

Intake

Intake ID:

Intake Taken By: Web Service Intake Date/Time: 06/16/2023 10:12 AM

Track Assigned: Investigation Priority Assigned: 1

Screened By:

Date Screened: 06/16/2023

Investigation

Investigation ID:

First County/Region Assigned:

Date/Time Assigned: 06/16/2023 01:50 PM

First Team Leader Assigned: Date/Time Assigned: 06/16/2023 12:00 AM

First Case Manager Assigned: Date/Time Assigned: 06/16/2023 12:00 AM

Allegations

| Alloged Vietim | Ago | Allogation | Severe ? | Alleged Pernetrator | Relationship to |
|----------------|----------|-------------|----------|---------------------|--------------------|
| Alleged Victim | Age | Allegation | CSEM ? | Alleged Perpetrator | Alleged Victim |
| | Deceased | Abuse Death | Yes | | Other Non-relative |
| | Deceased | Abuse Death | Yes | | Birth Mother |

Referent(s)

Referent Name: Role to Alleged Victim(s):

Referent Address:

Referent Phone Number:

Type of Contact: Web Referral

Notification: None

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs:
Associated Case ID (possible for 2-27-02

Family Case ID Detailed History: Open Court Custody/FSS/FCIP None

Closed Court Custody None

Pending: None

Awaiting Screening: None

Submitted: None



| Open CPS: ASMT Supervisor Substantiated: None Death: None Screen Outs: | ACV | No classification/ Begin date 6-15-23/ | County Cl |
|--|------------------|--|-----------|
| History (not listed above): ASMT /ABN/Services Nee ASMT /ABN/Services Nee INV /AUPU/1-27-20 | | | |
| County of Jurisdiction: School/ Daycare: Unknown Active Military Status: Unknown | | | |
| Reporter's name/relationship: Unknown Victim: | 1 / Anonymous | (web referral) | |
| Interpreter needed: unknown | | | |
| Type of Interpreter: | | | |
| First Name: Last Name: | | | |
| Deceased: Yes | | | |
| Date of Death: none Describe the Victim: | | | |
| Native American Descent: unknown | | | |
| Contact: | TN. | | |
| Contact Address Directions: | TN | | |
| School Name: | | | |
| School Grade: | | | |
| School Address: School Contact: | | | |
| Day Care Name: | | | |
| Day Care Address: | | | |
| Day Care Contact: | | | |
| Victim: | | | |
| Interpreter needed: unknown Type of Interpreter: | | | |
| First Name: | | | |
| Last Name: | | | |
| Deceased: No Date of Death: none | | | |
| Describe the Victim: | | | |
| Native American Descent: unknown | | | |
| Contact: | This is a second | | |
| Contact Address Directions: | TN | | |
| School Name: | | | |
| School Grade: | | | |
| School Address: School Contact: | | | |
| Day Care Name: | | | |
| Day Care Address: | | | |
| Day Care Contact: | | | |



| Perpetrator: Interpreter needed: unknown Type of Interpreter: First Name: Last Name: Deceased: No Date of Death: none Describe the Perpetrator: Native American Descent: unknown Does the alleged perpetrator currently have access to the victims(s)?: No Does the alleged perpetrator have a criminal record?: Yes Does the alleged perpetrator have prior involvement with DCS?: Yes Contact: Contact Address Employer Name: Employer Address: Employer Contact: |
|---|
| Perpetrator: Interpreter needed: unknown Type of Interpreter: First Name: Last Name: Deceased: No Date of Death: none Describe the Perpetrator: Native American Descent: unknown Does the alleged perpetrator currently have access to the victims(s)?: No Does the alleged perpetrator have a criminal record?: Unknown Does the alleged perpetrator have prior involvement with DCS?: Unknown Contact: Contact Address Employer Name: Employer Address: Employer Contact: |
| Incident County: Describe in detail what has happened to the child. What is the abuse or neglect?: went missing on 06/15/23 in other agencies and it is thought they are her whereabouts are at this time due to the mother, charged in connection with death. It has been reported there have been concerns in the home for a long time. |
| When did the abuse or neglect occur?: ongoing concerns. Child went missing 06/15/23 and remains have been found near the child's last known whereabouts. |
| Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.: Child is deceased. unknown where sibling is. |

Form Id CS 0680 Page 3 of 8 01/23/2025 1.55 PM

Does the child need medical care? Has the child received medical care? If so, where?:

n/a



Describe in detail how the child has been affected or harmed by the abuse or neglect.: see above.

Are there any concerns for Domestic Violence in the home that pose a danger to the child¿s safety? If yes, please describe your concerns.: unknown

Has the child made a disclosure of the abuse or neglect? If yes, what did the child disclose? Who did the child tell?: N/A

What do the child¿s parents/caregivers say about the abuse/neglect?: unknown

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

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?: one child is deceased

Does the child have any special needs or disabilities? Please describe.: unknown

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

CM Notation: None Screener Notation: None

Emailed/Paged CPSI On Call: county was emailed notification at 1:44 pm. Both verified receipt of the notification at 1:45 pm.

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

Region RA

Form Id CS 0680 Page 4 of 8 01/23/2025 1.55 PM



Participant(s)

DCS Intake Search Results:

Name:

| Gender: Male | Date of Birth: | Partipant ID: |
|-----------------------|----------------|---------------|
| SSN: | Race: | Age: |
| Address: | Tennessee | |
| Deceased Date: | | |
| School/ ChildCare Com | nments: | |
| Alleged Perpetrator: | Yes | |
| DCS Foster Child: | No | |
| Contact: | | |
| Contact Type: | | |
| Contact Comments: | | |
| External History Sear | ch Results: | |
| DCS History Search R | Results: | |
| | | |

Form Id CS 0680 Page 5 of 8 01/23/2025 1.55 PM



Name:

DCS Intake Search Results:

| Gender: Female | Date of Birth: | Partipant ID: |
|-------------------------|----------------|---------------|
| SSN: | Race: | Age: |
| Address: | Tennessee | |
| Deceased Date: | | |
| School/ ChildCare Comr | nents: | |
| Alleged Perpetrator: | ⁄es | |
| DCS Foster Child: | No | |
| Contact: | | |
| Contact Type: | | |
| Contact Comments: | | |
| External History Search | h Results: | |
| DCS History Search Re | esults: | |



| Gender: Female | | Date of Birth: | Partipant ID: | |
|-----------------------|-------------|----------------|---------------|-------------|
| SSN: | | Race: | Age: | 6 Yrs (Est) |
| Address: | , | Tennessee | | |
| Deceased Date: | | | | |
| School/ ChildCare Com | ments: | | | |
| Alleged Perpetrator: | No | | | |
| DCS Foster Child: | No | | | |
| Contact: | | | | |
| Contact Type: | | | | |
| Contact Comments: | | | | |
| External History Sear | ch Results: | | | |
| DCS History Search R | tesults: | | | |

Name:

DCS Intake Search Results:



| Name: | | | |
|---------------------------------|----------------|---------------|----------|
| Gender: Female | Date of Birth: | Partipant ID: | |
| SSN: | Race: | Age: | Deceased |
| Address: | Tennessee | | |
| Deceased Date: 06/16/2023 | | | |
| 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:

