACTED] [REDACTED] Emergency Room.

Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 2023-07-12 08:55:00 Contact Method: Face To Face  
Contact Time: 08:55 AM Contact Duration:  
Entered By: [REDACTED] [REDACTED] Recorded For:  
Location: Family Home Created Date: 12/06/2023  
Completed date: 12/06/2023 Completed By: [REDACTED] [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Parent/Caretaker Interview  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/06/2023 11:21 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted a Parent Interview with Ms. [REDACTED] [REDACTED]

Ms. [REDACTED] stated the girls have been doing fine. There have not been any issues.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-07-12 08:45:00	Contact Method: Face To Face
Contact Time: 08:45 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 07/12/2023
Completed date: 07/12/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation	
Contact Sub Type:	

**Children Concerning**

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

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

Narrative Type: Original      Entry Date/Time: 07/12/2023 10:40 AM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted Alleged Child Victim Interviews with [REDACTED] and [REDACTED] [REDACTED]. The interviews were conducted in the living room, of the home. CPSI [REDACTED] gave an introduction and engaged with the children.

[REDACTED] informed CPSI [REDACTED] that she has a cold. Her nose has been running, and she has been coughing. She showed CPSI [REDACTED] her favorite movies. [REDACTED] began to explain why the movies were her favorite. [REDACTED] was clothed in a yellow shirt and blue shorts.

[REDACTED] showed CPSI [REDACTED] her favorite book, which was of the Human Body. [REDACTED] pointed out all of the body parts and organs, that she knew. She stated she also has a cold, but she does not have a runny nose. [REDACTED] was clothed in a princess dress. She had no marks or bruises visible and appeared healthy.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-07-06 10:37:00	Contact Method:
Contact Time: 10:37 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 07/17/2023
Completed date: 07/17/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 07/17/2023 04:22 PM      Entered By: [REDACTED] [REDACTED]

This case has been reviewed by Team Leader (TL) [REDACTED] [REDACTED]. The siblings of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] appeared to be doing well in the home. The caretaker did not report any concerns or needs. The case is an abuse death case and it is approved to remain open pending the autopsy.

**Next Steps:**

- CPSI will follow up with the grandmother and surviving siblings to continue the assessment of any needs.
- CPSI will document and upload the autopsy into TFACTS once received.
- CPSI will complete Closing FAST before case closure.
- CPSI will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-06-05 10:42:00	Contact Method:
Contact Time: 10:42 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 06/05/2023
Completed date: 06/05/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 06/05/2023 10:43 AM      Entered By: [REDACTED] [REDACTED]

This case has been reviewed by Team Leader (TL) [REDACTED] [REDACTED]. The siblings of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] appeared to be doing well in the home. The caretaker did not report any concerns or needs. The case is an abuse death case and it is approved to remain open pending the autopsy.

**Next Steps:**

- CPSI will follow up with the grandmother and surviving siblings to continue the assessment of any needs.
- CPSI will document and upload the autopsy into TFACTS once received.
- CPSI will complete Closing FAST before case closure.
- CPSI will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-06-05 08:30:00	Contact Method: Face To Face
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/06/2023
Completed date: 06/06/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/06/2023 11:11 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted Alleged Child Victim Interviews with [REDACTED] [REDACTED] and [REDACTED] [REDACTED]. CPSI [REDACTED] engaged with the children by playing with sidewalk chalk. CPSI [REDACTED] helped the children get their motorized cars back on level ground, so that they could drive them. The children appeared to have fun with CPSI [REDACTED].

[REDACTED] was clothed in a sunflower dress. She had no marks or bruises visible and appeared healthy.  
 [REDACTED] was clothed in her Cinderella costume.

CPSI [REDACTED] conducted a Parent Interview with [REDACTED] [REDACTED]. Ms. [REDACTED] stated she has put the girls into swim. Ms. [REDACTED] and the children have been doing fine. She has not had any issues, and she continues to teach the girls, each day. Ms. [REDACTED] is gearing the girls for Pre-Kindergarten.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-05-22 09:42:00	Contact Method:
Contact Time: 09:42 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 05/25/2023
Completed date: 05/25/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 05/25/2023 08:02 AM      Entered By: [REDACTED] [REDACTED]

This case has been reviewed by Team Leader (TL) [REDACTED] [REDACTED]. The siblings of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] appeared to be doing well in the home. The caretaker did not report any concerns or needs. The case is an abuse death case and it is approved to remain open pending the autopsy.

**Next Steps:**

- CPSI will follow up with the grandmother and surviving siblings to continue the assessment of any needs.
- CPSI will document and upload the autopsy into TFACTS once received.
- CPSI will complete Closing FAST before case closure.
- CPSI will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-05-08 09:42:00	Contact Method:
Contact Time: 09:42 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 05/12/2023
Completed date: 05/12/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 05/12/2023 02:51 PM      Entered By: [REDACTED] [REDACTED]

This case has been reviewed by Team Leader (TL) [REDACTED] [REDACTED]. The siblings of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] appeared to be doing well in the home. The caretaker did not report any concerns or needs. The case is an abuse death case and it is approved to remain open pending the autopsy.

**Next Steps:**

- CPSI requested ACVs medical records. CPS will review and upload it to TFACTS.
- CPSI will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
- CPSI will follow up with the grandmother and surviving siblings to continue the assessment of any needs.
- CPSI will document and upload the autopsy into TFACTS once received.
- CPSI will complete Closing FAST before case closure.
- CPSI will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-05-04 13:30:00	Contact Method: Video Conference
Contact Time: 01:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/02/2023
Completed date: 08/02/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/02/2023 10:07 AM      Entered By: [REDACTED] [REDACTED]

The CPIT Meeting was held via Zoom Videoconference. The Team consisted of Assistant District Attorney [REDACTED], Child Advocates, Law Enforcement, and DCS Workers.

The Alleged Child Victim is listed as [REDACTED] [REDACTED]. The Alleged Perpetrator is listed as [REDACTED] [REDACTED] [REDACTED]. The Allegation is listed as Abuse Death.

The allegation will be classified as Allegation Substantiated Perpetrator Substantiated.

Mr. [REDACTED] was charged with Aggravated Child Abuse, and he is currently in jail. His bond is set at \$500,000.

Tennessee Department of Children's Services  
Case Recording Summary

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Created In Error
Contact Date:	2023-05-04 01:30:00	Contact Method:	Video Conference
Contact Time:	01:30 AM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	08/01/2023
Completed date:	08/02/2023	Completed By:	TFACTS, Person Merge
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:      Entered By:  
null

Narrative Type: Created In Error      Entry Date/Time: 08/02/2023 10:05 AM      Entered By: ██████████ ██████████

The System completed the note.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-05-02 09:00:00	Contact Method: Face To Face
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/04/2023
Completed date: 05/04/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/04/2023 02:10 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted Alleged Child Victim Observations/Interviews with [REDACTED] [REDACTED] and [REDACTED] [REDACTED]

[REDACTED] was observed laying in her bed. She was just waking up. She told CPSI [REDACTED] she wanted to face paint. [REDACTED] had no marks or bruises visible and appeared healthy.

[REDACTED] was observed sleeping, in her bed. She was clothed in a red, white, and green pajama gown. [REDACTED] had no marks or bruises visible and appeared healthy.

CPSI [REDACTED] conducted a Parent Interview with [REDACTED] [REDACTED] Ms. [REDACTED] donated pampers, clothes, and shoes to the Department. She wanted [REDACTED] items to be given to someone who needs them. Ms. [REDACTED] stated the girls have been doing well, and they are so smart. The girls will start school.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-04-12 08:30:00	Contact Method: Face To Face
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 04/12/2023
Completed date: 04/12/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/12/2023 03:42 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted Alleged Child Victim Interviews with [REDACTED] and [REDACTED] [REDACTED]. The interviews were conducted at the family home.

[REDACTED] and CPSI [REDACTED] went over her colors. She stated she was going to be a good girl for her grandmother. She had no marks or bruises and appeared healthy. She was clothed in a white, pink, and yellow pajama set.

[REDACTED] was observed asleep, but [REDACTED] woke her up. [REDACTED] stated she slept good, and she snuck into her grandmother's bed. She had no marks or bruises visible and appeared healthy. She was clothed in a white, pink, and yellow pajama set, as well.