Form Id CS 0680 Page 8 of 8 01/23/2025 1.55 PM

| Case Id: | | Case Name: | |
|---|--|---|---|
| Case Status: | Close | Organization: | egion |
| Case Recording D | <u>Details</u> | | |
| Recording ID: | | Status: | Completed |
| Contact Date: | 2024-08-16 16:00:00 | Contact Method: | |
| Contact Time: | 04:00 PM | Contact Duration: | |
| Entered By: | | Recorded For: | |
| Location: | | Created Date: | 08/19/2024 |
| Completed date: | 08/19/2024 | Completed By: | |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |
| Children Concern | ing | | |
| Participant(s) | | | |
| Narrative Details | | | |
| Narrative Type: | Original Entry Date/Time: | 08/19/2024 01:07 PM Er | itered By: |
| regarding Alleged and | the Department of Childrens Servi Child Victim (ACV) This investigation was this case was worked in conjunction | (4). The Alleged Perpetrate assigned to Lead Investigator | or (AP) was Birth Mother, |
| sibling, | (4) lived at home with her birth mot | her, her mo | oms paramour, and and |
| found by Law Enfo | but her whereabouts were connection to | pelieved the remains belong to | ng since June 15, 2023. Remains volume has a nd her paramour, |
| believed it could have saw last r | night, she just knew she was in the nger considered a missing child inv | t sure. The 8-year-old, room. The other 4-year-old o | told investigators that she |
| room with her siste niece and nephew house. Ms. | of Mr. and they were just | and were asle and visiting the home. She said the cake out of the refrigerat | |
| | stated was in the room by | herself because she was in tr | rouble. pooped on hersel |
| | | | |

| Case Id: | | Case Name: | | | |
|--|--|---|---|--|---|
| Case Status: | Close | Organization: | Re | egion | |
| | p in the room by herself because she t she knows she did. made he a boy in had | | | f. She said she o in the room. | did not see her go overheard her Aunt |
| the "Missing Perso gone." The night be on. said h accident and poop on herself, stating a mom spanked her on the couch. Arnesha, say that s | said she heard with her er sister did not sleep in the same be ed herself. That is why she had to take she saw a bruise on her sister's body sister, hesitated and replied said her sister often urinates her someone made a post from the erself, and she had on a pink shirt with the service of the said she had on a pink shirt with the service of the said she had on a pink shirt with the service of the said she had on a pink shirt with the service of the said she had on a pink shirt with the said she had on a pink shirt with the said she heard with her with her said she heard with her with her said she heard with her with her same be said she heard with her with her same be said she heard with her same be said she heard with her same be said she had to take the saw a bruise on her sister's body sister, he said she heard with her same be said she saw a bruise on her sister's body sister, he said she saw a bruise on her sister's body sister, he said she saw a bruise on her sister's body sister, he said she saw a bruise on her sister's body sister, he said she saw a bruise on her sister's body sister, he said she saw a bruise on her sister's body sister, he said she saw a bruise on her sister's body sister, he said she saw a bruise on her sister's body sister, he said she saw a bruise on her sister's body sister. | someone say that bath, stating edroom as she did ke a bath. NOTE: Child poor, "I don't know." I reelf, so they try marea, saying t | at dried dried d. Prior to often whip pinted to an dried to give hey had he | "sneaked out the herself off and p taking a pped for a rea near the a and were a her a lot to drink. | sleep in the living room, |
| interview. apartment, that night beds. and and closing. The next n | was playing on the phone, and she Before falling asleep, were on the top bunk, and | was on the the living room. In shock because | when was in the ware eating bottom. That night, | n she got to ne tub. did g snacks in stated heard to was missing. | not see or hear room, on the bunk was sleeping in he door of the home cannot open the hers came and got |
| by the Tenne and remote fracture of the right | 4, the Autopsy report was received. The see Regional Forensic Center, we see to the left 5th rib, acute and remote the 9th through 12th ribs. Death was commended and leading upon the second of the s | TN. Autopose fractures to the aused by blunt tra | sy findings left 7th the auma of th | s include advance rough 12th ribs, a ne torso. Reports | of the death scene |
| On July 24, 2024, 3 and Neglect, Abuse of | Sergeant with the were both indicted on Aggi a Corpse, Tampering with Evidence, | ravated Child Abi | use, First [| nts Homicide Bure Degree Murder, A | |
| The Alleged Child | Meeting <u>was held via Zoom</u> Video Co | | | 2 22 | Investigative Team |
| | onsisted of Assistant District Attorney vocacy Center Staff, and Law Enforce | | Departmen | nt of Childrens Se | rvices Workers, |
| Per DCS Policy Wo Child Death is defin | hat the case allegation should be classork Aid 1 Section C: ned as: death caused by abuse or neglect. | ssified as Allegat | ion Substa | antiated Perpetrat | or Substantiated. |

CR - Summary Page 2 of 61 1/23/25, 1:56 PM

| Case Id: | | Case Name: | |
|--------------|-------|---------------|--------|
| Case Status: | Close | Organization: | Region |

There is a preponderance of evidence to support the allegation of Abuse Death against and and This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Abuse Death.

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 caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

Case Id: Case Name: Case Status: Close Organization: **Case Recording Details** Recording ID: Completed Status: 2024-08-08 08:23:00 Contact Date: Contact Method: Face To Face Contact Time: 08:23 AM Contact Duration: Entered By: Recorded For: School Created Date: 08/13/2024 Location: Completed date: 08/13/2024 Completed By: Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being Contact Type(s): Sibling Interview/Observation Contact Sub Type: **Children Concerning** Participant(s) **Narrative Details** Entry Date/Time: Entered By: Narrative Type: Original 08/13/2024 08:41 AM **CPSI** The interview was conducted privately, in the lobby. conducted a Sibling Interview with **CPSI** gave an introduction and stated the purpose of the interview. stated she is happy to be back at school. She is in the First Grade, and her teacher's name is Ms. class has been reviewing lessons from last year. feels safe with her family, and she loves them very much. There were no marks or bruises visible. was clothed in a black uniform shirt and black pants, and she appeared

healthy.

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

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2024-07-25 14:07:00 Contact Method: Correspondence

Contact Time: 02:07 PM Contact Duration:

Entered By: Recorded For:

Location: DCS Office Created Date: 07/25/2024

Completed date: 07/25/2024 Completed By:

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

Contact Type(s): Notification of Classification

Contact Sub Type: Letter A - Notice of Indication to Perpetrator

Children Concerning

Participant(s)

Narrative Details

The Allegation is listed as Abuse Death.

The case will be classified as Allegation Substantiated Perpetrator Substantiated.

The classification will be sent to Lead Investigator, for approval.

| Case Id: | | Case Name: | |
|-----------------------------|--|------------------------------|--|
| Case Status: | Close | Organization: | Region |
| Case Recording I | <u>Details</u> | | |
| Recording ID: | | Status: | Completed |
| Contact Date: | 2024-07-25 14:05:00 | Contact Method: | Video Conference |
| Contact Time: | 02:05 PM | Contact Duration | :) |
| Entered By: | | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/25/2024 |
| Completed date: | 07/25/2024 | Completed By: | |
| Purpose(s): | Permanency,Safety - Child/Com | munity,Service Planning,We | II Being |
| Contact Type(s): | CPIT (Child Protective Investigation | tive Team) | |
| Contact Sub Type: | | | |
| Children Concern | ning | | |
| | | | |
| Participant(s) | | | |
| Narrative Details | | | |
| Narrative Type: | Original Entry Date/Time: | 07/25/2024 02:17 PM | Entered By: |
| | was held via Zoom Videoconferer DCS Workers, Child Advocates, a | | of Assistant District Attorney |
| The Alleged Child The Alleg | Victim is listed as gation is listed as Abuse Death. | The Alleged Perpetrators | are listed as and |
| The case will be c | lassified as Allegation Substantiate | ed Perpetrator Substantiated | |
| Mr. and M | were indicted with Agg ler, Abuse of a Corpse, Tampering | | egree Murder, Aggravated Child Negle eports |

| Case Id: | | | Case N | ame: | | |
|----------------------------------|---|--------------------|-------------|------------------|--|--|
| Case Status: | Close | | Organiz | zation: | Region | |
| Case Recording D | <u>Details</u> | | | | | |
| Recording ID: | | | | Status: | Completed | |
| Contact Date: | 2024-07-24 1 | 2:48:00 | | Contact Metho | d: | |
| Contact Time: | 12:48 PM | | | Contact Duration | on: | |
| Entered By: | | | | Recorded For: | | |
| Location: | DCS Office | | | Created Date: | 07/25/2024 | |
| Completed date: | 07/25/2024 | | | Completed By: | | |
| Purpose(s): | Permanency | Safety - Child/Com | nmunity,Sen | vice Planning,V | Well Being | |
| Contact Type(s): | Notation | | | | | |
| Contact Sub Type: | | | | | | |
| Participant(s) Narrative Details | ing | Ĩ | | | | |
| Narrative Type: | Original | Entry Date/Time: | 07/25/202 | 4 01:11 PM | Entered By: | |
| informed | CONTRACTOR OF THE PARTY OF THE | an | d | | ureau of the Potential Pot | |