CPSI [REDACTED] conducted a Parent Interview with [REDACTED] [REDACTED]. The funeral home offered the family grief counseling called [REDACTED]. Ms. [REDACTED] stated she is trying to get [REDACTED] cremated, but the funeral home needs the final disposition. CPSI [REDACTED] called and spoke to the children's Guardian Ad Litem, [REDACTED] [REDACTED] to inform her about [REDACTED] death and the cremation. Mrs. [REDACTED] informed Ms. [REDACTED] that the word "Temporary" on the court order is what needs to be changed. Mrs. [REDACTED] planned a visit for tomorrow at 1 pm.

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

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

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**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 2023-03-28 12:32:00 Contact Method:  
Contact Time: 12:32 PM Contact Duration:  
Entered By: [REDACTED] [REDACTED] Recorded For:  
Location: DCS Office Created Date: 03/28/2023  
Completed date: 03/28/2023 Completed By: [REDACTED] [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/28/2023 12:33 PM Entered By: [REDACTED] [REDACTED]  
CPSI [REDACTED] requested [REDACTED] [REDACTED] Birth Records from [REDACTED] Hospital.

Tennessee Department of Children's Services  
Case Recording Summary

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 2023-03-28 10:26:00 Contact Method:  
Contact Time: 10:26 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 03/28/2023  
Completed date: 03/28/2023 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/28/2023 10:29 AM Entered By: [REDACTED]  
CPSI [REDACTED] conducted a TFACTS Historical Search on [REDACTED] and [REDACTED] have no previous history as Alleged Perpetrators.

Tennessee Department of Children's Services  
Case Recording Summary

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 2023-03-28 10:12:00 Contact Method:  
Contact Time: 10:12 AM Contact Duration:  
Entered By: [REDACTED] [REDACTED] Recorded For:  
Location: DCS Office Created Date: 03/28/2023  
Completed date: 03/28/2023 Completed By: [REDACTED] [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/28/2023 10:18 AM Entered By: [REDACTED] [REDACTED]

The following Internet Records Clearance inquiries were completed on the date(s) indicated on March 28, 2023, for [REDACTED]

- Justice System Inquiry (JSSI): negative results
- 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 March 28, 2023, for [REDACTED]

- Justice System Inquiry (JSSI): negative results
- Tennessee Felony Offender Registry: negative results
- Methamphetamine Offender Registry: negative results

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

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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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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 March 28, 2023, for [REDACTED]

Justice System Inquiry (JSSI): negative results

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

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-28 09:00:00	Contact Method:
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 04/19/2023
Completed date: 04/19/2023	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: 04/19/2023 09:50 AM      Entered By: [REDACTED]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [REDACTED] was debriefed with Case Managers (CM) [REDACTED] and [REDACTED] and Team Leader (TL) [REDACTED]. Also present was Team Coordinator (TC) [REDACTED], CPS Director (CPSD) [REDACTED], and Director of Critical Incident Support (DCIS) [REDACTED].

The CPS investigation was assigned on 3/24/23 concerning the death of ACV [REDACTED] (4mo). It was reported [REDACTED] resided with his maternal grandmother [REDACTED] and two siblings [REDACTED] 3yo and [REDACTED] 3yo] in [REDACTED] County. The grandmother was given custody of the three children due to the birth mothers [REDACTED] drug abuse. The grandmother was protective, and mother did not reside in the home and had active warrants at the time of the arrest. Two family friends [REDACTED] and [REDACTED] had recently moved from Georgia and were residing in the home along with their daughter [REDACTED] 1yo] at the time of the incident. The childrens birth father [REDACTED] is involved and has been contacted.

On 3/21/23 [REDACTED] and the [REDACTED] were in the care of Mr. [REDACTED]. This was routine. Mr. [REDACTED] would watch the youngest children at night, so the grandmother and his wife could rest, and they would watch the children during the day. [REDACTED] was reported to have been acting normally that night before going to bed. He slept in a pack-n-play. Mrs. [REDACTED] stated she woke the morning 3/22/23 between 7-8am when [REDACTED] woke crying and fed him a bottle, burped, and changed him. Mrs. [REDACTED] stated [REDACTED] was acting normally at this time and Mr. [REDACTED] was asleep. She placed [REDACTED] back to sleep on his back in the pack-n-play and then went back downstairs, taking her daughter, to feed her and start the day. Mrs. [REDACTED] reported she went back upstairs to check on [REDACTED] around 11am and observed his face was discoloration and he wasn't breathing. Mr. [REDACTED] was reported to still be sleeping at this time. She yelled for the grandmother and CPR was initiated and 911 called. [REDACTED] was pronounced deceased, and the autopsy revealed a skull fracture. Mr. [REDACTED] eventually admitted to LE he had punched [REDACTED] in the head.

The grandmother and Mrs. [REDACTED] both denied ever witnessing or having any knowledge regarding Mr. [REDACTED] being aggressive or violent toward any of the children in the past. There were plans for Mr. [REDACTED] and his wife to file for custody of [REDACTED] once he had stable employment. It was reported Mr. [REDACTED] had been frustrated over recent job prospects not coming to fruition at the time of the incident. The 3yo siblings were medically cleared with no concerns found. The childrens father

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

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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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reported no concerns about their care by the grandmother. Mr. [REDACTED] 1yo child is in the process of being medically cleared. Mr. [REDACTED] was charged and all parties agreed to no contact between him and the children. Mrs. [REDACTED] plans to move to Florida with family but as case worker has been assigned. Grief counseling was offered to the family.

**Next Steps:**

- CM will request ACVs medical records to include birth, PCP, specialty, etc. Records will be reviewed and uploaded to TFACTS.
- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
- CM will follow-up with the grandmother and surviving siblings to continue assessment of any needs.
- CM will document and upload autopsy into TFACTS once received.
- CM will complete Closing FAST prior to case closure.
- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

Tennessee Department of Children's Services  
Case Recording Summary

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	2023-03-27 18:00:00	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	Family Home	Created Date:	08/03/2023
Completed date:	08/03/2023	Completed By:	██████████ ██████████
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: 08/03/2023 11:07 AM      Entered By: ██████████ ██████████

The FAST 2.0 indicated Immediate Intervention is Not Recommended, but there is a Moderate Risk/Need for Services.

██████████ and ██████████ ██████████ were medically cleared. The family will be given information regarding Grief Counseling.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-27 16:30:00	Contact Method:
Contact Time: 04:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 03/28/2023
Completed date: 03/28/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/28/2023 10:11 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] and [REDACTED] [REDACTED] took [REDACTED] and [REDACTED] to [REDACTED] [REDACTED] in [REDACTED]. The children were seen by Dr. [REDACTED] [REDACTED] for medical clearance.

Dr. [REDACTED] stated the children have nothing showing any trauma, marks, or bruises that warrant any concern an x-ray needs to be done. When the children were felt on their head and body, they did not express tenderness or pain. [REDACTED] has a spider bite on her bottom, from playing and sitting in the grass. [REDACTED] was prescribed Clindamycin for her spider bite. The spider bite has an infection. Dr. [REDACTED] informed Ms. [REDACTED] that a capsule will be prescribed, instead of the liquid, due to children spitting it up. Dr. [REDACTED] informed Ms. [REDACTED] to open the capsule and pour the medicine into chocolate syrup or pudding. [REDACTED] would be able to ingest the medicine, easier. The prescription will be sent to Walgreens on [REDACTED] [REDACTED].

Dr. [REDACTED] did not have any concerns for abuse.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-27 15:20:00	Contact Method: Video Conference
Contact Time: 03:20 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/29/2023
Completed date: 03/29/2023	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Medical Exam	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/29/2023 08:22 AM      Entered By: [REDACTED]

Consulted via phone by [REDACTED] regarding siblings of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED] noted the children were enroute to [REDACTED] to be evaluated and Safety Nurse informed of availability if medical questions arise or to review documentation obtained.

3/28/23, 8:30am phone consultation, [REDACTED] informed Safety Nurse that [REDACTED] and [REDACTED] were evaluated with no injuries noted except a spider bite on one of the children. Ointment was given with treatment plan. Safety Nurse is available of medical questions arise.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-27 14:25:00	Contact Method:
Contact Time: 02:25 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/28/2023
Completed date: 03/28/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/28/2023 08:54 AM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted a Collateral Interview with Detective [REDACTED] [REDACTED] who works with the [REDACTED] Police Department. The interview was conducted by phone. CPSI [REDACTED] gave an introduction and stated the purpose of the interview.

Detective [REDACTED] stated [REDACTED] [REDACTED] was not at the home, the day of [REDACTED] death. The [REDACTED] Police Department has received multiple calls from Ms. [REDACTED] [REDACTED] regarding crimes that [REDACTED] has committed. The last calls they received were in July and October. The October call happened before [REDACTED] was born. The [REDACTED] Police Department knows [REDACTED] [REDACTED] and if she was at the home, she would have been arrested. Ms. [REDACTED] [REDACTED] currently has active warrants.

Tennessee Department of Children's Services  
Case Recording Summary

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2023-03-27 14:00:00	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	03/28/2023
Completed date:	03/28/2023	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

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

**Participant(s)**

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/28/2023 09:52 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted a Home Assessment at [REDACTED], [REDACTED] TN [REDACTED]. The home has 4 bedrooms and 3 bathrooms. One of the bedrooms are used for storage. The children each have their own place to sleep. The family has an ample amount of food, and the water and electricity were both connected and working. CPSI [REDACTED] did not notice any signs of bugs, vermin, or odors. There were no environmental concerns inside or outside the home.

[REDACTED] ACV, [REDACTED]  
[REDACTED] ACV, [REDACTED]  
[REDACTED] Maternal Grandmother, Legal Guardian, [REDACTED]  
[REDACTED], Aunt  
[REDACTED] Cousin, [REDACTED]

Mrs. [REDACTED] and [REDACTED] will be moving to Florida.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-27 13:30:00	Contact Method: Face To Face
Contact Time: 01:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/28/2023
Completed date: 03/28/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/28/2023 10:38 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted Alleged Child Victim Interviews with twins, [REDACTED] and [REDACTED]. The interviews were conducted at the family home. CPSI [REDACTED] gave an introduction and stated the purpose of the interview.

[REDACTED] was clothed in a Minnie Mouse shirt and gray shorts. The child informed CPSI [REDACTED] she is 3 years old. She stated she lives with her Nana, [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. The child was observed watching a movie, on her grandmother's phone. [REDACTED] has a spider bite, on her bottom. She informed CPSI [REDACTED] it hurts, when she sits down. The child appeared healthy. The child was very mild mannered.

[REDACTED] was clothed in a blue and white romper. She was much more active than her sister. She showed CPSI [REDACTED] her dog teddy bear. She was refusing to follow the instructions of her grandmother, stating things she did not want to do. CPSI [REDACTED] observed Ms. [REDACTED] remained patient, and she continued to redirect the child.

CPSI [REDACTED] conducted a Parent Interview with [REDACTED], [REDACTED]. The interview was conducted in the garage. CPSI [REDACTED] gave an introduction and stated the purpose of the interview.

Ms. [REDACTED] stated her grandchildren have become much clingier, than usual. They sense something is wrong, but they are unsure of what is going on. She stated she tries to keep them on their routine. The kids' father, [REDACTED], [REDACTED] has been her support system. He took at DNA Test, and it came back that he was 99% the father. He attempted to file a petition with juvenile court. last year, but DCS was supposed to help. Mr. [REDACTED] went to try and file the petition, today, but he was turned around. The court told him he needed an address on [REDACTED] and [REDACTED]. He was turned around.

CPSI [REDACTED] spoke to the family about Grief Counseling. They were given information regarding [REDACTED], [REDACTED] Center for [REDACTED]. CPSI [REDACTED] informed Ms. [REDACTED] the children needed to be taken to the hospital, for an assessment of injuries. Ms. [REDACTED] spoke about [REDACTED] spider bite, and CPSI [REDACTED] assured her the doctor's will handle everything at once.

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

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

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-27 11:00:00	Contact Method: Phone Call
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/03/2024
Completed date: 01/03/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Referent Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 01/03/2024 09:45 AM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] contacted the referent. No additional information was given.

Tennessee Department of Children's Services  
Case Recording Summary

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	2023-03-27 09:00:00	Contact Method:	Video Conference
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	██████ ██████	Recorded For:	
Location:	DCS Office	Created Date:	01/03/2024
Completed date:	01/03/2024	Completed By:	██████ ██████
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: 01/03/2024 12:19 PM      Entered By: ██████ ██████

The ██████ and ██████ Investigation was presented to the CPIT Team. The case was recommended to be Coordinated with Law Enforcement, and Medical Records are to be obtained.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-23 21:53:00	Contact Method: Face To Face
Contact Time: 09:53 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/26/2023
Completed date: 03/26/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Alleged Perpetrator Interview	
Contact Sub Type:	

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/26/2023 06:50 AM      Entered By: [REDACTED] [REDACTED]

3/23/2023 CPSI [REDACTED] was waiting to speak with [REDACTED] due to him being interviewed at the home by law enforcement. Law enforcement later reported Mr. [REDACTED] admitted to while he and [REDACTED] was upstairs alone on 3/22/2023. Mr. [REDACTED] admitted to trying to give [REDACTED] his pacifier to help him go back to sleep but when he refused, he hit [REDACTED] in the head with is fist.

Mr. [REDACTED] was taken into custody and charged with Aggravated Child Abuse, Aggravated Child Neglect and other possible charges pending the investigation.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-23 20:56:00	Contact Method: Face To Face
Contact Time: 08:56 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/26/2023
Completed date: 03/26/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Other Persons Living in Home Interview/Observation	
Contact Sub Type:	

**Children Concerning****Participant(s)**

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/26/2023 06:08 AM Entered By: [REDACTED] [REDACTED]

3/23/2023 856 pm CPSI spoke with Ms. [REDACTED] [REDACTED] alone in the living room area of the home. Ms. [REDACTED] reports she and Mr. [REDACTED] were married on [REDACTED] in [REDACTED] County in Georgia. She reports she and her family have been residing with Ms. [REDACTED] for about 6 months from Georgia. She reports Mr. [REDACTED] is the uncle to the [REDACTED] children and they planned to get custody of [REDACTED] once they were settled here in [REDACTED] to assist Ms. [REDACTED] with the children. Ms. [REDACTED] reports on the evening of 3/21/2023 she and her family went to the ER due to her having an ovarian cyst and back pain. She reports they returned home after 9 pm and Mr. [REDACTED] put [REDACTED] and their daughter [REDACTED] (22 months) to bed because he usually takes the night shift with the babies. The following morning, she woke a little after 7 am to feed [REDACTED] who was fine, she fed, burped, and changed him. All the while Mr. [REDACTED] and [REDACTED] were still in bed asleep. After feeding and putting [REDACTED] back to bed she took [REDACTED] downstairs to feed her and helped Ms. [REDACTED] with the twins. Sometime after 11 am, she went back upstairs, Mr. [REDACTED] was still asleep when she noticed [REDACTED] looked purple as if he wasn't breathing. She reports she began to call for help, Ms. [REDACTED] and her husband all began trying to help and call 911. Ms. [REDACTED] reports each time she entered the room Mr. [REDACTED] was asleep and [REDACTED] was breathing and acting normally. Ms. [REDACTED] spoke about how Mr. [REDACTED] is good with the children. She reports she's never observed him lose his temper or become angry with any of the children. Ms. [REDACTED] denied having any knowledge of how [REDACTED] received the reported injury. Ms. [REDACTED] reports Mr. [REDACTED] is getting tested for Autism and believes he's diagnosed with ADHD (no meds). She denied any mental health or domestic violence concerns within the home. Ms. [REDACTED] is willing to take services but isn't sure how much longer she'll be in [REDACTED].

\*Mr. [REDACTED] was still with law enforcement.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-23 20:13:00	Contact Method: Face To Face
Contact Time: 08:13 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/26/2023
Completed date: 03/26/2023	Completed By: [REDACTED] [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: 03/26/2023 05:04 AM      Entered By: [REDACTED] [REDACTED]

3/23/2023 813 pm CPSI presented and discussed all required initial DCS legal forms and procedures including: Client's Rights, HIPPA, Native American Heritage Veto Verification, Notification of Equal Access to Programs/Services, Parents Bill of rights, MRS Brochure Grievances Procedures Notification of Access of Programs and the Release of Information documents with custodian Ms. [REDACTED] (MGM) who agreed and signed DCS intake form CS-0050.