| Case Id: | | Case Name: | | | | |
|--|--|---|---------------------------------|--|--|--|
| Case Status: | Close | Organization: | egion | | | |
| Case Recording D | <u>Details</u> | | | | | |
| Recording ID: | | Status: | Completed | | | |
| Contact Date: | 2024-07-10 09:15:00 | Contact Method: | Face To Face | | | |
| Contact Time: | 09:15 AM | Contact Duration: | | | | |
| Entered By: | | Recorded For: | | | | |
| Location: | Family Home | Created Date: | 07/10/2024 | | | |
| Completed date: | 07/10/2024 | Completed By: | | | | |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | | | | |
| Contact Type(s): | Sibling Interview/Observation | | | | | |
| Contact Sub Type: | | | | | | |
| Children Concern | ing | | | | | |
| Participant(s) | | | | | | |
| Narrative Details | | | | | | |
| Narrative Type: | Original Entry Date/Time: 0 | 07/10/2024 12:09 PM Er | ntered By: | | | |
| CPSI conducted a Sibling Interview with the state of the interview was conducted in the hallway, outside of the bedroom. CPSI conducted an introduction and stated the purpose of the interview. | | | | | | |
| | e remembers CPSI used to o go back to school. She will be a first | come visit her at school. st grader at | stated she has been doing good, | | | |
| informed CPSI she saw fireworks for the Fourth of July, and she had a lot of fun. | | | | | | |
| was cloth | was clothed in a purple shirt and blue pants. No marks or bruises were visible, and she appeared healthy | | | | | |

| Case Id: | | | Case | Name: | | | | |
|--|----------------|--------------------|-----------|-----------------|----------|------------|-----|--|
| Case Status: | Close | | Organ | ization: | Reg | gion | | |
| Case Recording D | <u>Details</u> | | | | | | | |
| Recording ID: | | | | Status: | | Completed | | |
| Contact Date: | 2024-07-10 0 | 9:00:00 | | Contact Met | hod: | Face To Fa | ice | |
| Contact Time: | 09:00 AM | | | Contact Dura | ation: | | | |
| Entered By: | | 97 | | Recorded Fo | or: | | | |
| Location: | Family Home | Ē | | Created Date | e: | 07/10/2024 | | |
| Completed date: | 07/10/2024 | | | Completed E | Ву: | | C2 | |
| Purpose(s): | Permanency, | Safety - Child/Com | munity,Se | ervice Planning | g,Well B | Being | | |
| Contact Type(s): | Parent/Caret | aker Interview | | | | | | |
| Contact Sub Type: | | | | | | | | |
| Children Concern | ing | | | | | | | |
| Participant(s) | | | | | | | | |
| Narrative Details | | | | | | | | |
| Narrative Type: | Original | Entry Date/Time: | 07/10/20 | 24 12:02 PM | Ente | ered By: | | |
| CPSI conducted a Parent Interview with The interview was conducted privately, in the dining area. CPSI gave an introduction and stated the purpose of the interview. | | | | | | | | |
| Ms. stated death anniversary just recently passed. therapist stated remembered her sister has been deceased for a year. Every now and then, would urinate in bed. Ms. thinks may have been dealing with her sister's dead. Ms. mom helped and no longer urinates on herself. Ms. is very patient with and she will continue to be her support. | | | | | | | | |

Case Id: Case Name:

Case Status: Close Organization: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2024-03-28 03:54:00 Contact Method:

Contact Time: 03:54 AM Contact Duration:

Entered By: Recorded For:

Location: Created Date: 04/12/2024

Completed date: 04/12/2024 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: 04/12/2024 10:09 AM Entered By:

The Department has received and reviewed the autopsy. The case of death is blunt trauma of the Torso and the matter of death is homicide. The autopsy will be uploaded.

| Case Id: | | Case Name: | | | | |
|---|---|---------------------|-----------------|--|--|--|
| Case Status: | Close | Organization: | Region | | | |
| Case Recording D | <u>Details</u> | | | | | |
| Recording ID: | | Status: | Completed | | | |
| Contact Date: | 2024-03-14 08:45:00 | Contact Me | ethod: | | | |
| Contact Time: | 08:45 AM | Contact Du | ration: | | | |
| Entered By: | | Recorded F | For: | | | |
| Location: | DCS Office | Created Da | nte: 03/14/2024 | | | |
| Completed date: | 03/14/2024 | Completed | Ву: | | | |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | | | | |
| Contact Type(s): | Notation | | | | | |
| Contact Sub Type: | | | | | | |
| Children Concern | ing | | | | | |
| Participant(s) | | | | | | |
| Narrative Details | | | | | | |
| Narrative Type: | Original Entry Date/Time: | 03/14/2024 09:00 AM | Entered By: | | | |
| CPSI left serval messages with the called back and asked to speak with someone in administration regarding the social security card for the ACV, CPSI was then transferred to medical records, spoke with a male staff member, and explained the reason for the CPSI. The staff then transferred this CPSI to a birth certificate clerk by the name of came on and this CPSI left a detailed voice message and asked for a call back. | | | | | | |

| | 57.00.586.00.791 | | 1000-20010- | | | |
|--|----------------------------|----------------|--------------|-------------|--|--|
| Case Id: | | Case Name: | | | | |
| Case Status: | Close | Organization | | Region | | |
| Case Recording I | <u>Details</u> | | | | | |
| Recording ID: | | Statu | s: | Completed | | |
| Contact Date: | 2024-03-14 08:30:00 | Cont | act Method: | Phone Call | | |
| Contact Time: | 08:30 AM | Cont | act Duration | n: | | |
| Entered By: | | Reco | rded For: | | | |
| Location: | DCS Office | Crea | ed Date: | 03/14/2024 | | |
| Completed date: | 03/14/2024 | Com | oleted By: | | | |
| Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being | | | | | | |
| Contact Type(s): | Parent/Caretaker Interview | | | | | |
| Contact Sub Type: | | | | | | |
| Children Concern | ing | | | | | |
| Participant(s) Narrative Details | | | | | | |
| Narrative Type: | Original Entry Date/Time: | 03/14/2024 09: | 06 AM | Entered By: | | |
| CPSI contacted maternal great-uncle, is doing better and is out of the hospital. Mr. reported that the drugs that the AP/birthmother was using contributed to being admitted into CPSI expressed how glad she is that several messages with the Social Work Department at and she will attempt to reach someone today. Mr. to ask how was doing. Mr. reported that has bronchitis, Eczema, and Gerd and that being admitted into Children's Hospital. CPSI explained that she has left Hospital but no one has returned any of her calls and she will attempt to reach someone today. Mr. thanked this CPSI and this CPSI thanked Mr. for the update | | | | | | |

| Case Id: | | Case | e Name: | | |
|---|---------------------|---------------------|--------------------|---------------|--|
| Case Status: | Close | Orga | anization: | Region | |
| Case Recording D | <u> Details</u> | | | | |
| Recording ID: | | | Status: | Completed | |
| Contact Date: | 2024-03-11 12:31:0 | 00 | Contact Metho | d: Phone Call | |
| Contact Time: | 12:31 PM | | Contact Duration | on: | |
| Entered By: | | | Recorded For: | | |
| Location: | DCS Office | | Created Date: | 03/14/2024 | |
| Completed date: | 03/14/2024 | | Completed By: | | |
| Purpose(s): | Permanency,Safety | - Child/Community,S | Service Planning,V | Vell Being | |
| Contact Type(s): | Parent/Caretaker In | nterview | | | |
| Contact Sub Type: | | | | | |
| Children Concern | ing | | | | |
| Participant(s) | | | | | |
| Narrative Details | | | | | |
| Narrative Type: | Original Entry | Date/Time: 03/14/2 | 2024 09:28 AM | Entered By: | |
| received a phone call from the maternal uncle/caretaker, is at a Children's Hospital and was admitted on Saturday due to difficulty breathing and a cold. Mr. reported that hospital staff are running tests on to see what's going on with him. CPSI thanked Mr. update and asked that he keep this CPSI updated on condition. Mr. reported that he would. | | | | | |

Case Id: Case Name: Case Name: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2024-03-11 11:30:00 Contact Method:

Contact Time: 11:30 AM Contact Duration:

Entered By: Recorded For:

Location: DCS Office Created Date: 03/14/2024

Completed date: 03/14/2024 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: 03/14/2024 09:11 AM Entered By:

CPSI attempted to make contact with someone in the Social Work Department at

Hospital (). CPSI left a detailed voice message regarding the social security card for the ACV,

and asked for a return call back.

| Case Id: | | Case Name: | |
|--------------|-------|---------------|--------|
| Case Status: | Close | Organization: | Region |

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2024-03-04 13:13:00 Contact Method:

Contact Time: 01:13 PM Contact Duration:

Entered By: Recorded For:

Location: DCS Office Created Date: 03/14/2024

Completed date: 03/14/2024 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: 03/14/2024 09:23 AM Entered By:

CPSI attempted to make contact with someone in the Social Work Department at Hospital (CPSI left a detailed voice message regarding the social security card for the ACV,

and asked for a return call back.