Mrs. [REDACTED] is the maternal grandmother and has custody of all three siblings ([REDACTED] and [REDACTED]). CPSI explained the nature of the visit to Ms. [REDACTED] who was extremely upset to have heard the preliminary findings of [REDACTED] death. Ms. [REDACTED] explained everyone had always been so careful with [REDACTED] because he was born drug exposed. She reports there was always adult supervision with [REDACTED]. Ms. [REDACTED] reports TEIS was just in the home a week or so ago and approved [REDACTED] for therapy which was supposed to start on earlier today at 1 pm. She reports other than a mild cold [REDACTED] was healthy. [REDACTED] is seen at the [REDACTED] Clinic for his well-child exam back in December or January for his 2-month shots. She expressed that [REDACTED] sounded raspy and the doctor told her it was just a cold. [REDACTED] was scheduled in February but when they got to the clinic the clinic told them they didnt see an appointment for him. She reports the clinic was provided the appointment card they were given, and the clinic still stated they didnt have an appointment. She reports theyve tried to make an appointment since with no success.

Ms. [REDACTED] explained that Mr. [REDACTED] (AP) is a half-brother to the childrens mother, [REDACTED]. She reports Mr. [REDACTED] his wife and his 2-year-old daughter, [REDACTED] (companion # [REDACTED]) have been residing with them for about 6 months. The plan was once Mr. [REDACTED] and his wife were employed and had stable housing of their own they were going to look into the kinship program to have [REDACTED] placed with them.

Ms. [REDACTED] went on to explain on the day in question 3/21/2023 Mr. [REDACTED] and his family went to the emergency because Mrs. [REDACTED] wasnt feeling well. She reports she was home with the twins and [REDACTED] until the [REDACTED] returned home a little after 9 pm. Mr. [REDACTED] took over with [REDACTED] because he usually takes the night shift with [REDACTED] and his daughter. Ms. [REDACTED] reports she went to get the twins ready for bed and didnt see anyone else until the next morning when Mrs. [REDACTED] came downstairs to get a bottle for [REDACTED]. She reports the next time she saw [REDACTED] was a little after 11 am when Mrs. [REDACTED] screamed [REDACTED] laying in his crib and wasnt breathing. She observed [REDACTED] skin to be discolored as if he wasnt breathing and she immediately began CPR, and someone called 911. She reports Mr. [REDACTED] was reportedly in the room asleep when Mrs. [REDACTED] observed [REDACTED] not breathing. [REDACTED] was taken by ambulance to the hospital and Mr. [REDACTED] rode along with him.

Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] was extremely upset throughout the interview. Ms. [REDACTED] denies having any knowledge of how [REDACTED] received the reported injury.

Home Composition:

- [REDACTED] DOB: [REDACTED] MGM/Custodian ([REDACTED])
- [REDACTED] DOB: [REDACTED] ACV
- [REDACTED] DOB: [REDACTED] ACV
- [REDACTED] DOB: [REDACTED] ACV
- [REDACTED] DOB: [REDACTED] AP/Uncle
- [REDACTED] DOB: [REDACTED] Wife ([REDACTED])
- [REDACTED] DOB: [REDACTED] Cousin

CPSI observed the home to be furnished appropriately with working utilities. CPSI observed no visible safety hazards.

[REDACTED] TN

DCS forms CS-0050 and CS-0559 were uploaded under ACV.

Narrative Type: Addendum 1    Entry Date/Time: 03/26/2023 05:50 AM    Entered By: [REDACTED] [REDACTED]

CPSI offered services to Ms. [REDACTED] Ms. [REDACTED] was too devastated to respond.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-23 19:59:00	Contact Method: Face To Face
Contact Time: 07:59 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/26/2023
Completed date: 03/26/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Initial ACV Face To Face	
Contact Sub Type:	

**Children Concerning**

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

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

Narrative Type: Original      Entry Date/Time: 03/26/2023 04:15 AM      Entered By: [REDACTED] [REDACTED]

3/23/2023 759 pm Law enforcement was at the home with this CPSI arrived. Law enforcement explained to the family the reason for the visit. Mr. [REDACTED] [REDACTED] became extremely upset. Law enforcement asked him to leave the room while this CPSI interviewed the family. Mr. [REDACTED] stepped outside with law enforcement. Child Protective Service Investigator (CPSI) [REDACTED] [REDACTED] observed Alleged Child Victims (ACV) [REDACTED] and [REDACTED] (twins) at their home located at [REDACTED]. CPSI observed twin siblings to be dressed in t-shirts and pampers. CPSI was not able to get either child to sit down or speak with this CPSI due to their age. Siblings ran around the home until an adult along with law enforcement was able to take all the children (all crying) into the back room. Siblings appeared to be sleepy. CPSI observed no visible marks or bruises. Siblings appeared to be healthy in terms of height and weight.

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

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	2023-03-23 19:59:00	Contact Method:	Face To Face
Contact Time:	07:59 PM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	Hospital	Created Date:	03/26/2023
Completed date:	03/26/2023	Completed By:	██████████ ██████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

**Children Concerning**

██████████ ██████████

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/26/2023 04:22 AM      Entered By: ██████████ ██████████

According to the Department of Children's Service Work Aid 2 Policy: It is not required for the DCS Case Manager to observe the deceased child.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-03-23 17:25:00	Contact Method:
Contact Time: 05:25 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/03/2024
Completed date: 01/03/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Opening	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/03/2024 09:37 AM Entered By: [REDACTED] [REDACTED]

Investigator [REDACTED] [REDACTED] was assigned the following P1 Referral by Team Leader [REDACTED] [REDACTED]

Juvenile Court and District Attorney are notified on referrals and classification on a monthly basis per local protocol and policy. The referent requested EMAIL notification of the referral.

The Tennessee Department of Children services received the following P1 investigation on 03/23/2023 at 5:25 pm with allegations of Abuse Death and Lack of Supervision. The alleged child victims are 3-year-old, [REDACTED] 3-year-old, [REDACTED] and 5-month-old, [REDACTED] [REDACTED]. The Alleged Perpetrator is listed as [REDACTED] [REDACTED] [REDACTED].

On 3/22/23 around noon, officers with the [REDACTED] Police Department responded to a call for an unexplained infant death. [REDACTED] was the deceased child. [REDACTED] was born drug addicted and had medical issues related to that.

The medical examiner (name unknown) called law enforcement today and advised that [REDACTED] has a skull fracture. It is unknown at this time if the skull fracture is the cause of death. The emergency removal of the other children in the home is needed due to the injury the medical examiner found on [REDACTED].

Tennessee Department of Children's Services  
Case Recording Summary

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
Contact Date: 2023-03-23 09:00:00 Contact Method: Video Conference  
Contact Time: 09:00 AM Contact Duration:  
Entered By: [REDACTED] [REDACTED] Recorded For:  
Location: DCS Office Created Date: 01/03/2024  
Completed date: 01/03/2024 Completed By: [REDACTED] [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): CPIT (Child Protective Investigative Team)  
Contact Sub Type:

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/03/2024 10:42 AM Entered By: [REDACTED] [REDACTED]

The [REDACTED] and [REDACTED] Investigation was presented to the CPIT Team. The case was recommended to be Coordinated with Law Enforcement, and Medical Records are to be obtained.

Narrative Type: Created In Error Entry Date/Time: 01/03/2024 12:16 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] added the incorrect date.

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

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

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**Case Recording Details**

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 2023-03-23 09:00:00	Contact Method: Video Conference
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/03/2024
Completed date: 01/03/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/03/2024 12:17 PM Entered By: [REDACTED] [REDACTED]

The [REDACTED] and [REDACTED] Investigation was presented to the CPIT Team. The case was recommended to be Coordinated with Law Enforcement, and Medical Records are to be obtained.

Narrative Type: Created In Error Entry Date/Time: 01/03/2024 12:18 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] added the incorrect date.



**Child Protective Service Investigation Summary  
and Classification Decision of Child  
Abuse/Neglect Referral**

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/23/2023

Assignment Date: 03/24/2023

Street Address: [REDACTED]

City/State/Zip: [REDACTED] Tennessee [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
							CSEM	
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
								05/04/2023
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
								05/04/2023
3	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
								05/04/2023

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: The Tennessee Department of Children services received the following P1 investigation on 03/23/2023 at 5:25 pm with allegations of Abuse Death and Lack of Supervision. The alleged child victims are 3-year-old, [REDACTED] 3-year-old, [REDACTED] and 5-month-old, [REDACTED]. The Alleged Perpetrator is listed as [REDACTED].