Case Id: Case Name: Case Name: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2024-03-01 11:10:00 Contact Method:

Contact Time: 11:10 AM Contact Duration:

Entered By: Recorded For:

Location: DCS Office Created Date: 03/14/2024

Completed date: 03/14/2024 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: 03/14/2024 09:13 AM Entered By:

CPSI attempted to make contact with someone in the Social Work Department at Hospital (CPSI left a detailed voice message regarding the social security card for the ACV,

and asked for a return call back.

| Case Id: | | Case Name: |
|--|--|---|
| Case Status: | Close | Organization: Region |
| Case Recording D | <u>Details</u> | |
| Recording ID: | | Status: Completed |
| Contact Date: | 2024-03-01 10:55:00 | Contact Method: |
| Contact Time: | 10:55 AM | Contact Duration: |
| Entered By: | | Recorded For: |
| Location: | | Created Date: 03/01/2024 |
| Completed date: | 03/01/2024 | Completed By: |
| Purpose(s): | Safety - Child/Community | |
| Contact Type(s): | Administrative Review | |
| Contact Sub Type: | | |
| Children Concern | ing | |
| Participant(s) | | |
| Narrative Details | | |
| Narrative Type: | Original Entry Date/Time: | 03/01/2024 11:03 AM Entered By: |
| were seen in Februard. CPSI practices safe sleet reports she last sa have a relationship | states she observed sp. She observed his bassinet and when she was reall | d to contact the hospital where the child was born to determine if they |

| Case Id: | | | Case N | Name: | | | |
|--|--|---|---|---|--|------------------|---|
| Case Status: | Close | | Organi | zation: | Region | | |
| Case Recording D | <u>)etails</u> | | | | | | |
| Recording ID: | | | | Status: | Comple | ted | |
| Contact Date: | 2024-03-01 10:24: | 00 | | Contact Method | d: Phone (| Call | |
| Contact Time: | 10:24 AM | | | Contact Duration | on: | | |
| Entered By: | | | | Recorded For: | | | |
| Location: | DCS Office | | | Created Date: | 03/14/20 | 024 | |
| Completed date: | 03/14/2024 | | | Completed By: | | | |
| Purpose(s): | Permanency,Safet | ty - Child/Com | nmunity,Se | rvice Planning,V | Vell Being | | |
| Contact Type(s): | Parent/Caretaker I | nterview | | | | | |
| Contact Sub Type: | | | | | | | |
| Children Concern | ing | | | | | | |
| Participant(s) | | | | | | | |
| Narrative Details | | | | | | | |
| Narrative Type: | Original Entry | Date/Time: | 03/14/20 | 24 09:20 AM | Entered By: | | |
| Social Security Ad security card. Mr. but no one has cal frustration that it is | led him back. CPSI a causing. Mr. explained that she wo | and staff are to e has called to apoologized of explained that | telling him t he social w on behalf of he really n | that he will need orker departmer the social secu eeds | to go to nt at rtiy administra ocial security | ation and the ho | social sal for assistance ospital for the esn't know what |

| Case Id: | Case Name: | | | | | | |
|---|--|--|--------------------------------------|---|--|--|--|
| Case Status: | Close | Organization: Region | | | | | |
| Case Recording D | <u>Details</u> | | | | | | |
| Recording ID: | | | Status: | Completed | | | |
| Contact Date: | 2024-02-27 12:35:00 | | Contact Method: | Face To Face | | | |
| Contact Time: | 12:35 PM | | Contact Duration: | | | | |
| Entered By: | | | Recorded For: | | | | |
| Location: | Other Caretaker Home | | Created Date: | 02/28/2024 | | | |
| Completed date: | 02/28/2024 | | Completed By: | | | | |
| Purpose(s): | Permanency,Safety - Child/Commo | unity,Ser | vice Planning,Well | Being | | | |
| Contact Type(s): | Sibling Interview/Observation | | | | | | |
| Contact Sub Type: | | | | | | | |
| Children Concern | ing | | | | | | |
| Participant(s) | | | | | | | |
| Narrative Details | | | | | | | |
| Narrative Type: | Original Entry Date/Time: 0 | 02/28/202 | 24 09:15 AM En | itered By: | | | |
| came downstairs to | arrived at the home of Caretal ntering the locked building, CPSI call o allow this CPSI inside the building, o be dressed in an orange and white ses, or injuries. | led Mr. . Mr. | to let him know was observed to b | | | | |
| and water. A baby explained that | e home to be neat and clean with ball bed was in the living room along with at he hadn't put the bed together just bassinet, a sectional couch, and other ays placing in his own bassinet sleeps in his bassinet. | ith bound t yet sinc ner furnitu | ers, pampers, wipe e is so small | s, bottles, and other baby items. Mr. escorted this CPSI to Mr. on safe sleep and the | | | |
| reported that he had Doctors appointment reported that he had can attend explained that | Mr. explained his frustration with the birthmother/AP, and is the Guardian Ad Litem for CPSI asked how the Doctors appointment went and Mr. reported that he has applied for Child First through the Department of Human Services for childcare assistance so that | | | | | | |
| There were no safe CPSI inside his ho | ety concerns observed while this CP me. | SI was in | nside the home. CP | SI thanked Mr. for allowing the | | | |

| Case Id: | | Case Name: | | | | |
|---|--|---------------------|-----------------|--|--|--|
| Case Status: | Close | Organization: | Region | | | |
| Case Recording D | <u>Details</u> | | | | | |
| Recording ID: | | Status: | Completed | | | |
| Contact Date: | 2024-02-27 12:03:00 | Contact Metho | d: Face To Face | | | |
| Contact Time: | 12:03 PM | Contact Duration | on: | | | |
| Entered By: | | Recorded For: | | | | |
| Location: | School | Created Date: | 02/28/2024 | | | |
| Completed date: | 02/28/2024 | Completed By: | | | | |
| Purpose(s): | Permanency, Safety - Child/Community, Service Planning, Well Being | | | | | |
| Contact Type(s): | Sibling Interview/Observation | | | | | |
| Contact Sub Type: | | | | | | |
| Children Concern | ing | | | | | |
| Participant(s) | | | | | | |
| Narrative Details | | | | | | |
| Narrative Type: | Original Entry Date/Time: 0 | 02/28/2024 08:52 AM | Entered By: | | | |
| CPSI observed sister, at CPSI introduced herself to and spoke privately with in the lobby of the school. CPSI asked how she was doing, and she reported that she was doing fine. CPSI observed to be free of visible marks, bruises, or injuries. Was dressed in pink pants, a pink shirt, and white shoes. CPSI asked how old she was and what grade she was in to build rapport. It is reported that she is 5 years old and in kindergarten. It is reported that her best friend's name is asked if she feels safe at home and school, and she said Yes. CPSI asked if there was anything she needed to talk about and she said no. CPSI thanked for her time, thanked school personnel, and left the school. | | | | | | |

| Case Id: | | | Case N | Name: | | | | | |
|-------------------------------------|----------------------|-------------------------|-------------|---------------|--|-----------|-------------|-------------------------------|-----|
| Case Status: | Close | | Organi | zation: | Re | gion | | | |
| Case Recording D | <u>)etails</u> | | | | | | | | |
| Recording ID: | | | | Status: | | Completed | d | | |
| Contact Date: | 2024-02-26 12:0 | 00:00 | | Contact Me | ethod: | Phone Ca | II. | | |
| Contact Time: | 12:00 PM | | | Contact Du | ıration: | | | | |
| Entered By: | | | | Recorded F | For: | | | | |
| Location: | DCS Office | | | Created Da | ate: | 02/26/202 | 4 | | |
| Completed date: | 02/28/2024 | | | Completed | Ву: | | | | |
| Purpose(s): | Permanency,Sa | fety - Child/Com | nmunity,Ser | rvice Plannii | ng,Well l | Being | | | |
| Contact Type(s): | Parent/Caretake | er Interview | | | | | | | |
| Contact Sub Type: | | | | | | | | | |
| Children Concern | ing | | | | | | | | |
| Participant(s) | | | | | | | | | |
| | | | | | | | | | |
| Narrative Details | | | | | | | | | |
| Narrative Type: | Original Er | ntry Date/Time: | 02/26/202 | 24 12:30 PM | / En | tered By: | | | |
| if this CPSI of his correct address | ould visit with sibl | incle/caretaker, ing | Mr. | reported | | | | elf and asked nome and pro | |
| CPSI asked Mr. | | ast Dr. appointm | | and Mr. | A STATE OF THE PARTY OF THE PAR | | Dr. will co | mplete anot | her |

| Case Id: | | Case Name: | |
|-------------------|--|-----------------------------|------------|
| Case Status: | Close | Organization: | egion |
| Case Recording D | <u>Details</u> | | |
| Recording ID: | | Status: | Completed |
| Contact Date: | 2024-02-26 11:50:00 | Contact Method: | Phone Call |
| Contact Time: | 11:50 AM | Contact Duration: | |
| Entered By: | | Recorded For: | |
| Location: | DCS Office | Created Date: | 02/26/2024 |
| Completed date: | 02/28/2024 | Completed By: | |
| Purpose(s): | Permanency,Safety - Child/Comm | unity,Service Planning,Well | Being |
| Contact Type(s): | Parent/Caretaker Interview | | |
| Contact Sub Type: | | | |
| Children Concern | ing | | |
| Participant(s) | | | |
| Narrative Details | | | |
| Narrative Type: | Original Entry Date/Time: 0 | 02/26/2024 12:10 PM E | ntered By: |
| | contacted the legal guardian, of the case. CPSI informed informed would let the teacher know so that low and that this CPSI could visit the legal guardian, informed information with the legal guardian, information with the legal guardian with the legal gua | would not be marked | |

Case Id: Case Name:

Case Status: Close Organization: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2024-02-21 11:39:00 Contact Method:

Contact Time: 11:39 AM Contact Duration:

Entered By: Recorded For:

Location: Created Date: 02/21/2024

Completed date: 03/01/2024 Completed By:

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: 02/21/2024 12:28 PM Entered By:

This case was reviewed by Team Leader (TL) utilizing the child death review checklist.

Next Steps:

CPSI will review, document, and upload the autopsy once received.

CPSI will document the household composition at the time the case was received.

CPSI will update case recordings to reflect the completed investigation task.

CPSI will need to present the case back to CPIT

CPSI will conduct monthly visits throughout the duration of this investigation to continuously assess the safety and well-being of the siblings.

| Case Id: | | Case Name: | | | | |
|--|------------------------------------|---------------------------|--------------|--|--|--|
| Case Status: | Close | Organization: | Region | | | |
| Case Recording D | <u>Details</u> | | | | | |
| Recording ID: | | Status: | Completed | | | |
| Contact Date: | 2024-01-25 10:01:00 | Contact Metho | od: | | | |
| Contact Time: | 10:01 AM | Contact Durat | tion: | | | |
| Entered By: | | Recorded For | T. | | | |
| Location: | | Created Date | : 01/25/2024 | | | |
| Completed date: | 01/25/2024 | Completed By | y: | | | |
| Purpose(s): | Safety - Child/Community | | | | | |
| Contact Type(s): | Administrative Review | | | | | |
| Contact Sub Type: | | | | | | |
| Children Concern | iing | | | | | |
| Participant(s) | | | | | | |
| Narrative Details | | | | | | |
| Narrative Type: | Original Entry Date/Time: | 01/25/2024 10:02 AM | Entered By: | | | |
| This case was reviewed by Team Leader (TL) The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was born on December 20, 2023. The mother of was pregnant when she was arrested was born on December 20, 2023. The mother of was born on Dec | | | | | | |
| Next Steps: | | | | | | |
| CPSI will update c | ase recordings to reflect the comp | leted investigation task. | | | | |

CPSI will conduct monthly visits throughout the duration of this investigation to continuously assess the safety and well-

CR - Summary Page 24 of 61 1/23/25, 1:56 PM

CPSI will need to present the case back to CPIT

being of the Alleged Child Victim(s) and adhere to investigation protocols.

| Case Id: | | Case Name: | | | | |
|---------------------|---|---|---|--|--|--|
| Case Status: | Close | Organization: | egion | | | |
| Case Recording D | <u>Details</u> | | | | | |
| Recording ID: | | Status: | Completed | | | |
| Contact Date: | 2024-01-25 09:51:00 | Contact Method: | | | | |
| Contact Time: | 09:51 AM | Contact Duration: | | | | |
| Entered By: | 09.5 | Recorded For: | | | | |
| Location: | | Created Date: | 01/25/2024 | | | |
| Completed date: | 01/25/2024 | 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: | 01/25/2024 10:23 AM E | ntered By: | | | |
| | we maintain monthly contact signed work for case ca completed his TEIS assessment, and the baby has an appointment or | with the siblings. TL ver ame to his home to see and the baby is having withdra | to inform him that in carrified if it was okay with Mr. startin Mr. agreed. Mr. informed Twals. He stated he just received the if he has any question | | | |

and her family

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: 2024-01-09 09:45:00 Contact Method: Face To Face

Contact Time: 09:45 AM Contact Duration:

Entered By: Recorded For:

Location: School Created Date: 01/09/2024

Completed date: 01/09/2024 Completed By:

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

Nametica Dataila

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2024 12:01 PM Entered By:

stated school has been going good. She received a pink bike and new shoes for Christmas.

CPSI conducted a Sibling Interview with The interview was conducted privately, in the lobby.

ate a lot of food, during the holidays.

stated she feels safe at home and at school. She was clothed in a blue shirt and khaki skirt. There were no marks or bruises, and she appeared healthy.

| Case Id: | | Case Name: | |
|--------------|-------|---------------|--------|
| Case Status: | Close | Organization: | Region |

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-12-20 11:19:00 Contact Method:

Contact Time: 11:19 AM Contact Duration:

Entered By: Recorded For:

Location: Created Date: 01/10/2024

Completed date: 01/10/2024 Completed By:

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type: Other

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/10/2024 08:51 AM Entered By:

The Department received a referral for lack of supervision. The victim is listed as unknown newborn and the perpetrator is the mother The referral states is currently incarcerated due to her child expiring in her care. That child passed away in May of 2023.

Case Id: Case Name:

Case Status: Close Organization: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-12-19 15:25:00 Contact Method:

Contact Time: 03:25 PM Contact Duration:

Location: Created Date: 12/19/2023

Completed date: 12/19/2023 Completed By:

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Entered By:

Narrative Details

Narrative Type: Original Entry Date/Time: 12/19/2023 03:26 PM Entered By:

This case was reviewed. The family has been seen for December. The aunt continues to worry about the sibling. She stated the FBI called her recently and wanted to meet with her but she was not sure if this was legit. The informed her to contact the FBI headquarters to verify the agent was real. The mother is pregnant, and the Aunts stated she wants and the baby to know each other. This case is approved to remain open pending the autopsy.

Recorded For:

Next Steps:

CPSI will update case recordings to reflect the completed investigation task.

CPSI will need to present the case back to CPIT

CPSI will conduct monthly visits throughout the duration of this investigation to continuously assess the safety and well-being of the Alleged Child Victim(s) and adhere to investigation protocols.

Case Id: Case Name: Case Status: Close Organization: **Case Recording Details** Recording ID: Status: Completed Contact Date: 2023-12-04 09:45:00 Face To Face Contact Method: Contact Time: 09:45 AM Contact Duration: Entered By: Recorded For: Location: School Created Date: 12/04/2023 Completed date: 12/04/2023 Completed By: Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being Contact Type(s): Sibling Interview/Observation Contact Sub Type: **Children Concerning** Participant(s) **Narrative Details** Narrative Type: Entry Date/Time: Entered By: Original 12/04/2023 05:53 PM conducted a Sibling Interview with The interview was conducted privately, in the lobby. CPSI gave an introduction and stated the purpose of the interview. stated she had a great Thanksgiving, and she ate a lot of cake. Her school is having a big Christmas party, before

does not remember what she wants for Christmas, but she knows her aunt will get her something.

that she has a dentist appointment tomorrow. She was clothed in a blue and black shirt,

khaki skirt, and white tights. No marks or bruises were visible, and she appeared healthy.