The Allegation of Lack of Supervision will be classified as Allegation Unsubstantiated Perpetrator Unsubstantiated.

The Allegation of Abuse Death will be classified as Allegation Substantiated Perpetrator Substantiated.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 05/04/2023

Team Leader: [REDACTED]

Date: 05/04/2023

**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.**



**Child Protective Service Investigation Summary  
and Classification Decision of Child  
Abuse/Neglect Referral**

Case Name : [REDACTED]

Investigation ID: [REDACTED]

**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:**

According to the Department of Children's Service Work Aid 2 Policy: It is not required for the DCS Case Manager to observe the deceased child.

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

[REDACTED] and [REDACTED] were taken to [REDACTED] in [REDACTED]. The children were seen by Dr. [REDACTED] for medical clearance. Dr. [REDACTED] stated the children have nothing showing any trauma, marks, or bruises that warrant any concern that an x-ray needs to be done. When the children were felt on their head and body, they did not express tenderness or pain. [REDACTED] has a spider bite on her bottom, from playing and sitting in the grass. [REDACTED] was prescribed Clindamycin for her spider bite.

The autopsy was completed on [REDACTED] on March 23, 2023, by the [REDACTED] Regional Forensic Center, [REDACTED] TN. Autopsy findings revealed a left parietal skull fracture, with an associated hemorrhage and significant brain swelling. Toxicological studies performed on postmortem iliac blood were negative. Death was caused by Blunt Head Trauma. Reports of the death scene investigation, circumstances surrounding and leading up to the death, and autopsy findings indicate the manner of death to be homicide.

Detective [REDACTED] with the [REDACTED] Police Department, stated Mr. [REDACTED] was charged with Aggravated Child Abuse and Aggravated Child Neglect. After the District Attorney was spoken to, charges of First-Degree Murder in Perpetration of Aggravated Child Neglect and First-Degree Murder in Perpetration of Aggravated Child Abuse were added. Mr. [REDACTED] is still in custody.

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

[REDACTED] was being interviewed, at the home, by law enforcement. Law Enforcement later reported Mr. [REDACTED] admitted that while he and [REDACTED] was upstairs alone on March 22, 2023, he tried to give [REDACTED] his pacifier to help him go back to sleep. When [REDACTED] refused, he hit [REDACTED] in the head with his fist. Mr. [REDACTED] was taken into custody and charged with Aggravated Child Abuse, Aggravated Child Neglect.

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

On March 22, 2023, The [REDACTED] Police Department responded to a call for an unexplained infant death. [REDACTED] was the deceased child, who was born drug addicted. [REDACTED] had medical issues related to that. The Medical Examiner contacted Law Enforcement advising that [REDACTED] had a skull fracture. [REDACTED] was transported to the hospital, where he was pronounced deceased at 12:27 pm.

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

[REDACTED] died from Blunt Force Head Trauma. He was hit in the head. His uncle, [REDACTED] admitted to hitting the [REDACTED] with his fist, after he would not take his pacifier. [REDACTED] and [REDACTED] were medically cleared, and no injuries or trauma were found. [REDACTED] Autopsy revealed his manner of death was ruled as a Homicide. Mr. [REDACTED] was charged with Aggravated Child Abuse and Aggravated Child Neglect, First-Degree Murder in Perpetration of Aggravated Child Neglect, and First-Degree Murder in Perpetration of Aggravated Child Abuse were added. Mr. [REDACTED] is currently incarcerated and has no contact with the family.

There is not a preponderance of evidence to support the allegation of Lack of Supervision, against [REDACTED]. There is a preponderance of evidence to support the allegation of Abuse Death, against [REDACTED]. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for Lack of Supervision and Allegation Substantiated, Perpetrator Substantiated for Abuse Death.

Distribution Copies:



**Child Protective Service Investigation Summary  
and Classification Decision of Child  
Abuse/Neglect Referral**

Case Name : [REDACTED] [REDACTED]

Investigation ID: [REDACTED]

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



Tennessee Department of Children's Services  
FAST 2.0 Assessment Summary Report

<b>Event Type: CPS Case</b>	<b>Assessment Date: 03/24/2023</b>
<b>Assessment Type: SAFETY</b>	<b>CPS Case ID: [REDACTED]</b>

**OVERVIEW**

<b>Safety Level:</b> Immediate Intervention Recommended	<b>Assessed at Location:</b> In the Home
<b>Event Start Date:</b> 03/05/2024	<b>Last Assessed Date:</b>
<b>Assessment Status:</b> Approved	<b>Assessor:</b> [REDACTED] [REDACTED]
<b>Date Approved:</b> 03/28/2023	<b>Approver:</b> [REDACTED] [REDACTED]

**PARTICIPANTS**

Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] (ACV)	Deceased	Youth	M	[REDACTED]	N/A	
[REDACTED]	72 Yrs	Primary	F	[REDACTED]	N/A	N/A
[REDACTED] (ACV)	3 Yrs	Youth	F	[REDACTED]	N/A	
[REDACTED] (ACV)	3 Yrs	Youth	F	[REDACTED]	N/A	

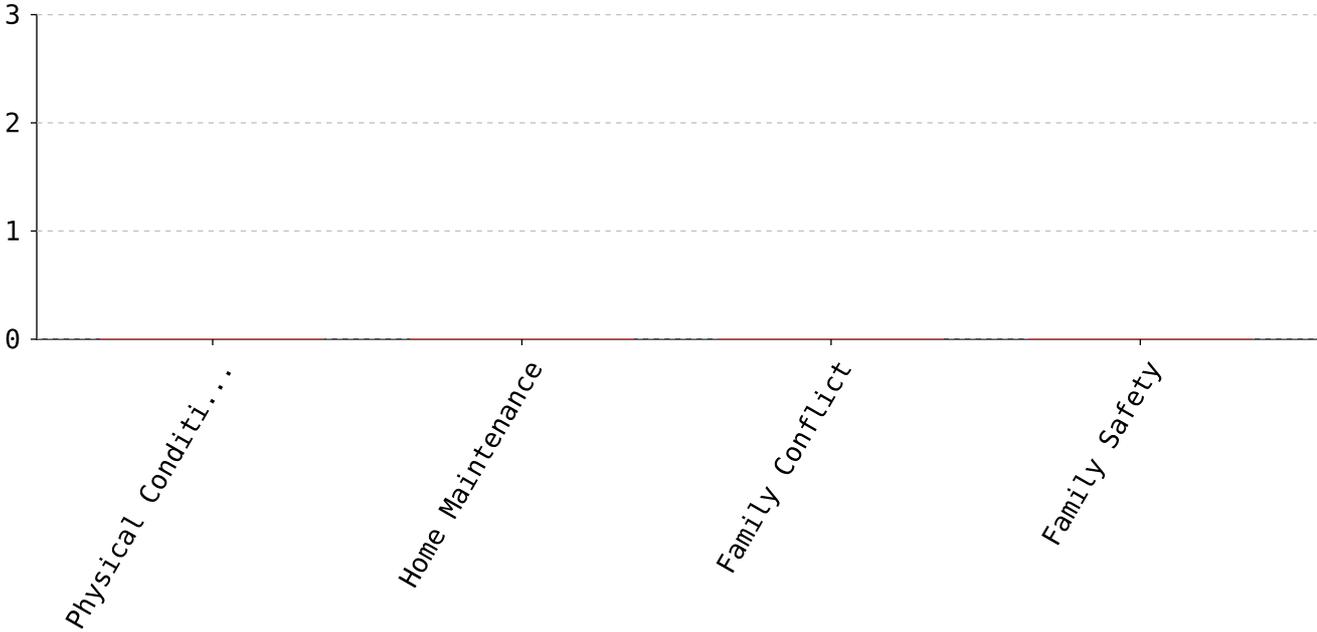


Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/24/2023
<b>Assessment Type:</b> SAFETY	<b>CPS Case ID:</b> [REDACTED]

**THE FAMILY TOGETHER**

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).