Case Id: Case Name: Case Status: Close Organization: **Case Recording Details** Recording ID: Completed Status: 2023-11-13 10:20:00 Contact Date: Contact Method: Face To Face Contact Time: 10:20 AM Contact Duration: Recorded For: Entered By: School Created Date: Location: 11/13/2023 Completed date: 11/13/2023 Completed By: Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being Contact Type(s): Sibling Interview/Observation Contact Sub Type: **Children Concerning** Participant(s) **Narrative Details** Entry Date/Time: Entered By: Narrative Type: Original 11/13/2023 11:12 AM The interview was conducted privately, in the school conducted a Sibling Interview with gave an introduction and stated the purpose of the interview. stated she is learning how to add numbers. She is ready for Thanksgiving, but she does not know what they are going to eat, yet. For Christmas, she asked for a big Barbie house. saw the new Barbie movie with her aunt and some more kids.

stated school is going good, and she is learning a lot.

was clothed in a light blue polo shirt and a navy blue skirt. She had no marks or bruises visible and appeared healthy.

Case Id: Case Name: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-11-01 10:24:00 Contact Method:

Contact Time: 10:24 AM Contact Duration:

Entered By: Recorded For:

Location: Created Date: 11/01/2023

Completed date: 11/01/2023 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: 11/01/2023 10:26 AM Entered By:

Team Leader (TL) submitted a relative caregiver program referral for Ms.

receive financial assistance for

Case Id: Case Name: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-10-17 13:32:00 Contact Method: Face To Face

Contact Time: 01:32 PM Contact Duration:

Entered By: Recorded For:

Location: School Created Date: 10/18/2023

Completed date: 10/18/2023 Completed By:

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

Name time Details

Narrative Details

Narrative Type: Original Entry Date/Time: 10/18/2023 01:27 PM Entered By:

CPSI conducted a Sibling Interview with the school's lobby. CPSI gave an introduction and stated the purpose of the interview.

stated she likes her school. She played with her aunt, during fall break. Her aunt works from home. One day, jumped on a trampoline with her friends.

She was clothed in a light blue shirt and dark blue pants. She had no marks or bruises visible and appeared healthy.

Case Id:

Case Name:

Case Status: Close

Organization:

Region

Case Recording Details

Recording ID:

Contact Method:

Status:

Contact Date:

2023-10-12 15:30:00

Contact Duration:

Contact Time: Entered By:

03:30 PM

Recorded For:

Location:

Completed date: 10/12/2023

Created Date:
Completed By:

10/12/2023

Created In Error

Purpose(s):

Safety - Child/Community

Contact Type(s):

Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type:

Original Entry [

Entry Date/Time: 10/12/2023 03:31 PM

Entered By:



data entry error.

This case was reviewed. Custody of the sibling was removed from the mother and awarded to a maternal aunt. This case is approved to remain open pending the autopsy.

Next Steps:

CPSI will update case recordings to reflect the completed investigation task.

CPSI will need to present the case back to CPIT

CPSI will conduct monthly visits throughout the duration of this investigation to continuously assess the safety and well-being of the Alleged Child Victim(s) and adhere to investigation protocols.

Narrative Type:

Created In Error Entry Date/Time:

10/12/2023 03:32 PM

Entered By:



data entry error.

Case Id: Case Name:

Case Status: Close Organization: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-09-28 12:48:00 Contact Method:

Contact Time: 12:48 PM Contact Duration:

Entered By: Recorded For:

Location: Created Date: 10/12/2023

Completed date: 10/12/2023 Completed By:

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: 10/12/2023 03:33 PM Entered By:

This case was reviewed. Custody of the sibling was removed from the mother and awarded to a maternal aunt. This case is approved to remain open pending the autopsy.

Next Steps:

CPSI will update case recordings to reflect the completed investigation task.

CPSI will need to present the case back to CPIT

CPSI will conduct monthly visits throughout the duration of this investigation to continuously assess the safety and well-being of the Alleged Child Victim(s) and adhere to investigation protocols.

| Case Id: | | Case Name: | |
|--------------|-------|---------------|--------|
| Case Status: | Close | Organization: | Region |

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-09-25 08:20:00 Contact Method: Face To Face

Contact Time: 08:20 AM Contact Duration:

Entered By: Recorded For:

Location: School Created Date: 09/25/2023

Completed date: 09/25/2023 Completed By:

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2023 08:38 PM Entered By:

CPSI visited at at the second conducted privately, in the labely CPSI.

lobby. CPSI gave an introduction and stated the purpose of the interview.

informed CPSI she is in kindergarten, and she likes her school. Her teachers are nice, and they teach her everything she needs to know.

was clothed in a blue shirt and blue pants. She had no marks or bruises visible and appeared healthy.

| Case Id: | | Case Name: | | | | | |
|---|--|----------------------------|--------------|--|--|--|--|
| Case Status: | Close | Organization: Region | | | | | |
| Case Recording D | Case Recording Details | | | | | | |
| Recording ID: | | Status: | Completed | | | | |
| Contact Date: | 2023-09-08 09:38:00 | Contact Method: | Face To Face | | | | |
| Contact Time: | 09:38 AM | Contact Duration: | | | | | |
| Entered By: | | Recorded For: | | | | | |
| Location: | DCS Office | Created Date: | 09/11/2023 | | | | |
| Completed date: | 09/21/2023 | Completed By: | | | | | |
| Purpose(s): | Permanency,Safety - Child/Commun | nity,Service Planning,Well | Being | | | | |
| Contact Type(s): | Parent/Caretaker Interview, Sibling In | nterview/Observation | | | | | |
| Contact Sub Type: | | | | | | | |
| Children Concern | ing | | | | | | |
| Participant(s) | | | | | | | |
| | | | | | | | |
| Narrative Details | | | | | | | |
| Narrative Type: | Original Entry Date/Time: 09 | /11/2023 02:19 PM Er | ntered By: | | | | |
| CPSI conducted follow up visit with sibling at the Child Advocacy Center. The child victim came in for another forensic interview due to it being reported the child has come out with more information regarding the death of spirits. CPSI asked to did she remember this CPSI and she shook her head yes. CPSI asked how have things been going at her aunt's home and she reported good and that she enjoys spending time with her cousins. | | | | | | | |
| CPSI spoke with aunt and she informed that she is so hurt about what happened to that she just wishes the child could have remained in the home with her and this would have never happened. Ms. reported that she is going to do everything possible to ensure has a good life inspite of what happened. CPSI explained to Ms. that this case will be assigned to someone else and CPSI would no longer be the case manager. It was explained that someone will be reaching out to her soon. | | | | | | | |

| Case Id: | | Case Name: | | | | |
|--------------------------------|---|---|---|--|--|--|
| Case Status: | Close | Organization: | Region | | | |
| Case Recording D | <u>Details</u> | | | | | |
| Recording ID: | | Status: | Completed | | | |
| Contact Date: | 2023-08-28 14:25:00 | Contact Method | : | | | |
| Contact Time: | 02:25 PM | Contact Duration | n: | | | |
| Entered By: | | Recorded For: | | | | |
| Location: | DCS Office | Created Date: | 08/28/2023 | | | |
| Completed date: | 08/28/2023 | Completed By: | | | | |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | | | | |
| Contact Type(s): | Notation | | | | | |
| Contact Sub Type: | | | | | | |
| Children Concern | ing | | | | | |
| Participant(s) | | | | | | |
| Narrative Details | | | | | | |
| Narrative Type: | Original Entry Date/Time: | 08/28/2023 04:40 PM | Entered By: | | | |
| CPSI informedied and wanted to | | officer to this case. He rep the child victim is making anted to conduct another fo | new disclosures of how this child possibly orensic interview. He reported he would | | | |

Case Id: Case Name:

Case Status: Close Organization: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-08-28 11:19:00 Contact Method:

Contact Time: 11:19 AM Contact Duration:

Entered By: Recorded For:

Location: Created Date: 08/29/2023

Completed date: 09/13/2023 Completed By:

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: 08/29/2023 11:24 AM Entered By:

This case was reviewed and staffed with Child Protective Service Investigator (CPSI) utilizing the child death review checklist. Custody of the sibling was removed from the mother and awarded to a maternal aunt. This case is approved to remain open pending the autopsy.

Next Steps:

CPSI will update case recordings to reflect the completed investigation task.

CPSI will need to present the case back to CPIT

CPSI will conduct monthly visits throughout the duration of this investigation to continuously assess the safety and well-being of the Alleged Child Victim(s) and adhere to investigation protocols.

Case Id: Case Name:

Case Status: Close Organization: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-08-14 13:20:00 Contact Method:

Contact Time: 01:20 PM Contact Duration:

Entered By: Recorded For:

Location: DCS Office Created Date: 08/28/2023

Completed date: 08/28/2023 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: 08/28/2023 10:45 AM Entered By: Medical records have been received and reviewed from Children's Clinic. Records will be uploaded.

| | | 572,048,047,441,480,000,000 | | | | |
|--|-----------------------|--|---------------------------------------|-------------------------------|--|--|
| Case Id: | | | Case N | ame: | | |
| Case Status: | Close | | Organiz | zation: | Region | |
| Case Recording D | <u>Details</u> | | | | | |
| Recording ID: | | | | Status: | Completed | |
| Contact Date: | 2023-08-09 | 14:42:00 | | Contact Meth | od: | |
| Contact Time: | 02:42 PM | | Contact Duration: | | | |
| Entered By: | | ľ | | Recorded For | | |
| Location: | | | | Created Date | 08/09/2023 | |
| Completed date: | 08/09/2023 | | | Completed By | <i>y</i> : | |
| Purpose(s): | Safety - Chi | ild/Community | | | | |
| Contact Type(s): | Administrative Review | | | | | |
| Contact Sub Type: | | | | | | |
| Children Concern | ing | | | | | |
| Participant(s) | | | | | | |
| Narrative Details | | | | | | |
| Narrative Type: | Original | Entry Date/Time: | 08/09/202 | 3 03:09 PM | Entered By: | |
| of she wanted unclear on what to | to receive | counseling due to he brings up things abo | arded to the er just out of out | maternal gre the blue sayi | at aunt I ng things about Child Advocacy referral | Custody of the sibli Ms. report She states she is was completed for |

Next Steps:

- -- CM will update case recordings to reflect the completed investigation task.
- -- CM will document and upload the autopsy into TFACTS once received.
- -- CM will complete Closing FAST before case closure.
- -- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Case Id: Case Name: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-07-31 13:00:00 Contact Method:

Contact Time: 01:00 PM Contact Duration:

Entered By: Recorded For:

Location: DCS Office Created Date: 08/28/2023

Completed date: 08/28/2023 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: 08/28/2023 10:44 AM Entered By: Medical Records were requested from this child's PCP Children's Clinic, for her specialist's,

Medical Records were requested from this child's PCP Children's Clinic, office who was her previous PCP and her orthopedic doctor

Contact Duration:

Case Id: Case Name:

Case Status: Close Organization: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-07-27 11:20:00 Contact Method:

Entered By: Recorded For:

11:20 AM

Location: DCS Office Created Date: 07/27/2023

Completed date: 07/27/2023 Completed By:

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Contact Time:

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:25 AM Entered By:

Medical records have been requested.

| Case Id: | | Case | Name: | | | |
|---|-------------------------------------|----------|----------------------|--------------|--|--|
| Case Status: | Close | Organ | anization: Region | | | |
| Case Recording D | <u>Details</u> | | | | | |
| Recording ID: | | | Status: | Completed | | |
| Contact Date: | 2023-07-26 17:30:00 | | Contact Method: | Face To Face | | |
| Contact Time: | 05:30 PM | | Contact Duration: | | | |
| Entered By: | | | Recorded For: | | | |
| Location: | Other Community Site | | Created Date: | 07/27/2023 | | |
| Completed date: | 07/27/2023 | | Completed By: | | | |
| Purpose(s): | Permanency,Safety - Child/Commu | unity,Se | ervice Planning,Well | Being | | |
| Contact Type(s): | Parent/Caretaker Interview, Sibling | Intervie | ew/Observation | | | |
| Contact Sub Type: | | | | | | |
| Children Concern | <u>ing</u> | | | | | |
| Participant(s) | | | | | | |
| Narrative Details | | | | | | |
| Narrative Type: | Original Entry Date/Time: 0 | 7/27/20 | 23 10:56 AM Er | ntered By: | | |
| CPSI spoke with aunt and and informed her that this CPSI will just engage with and try to get her comfortable with this CPSI but that this CPSI will not be questioning the child at this time regarding has already been through enough at this time. Ms. thanked this CPSI. | | | | | | |
| and expla asked her would the she's been at the a conversation. CPS she glad she is with | | | | | | |

| Case Id: | | | Case Name: | | | |
|--|--|----------------------------|---|-------------|--|--|
| Case Status: | Close | | Organization: | | Region | |
| Case Recording I | <u>Details</u> | | | | | |
| Recording ID: | | | Status | : | Completed | |
| Contact Date: | 2023-07-21 1 | 2:15:00 | Conta | ct Method: | Phone Call | |
| Contact Time: | 12:15 PM | | Conta | ct Duration | :1 | |
| Entered By: | | | Recor | ded For: | | |
| Location: | DCS Office | | Create | ed Date: | 07/27/2023 | |
| Completed date: | 07/27/2023 | | Comp | eted By: | | |
| Purpose(s): | Permanency, | Safety - Child/Com | munity,Service Pl | anning,We | Il Being | |
| Contact Type(s): | Parent/Careta | Parent/Caretaker Interview | | | | |
| Contact Sub Type: | | | | | | |
| Children Concern | ing | | | | | |
| Participant(s) | | | | | | |
| Narrative Details | | | | | | |
| Narrative Type: | Original | Entry Date/Time: | 07/27/2023 10:5 | 2 AM | Entered By: | |
| child had been blu Center for counse each month until appointment to me | rting out some ling for the child case | closed. She reporte | and she now has a plained to Ms. and she understood | this Cl | PSI would need to visit with the and Ms. | |

CR - Summary Page 44 of 61 1/23/25, 1:56 PM

| Case Id: | | Case Name: | | |
|--|--|---|--|--|
| Case Status: | Close | Organization: Region | | |
| Case Recording D | <u>Details</u> | | | |
| Recording ID: | | Status: Completed | | |
| Contact Date: | 2023-06-22 11:00:00 | Contact Method: | | |
| Contact Time: | 11:00 AM | Contact Duration: | | |
| Entered By: | | Recorded For: | | |
| Location: | | Created Date: 06/29/2023 | | |
| Completed date: | 06/29/2023 | Completed By: | | |
| Purpose(s): | Permanency,Safety - Child/Comm | nunity,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | | |
| Contact Sub Type: | | | | |
| Children Concern | ing | | | |
| Participant(s) | | | | |
| Narrative Details | | | | |
| Narrative Type: | Original Entry Date/Time: | 06/29/2023 08:05 AM | | |
| The Abuse Death staff: Case Manag Coordinators (TC) Support (DCIS) | | d Victim (ACV) was debriefed with the follow Team Leaders (TL) and S Director (CPSD) , and Director of Critical Incident | | |
| | ation was assigned on 6/16/23 conce vith her birth mother County. | erning the death of ACV [4yo). It was reported sibling [4yo], and the mothers boyfriend [4yo]. | | |
| front door of the holast observed LE response to the bin. The mother th multiple times wee the boyfriend attenmainted in the hon condition stating h | in the home when she put in the home when she put in the home when she put in the home during this investigation, LE are admitted to falsifying her previous eks prior, after which the last time in the mother representation in the outside the same in the second in the outside the same in the sa | became unresponsive and never regained consciousned became unresponsive and never regained consciousned body was placed in several garbage bags and be bin that day. The boyfriend denied any knowledge of due to the advanced stage of decomposition authorities report | | |
| night in the home, had bathroom acci abuse toward hers that night and was | idents and reported never seeing he self, and no observable marks or inju | and nephew 4yo] who had stayed to 5yo sibling reported the boyfriend would whoop where again after she had accident and bath that night. She reported uries were noted. The 8yo niece reported she had never seen seeping in the mothers room. The 4yo nephews interview was limitations. | | |

| Case Id: | | Case Name: | |
|---|---|-------------------------------|--|
| Case Status: | Close | Organization: | Region |
| picked up by their history. It is known is still being gather | eted with the maternal great aunt maternal grandmother. The team of had a feeding tube and of red around this. The mother reporte ein, but could eat by mouth also. | iscussed ngoing medical ca | for the 5yo sibling. The niece and nephew were history with the Department and known medical are needs at the time of the incident, but information at the feeding tube due to aspirating on liquids and for |