Item	Score	Justification/Narrative
Physical Condition of Home	0	
Home Maintenance	0	
Family Conflict	0	
Family Safety	0	



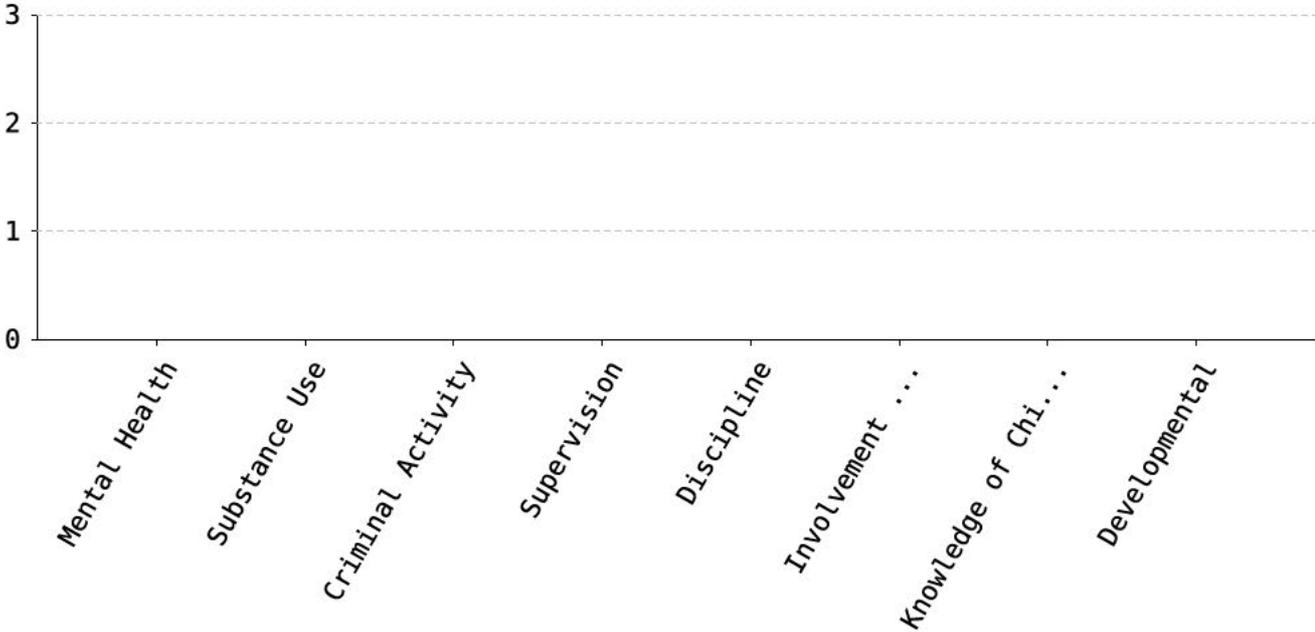
Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 03/24/2023
Assessment Type: SAFETY	CPS Case ID: [REDACTED]

CAREGIVERS

Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.

Participant: [REDACTED]	Person ID: [REDACTED]	Role Primary Caregiver
-------------------------	-----------------------	------------------------



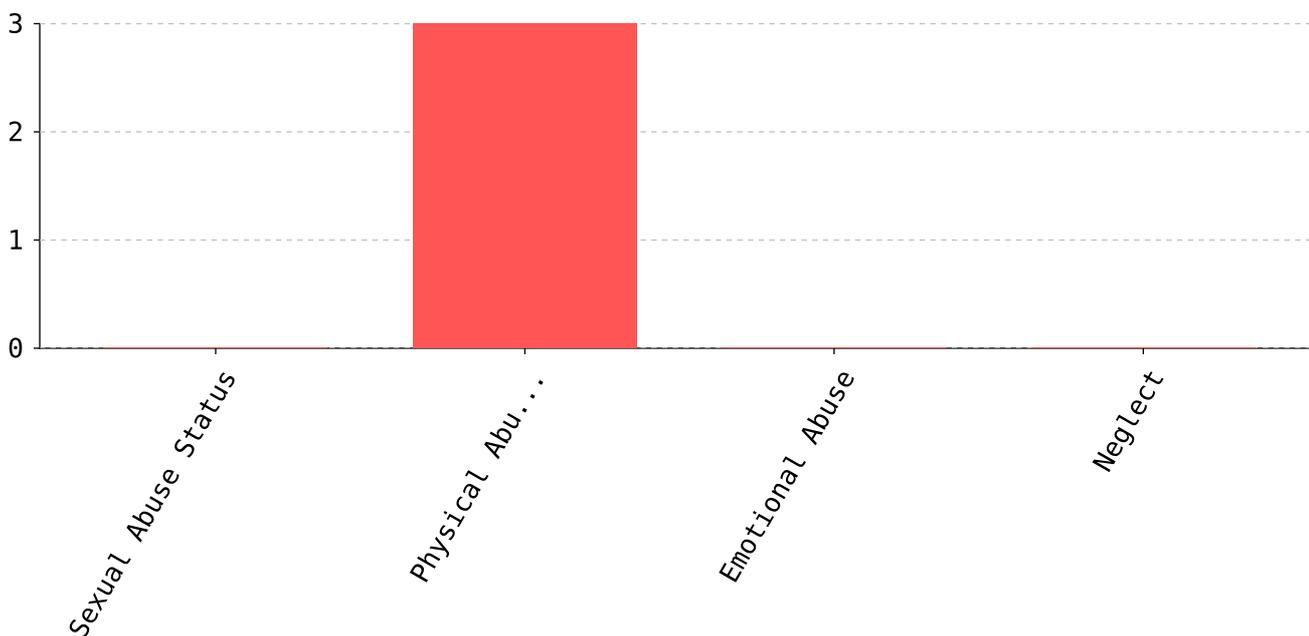
Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	
Developmental	0	



### Tennessee Department of Children's Services FAST 2.0 Assessment Detail Report

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/24/2023
<b>Assessment Type:</b> SAFETY	<b>CPS Case ID:</b> [REDACTED]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [REDACTED]	Person ID: [REDACTED]	Age: Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	3	The medical examiner informed law enforcement and advised that [REDACTED] has a skull fracture. It is unknown at this time if the skull fracture is the cause of death.
Emotional Abuse	0	
Neglect	0	



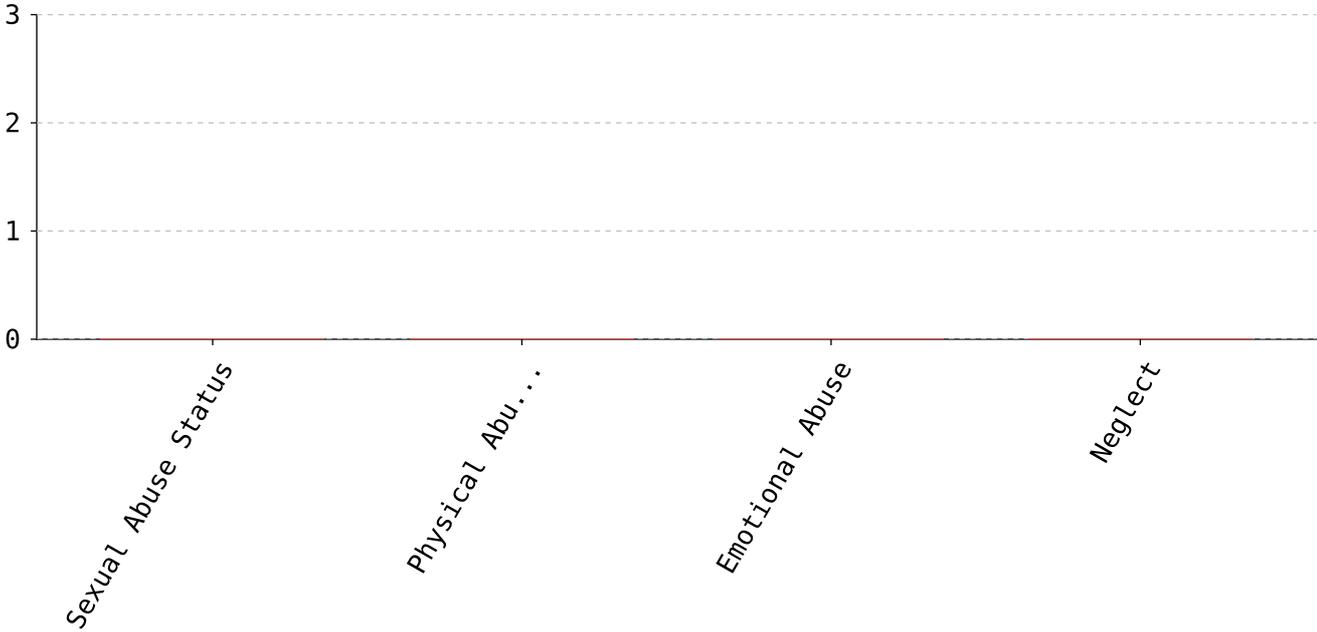
Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/24/2023
<b>Assessment Type:</b> SAFETY	<b>CPS Case ID:</b> [REDACTED]

**YOUTH**

This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.

Participant: [REDACTED]	Person ID: [REDACTED]	Age: 3 Yrs
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Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	



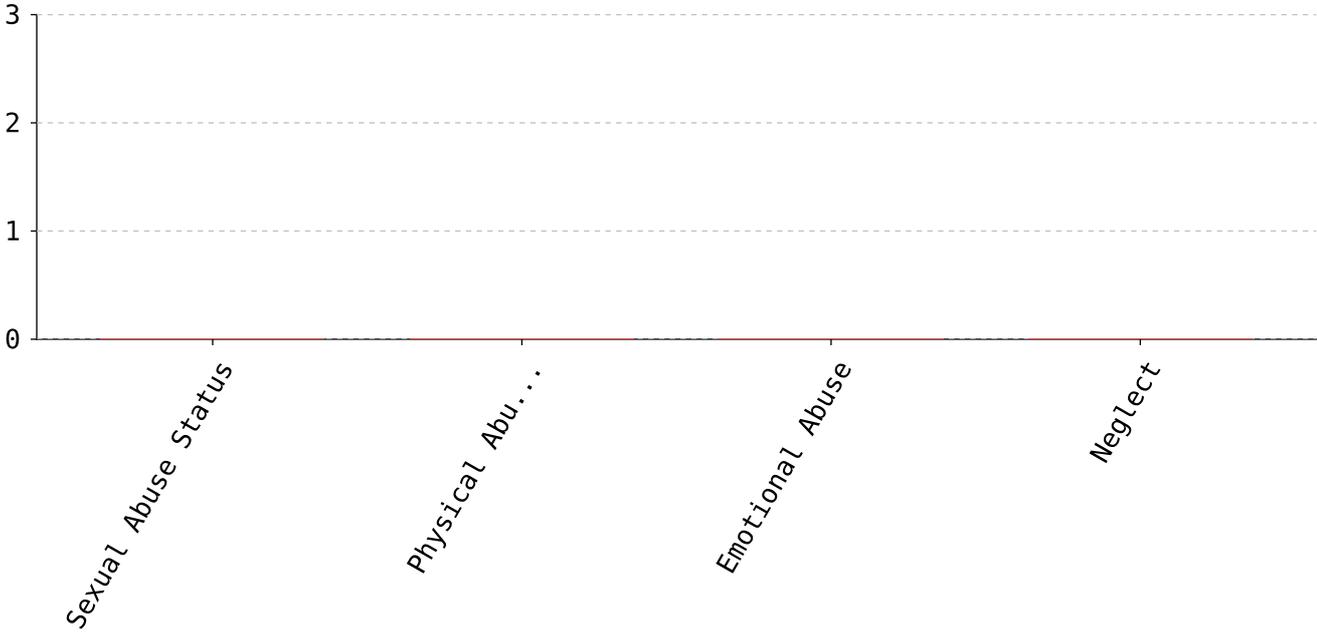
Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/24/2023
<b>Assessment Type:</b> SAFETY	<b>CPS Case ID:</b> [REDACTED]

**YOUTH**

This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.

<b>Participant:</b> [REDACTED] [REDACTED]	<b>Person ID:</b> [REDACTED]	<b>Age:</b> 3 Yrs
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Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	



Tennessee Department of Children's Services  
FAST 2.0 Assessment Summary Report

<b>Event Type: CPS Case</b>	<b>Assessment Date: 03/27/2023</b>
<b>Assessment Type: FAST</b>	<b>CPS Case ID: [REDACTED]</b>

**OVERVIEW**

<b>Safety Level:</b> Immediate Intervention Not Recommended	<b>Assessed at Location:</b> In the Home
<b>Risk Level:</b> Moderate Need/Risk	
<b>Event Start Date:</b> 03/05/2024	<b>Last Assessed Date:</b> 03/24/2023
<b>Assessment Status:</b> Approved	<b>Assessor:</b> [REDACTED] [REDACTED]
<b>Date Approved:</b> 03/28/2023	<b>Approver:</b> [REDACTED] [REDACTED]

**PARTICIPANTS**

Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] [REDACTED]	72 Yrs	Primary	F	[REDACTED]	N/A	N/A
[REDACTED] [REDACTED] (ACV)	3 Yrs	Youth	F	[REDACTED]	2	Low
[REDACTED] [REDACTED] (ACV)	3 Yrs	Youth	F	[REDACTED]	2	Low

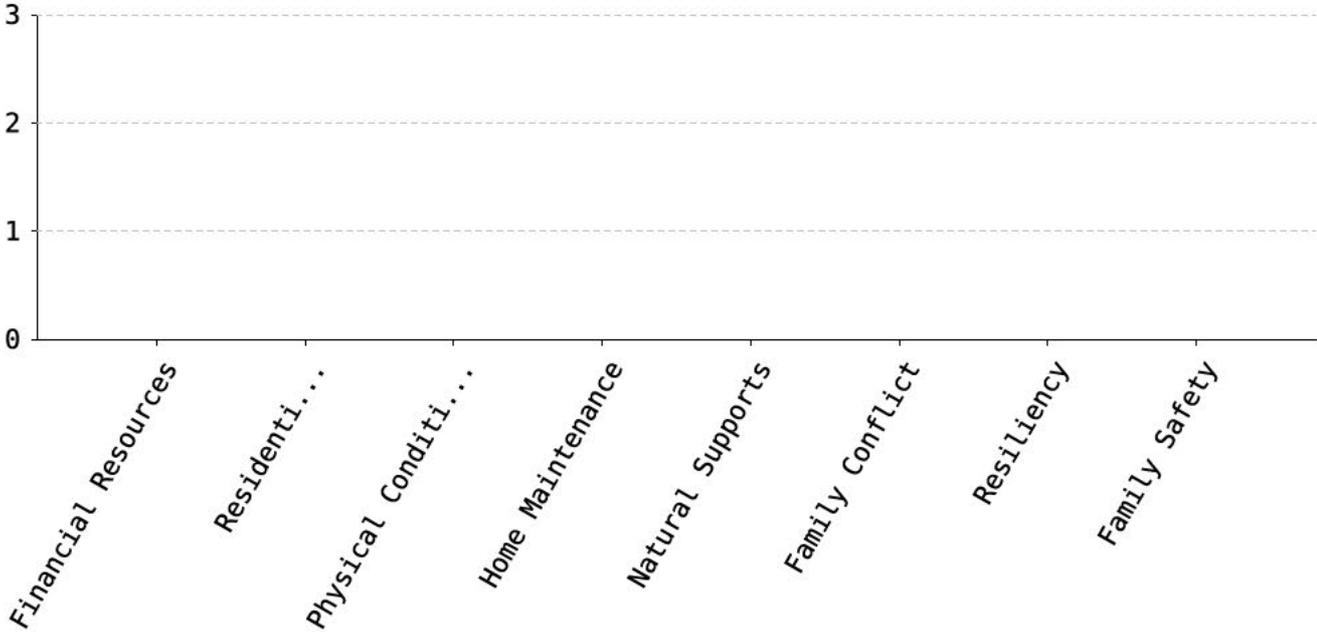


Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/27/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

**THE FAMILY TOGETHER**

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).



Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	



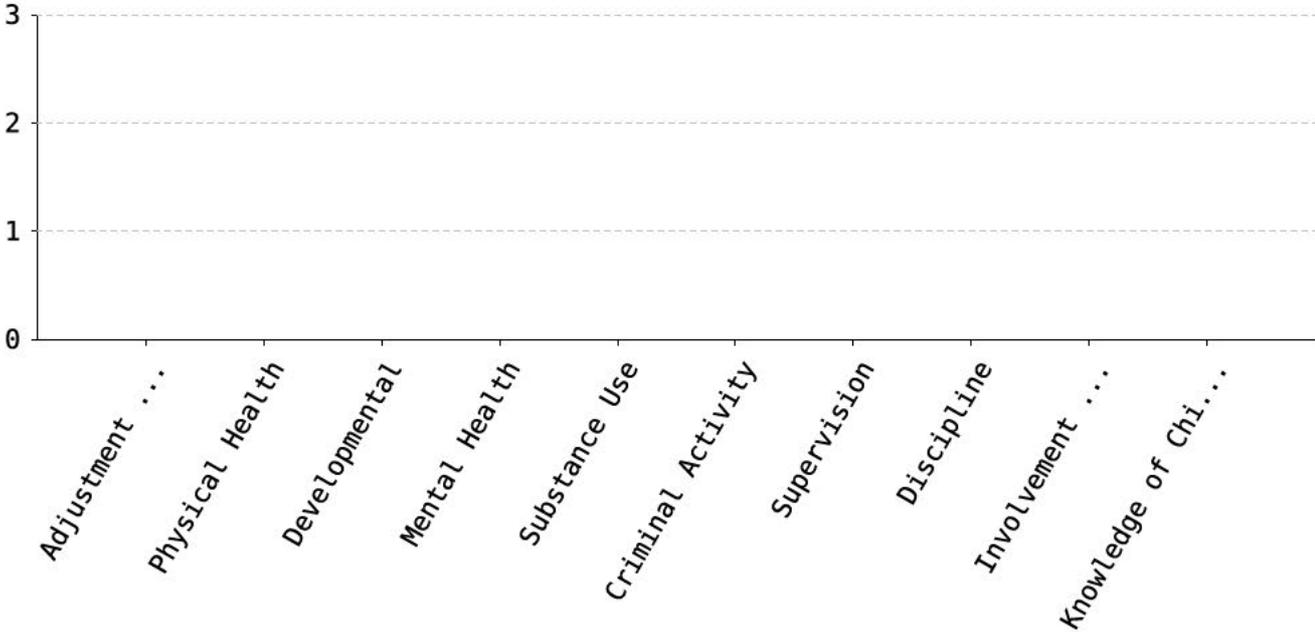
Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 03/27/2023
Assessment Type: FAST	CPS Case ID: [REDACTED]

**CAREGIVERS**

Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.

Participant: [REDACTED]	Person ID: [REDACTED]	Role Primary Caregiver
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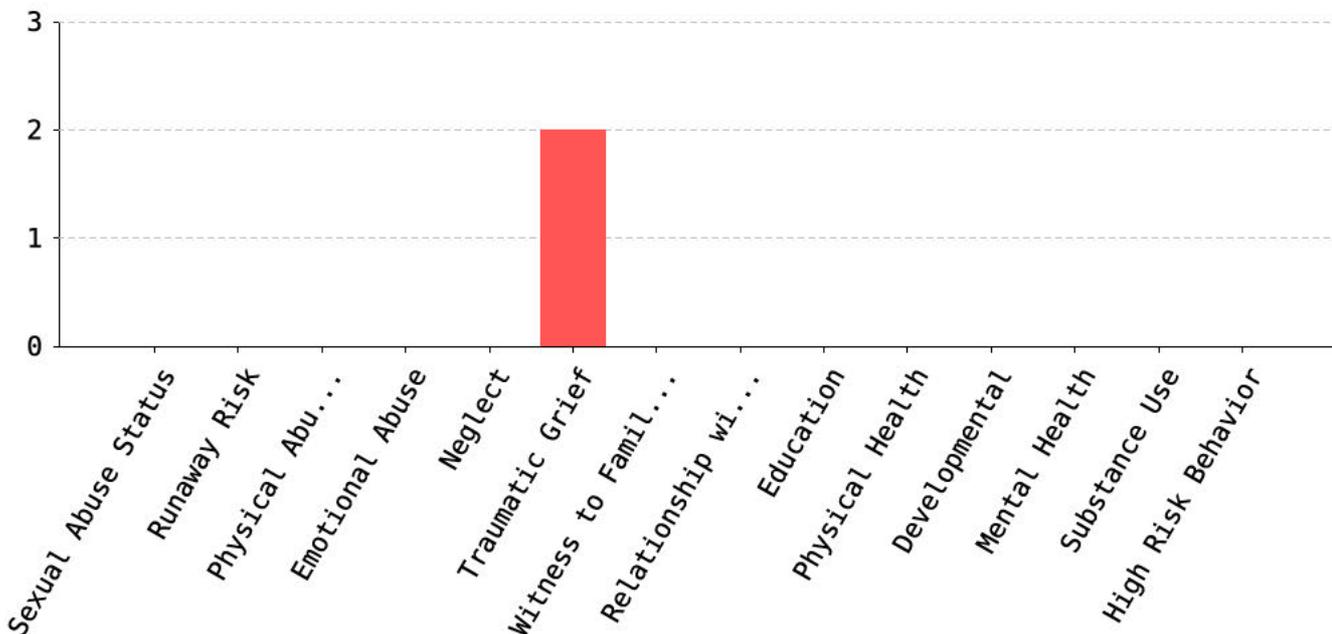
Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	



**Tennessee Department of Children's Services  
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<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/27/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

<b>YOUTH</b>		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
<b>Participant:</b> [REDACTED] (CSEM)	<b>Person ID:</b> [REDACTED]	<b>Age:</b> 3 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	2	The child has recently lost her brother, but she does not understand what is going on. The uncle that helped care for her is now incarcerated. She has become clingier to her grandmother.
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	0	
Developmental	0	



Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/27/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

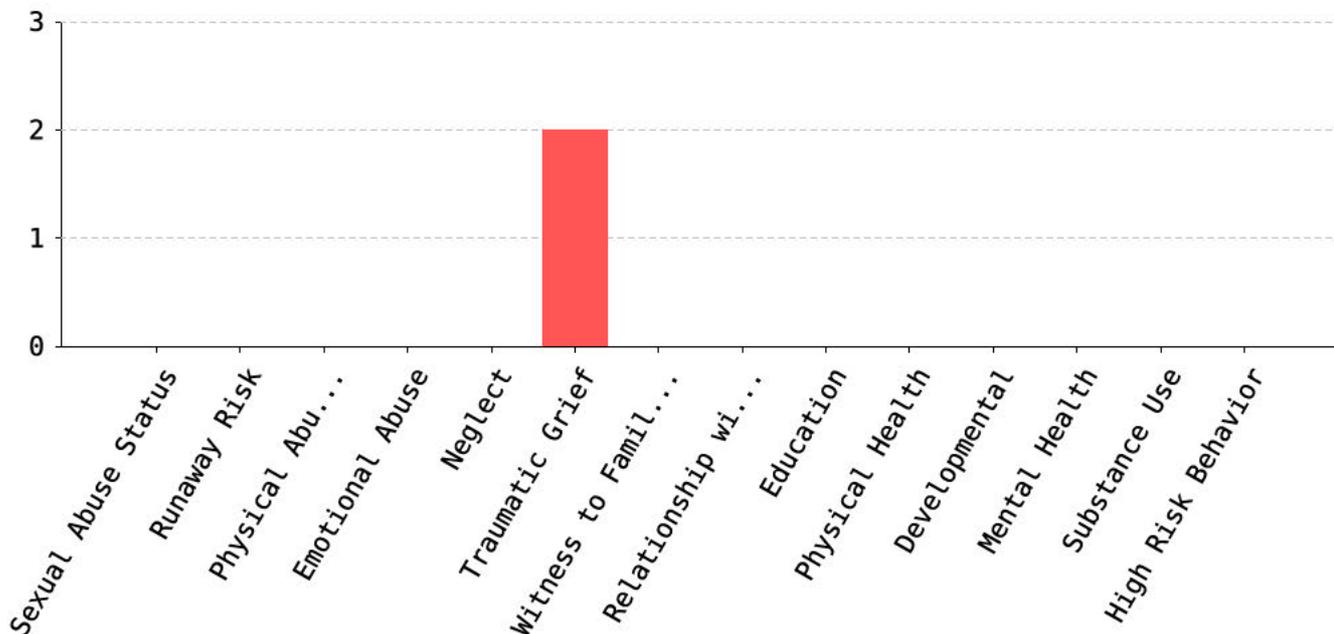
Mental Health	0	
Substance Use	0	
High Risk Behavior	0	



**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/27/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
<b>Participant:</b> [REDACTED] (CSEM)	<b>Person ID:</b> [REDACTED]	<b>Age:</b> 3 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	2	The child has recently lost her brother, but she does not understand what is going on. The uncle that helped care for her is now incarcerated. She has become clingier to her grandmother.
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	0	
Developmental	0	



Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/27/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	