Next Steps:

- -- CM will request ACVs recent medical records to include PCP and specialist records. Records will be uploaded TFACTS. Safety Nurse consult will be requested to review records to ascertain ACVs medical history, current health and care needs at the time of her death, and compliance of those needs by her caregivers.
- -- CM will request IPA placement schedule PCP checkup/medical clearance for 5yo sibling as precaution/safety assessment.
- -- 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.

| Case Id: | | Case Name: | |
|-------------------------------|--|--|--|
| Case Status: | Close | Organization: | Region |
| Case Recording D | <u>Details</u> | | |
| Recording ID: | | Status: | Completed |
| Contact Date: | 2023-06-21 13:24:00 | Contact Method: | |
| Contact Time: | 01:24 PM | Contact Duration | 1: |
| Entered By: | | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/27/2023 |
| Completed date: | 07/27/2023 | Completed By: | |
| Purpose(s): | Permanency, Safety - Child/Comn | nunity,Service Planning,We | ell Being |
| Contact Type(s): | Case Summary | | |
| Contact Sub Type: | Other | | |
| Children Concern | ing | | |
| Participant(s) | | | |
| Narrative Details | | | |
| Narrative Type: | Original Entry Date/Time: | 07/27/2023 11:33 AM | Entered By: |
| grandmother keep in he needs. | wants to get custody of care to make sure her needs are rurrently in temporary custody of he cement for the child. | rently in jail for the murder works at a daycare and we net. also wants to get | wants to take care of the child. in counseling for her mental was going to keep the child unt |

CR - Summary Page 47 of 61 1/23/25, 1:56 PM

| Case Id: | | Case Name: | |
|--------------|-------|---------------|--------|
| Case Status: | Close | Organization: | Region |

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-06-20 12:05:00 Contact Method:

Contact Time: 12:05 PM Contact Duration:

Entered By: Recorded For:

Location: DCS Office Created Date: 06/20/2023

Completed date: 07/05/2023 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: 06/20/2023 12:05 PM Entered By:

*Court history- was placed with her aunt, was placed back in her mothers care on 09/27/2022 by the courts. The order stated that the Department did not meet the burden of proof.

CR - Summary Page 48 of 61 1/23/25, 1:56 PM

Case Id: Case Name:

Case Status: Close Organization: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-06-20 09:00:00 Contact Method: Correspondence

Contact Time: 09:00 AM Contact Duration:

Entered By: Recorded For:

Location: DCS Office Created Date: 08/28/2023

Completed date: 08/28/2023 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: 08/28/2023 10:49 AM Entered By:

This case was presented to the Child Protective Investigative Team (CPIT) and was stamped for forensics and coordinate with Law Enforcement.

| Case Id: | | Case Name: | | | |
|---|--------------------------------|---------------------------|-------------|--|--|
| Case Status: | Close | Organization: | Region | | |
| Case Recording D | <u>Jetails</u> | | | | |
| Recording ID: | | Status: | Completed | | |
| Contact Date: | 2023-06-16 15:30:00 | Contact Method | l: | | |
| Contact Time: | 03:30 PM | Contact Duratio | n: | | |
| Entered By: | | Recorded For: | | | |
| Location: | DCS Office | Created Date: | 06/20/2023 | | |
| Completed date: | 07/05/2023 | Completed By: | | | |
| Purpose(s): | Permanency,Safety - Child/Comm | nunity,Service Planning,W | ell Being | | |
| Contact Type(s): | Case Summary | | | | |
| Contact Sub Type: | Opening | | | | |
| Children Concern | ing | | | | |
| Participant(s) | | | | | |
| Narrative Details | | | | | |
| Narrative Type: | Original Entry Date/Time: | 06/20/2023 12:10 PM | Entered By: | | |
| The Department received a P-1 Referral with the allegations of Abuse Death on 06/16/2023. CM was notified at 3:30 pm. The referral states went missing on 06/15/23 in TN; however, remains have been found by lavenforcement and other agencies and it is thought they are where her whereabouts are at this time due to the mother, charged in connection with death. It has been reported there have been concerns in the home for a long time. | | | | | |

| Case Id: | | Case Na | ame: | |
|-------------------|--|-------------|------------------|--|
| Case Status: | Close | Organiza | ation: | Region |
| Case Recording D | etails | | | |
| Recording ID: | | S | Status: | Completed |
| Contact Date: | 2023-06-16 14:45:00 | C | Contact Method: | Face To Face |
| Contact Time: | 02:45 PM | C | Contact Duration | :) |
| Entered By: | | R | Recorded For: | |
| Location: | Family Home | C | Created Date: | 06/20/2023 |
| Completed date: | 06/20/2023 | C | Completed By: | |
| Purpose(s): | Permanency,Safety - Child/Commo | unity,Servi | ice Planning,We | ell Being |
| Contact Type(s): | Initial ACV Face To Face | | | |
| Contact Sub Type: | | | | |
| Children Concern | ing | | | |
| Participant(s) | | | | |
| Narrative Details | | | | |
| Narrative Type: | Original Entry Date/Time: 0 | 06/20/2023 | 3 12:02 PM | Entered By: |
| home due to the m | arrived to the home of deceased other and paramouto Work Aid 2, it is not required for the | ur | | rested prior to this CPSI arrival to the |

Case Id: Case Name:

Case Status: Close Organization: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-06-16 14:31:00 Contact Method: Correspondence

Contact Time: 02:31 PM Contact Duration:

Entered By: Recorded For:

Location: DCS Office Created Date: 07/27/2023

Completed date: 07/27/2023 Completed By:

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: 07/27/2023 11:31 AM Entered By:

The referent in this case was unknown.

Case Id: Case Name:

Case Status: Close Organization: Region

Case Recording Details

Recording ID: Status: Completed

Contact Date: 2023-06-16 14:28:00 Contact Method: Contact Time: 02:28 PM Contact Duration:

Entered By: Recorded For:

Location: DCS Office Created Date: 07/27/2023

Completed date: 07/27/2023 Completed By:

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:28 AM Entered By:

Background Checks:

The following Internet Records Clearance inquiries were completed on

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

County Criminal Justice Portal: negative results

The following Internet Records Clearance inquiries were completed on

Tennessee Felony Offender Registry: Negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

| Case Id: | | Ca | se Name: | | | | |
|---|---|--|--|---|---|--|-----------|
| Case Status | : Close | Or | ganization: | | Region | | |
| - | | | | | | | |
| National Sexual (| Offender Registry: negati | ve results | | | | | |
| Tennessee Dept. | of Health Vulnerable Pe | rson (Abuse Reg | istry): negati | ve results | 5 | | |
| County C | Indicted General Sessio | ns HTS Active Ostate Division | ion 15 e or Open ion 15 e or Open | HTS | | | |
| alleged perpetrat went missing on it is thought they time due to the m | are remains. | nother I; however, remai is and her boyfriend | and pa ns have bee sister, an | aramour n found b nd it is un beir | by law enforcen known where h ng charged in c | The referral states nent and other agen ner whereabouts are connection with | cies and |
| A Tennessee Far with the Departm | mily and Child Tracking S ent. | System (TFACTS) |) check was | complete | d, and the fami | ily does have a prior | history |
| | Asses | Assessment sment 3 Assessment Investigation | 3 Closed 3 1 | 03/15/20 Closed | 06/30/2023 022 09/14/2021 01/27/2020 | Region Region Region | |
| | not request notification. J per local protocol and pol | | d the District | Attorney | are notified of | referrals and classifi | cation on |
| The case was as | signed to Child Protective | e Services Invest | igator (CPSI | | as a p | priority 1 on 06/16/23 | 3. |
| Narrative Type: | | ate/Time: 08/2 | 8/2023 10:58 | 3 AM | Entered By: | | |
| The following Internet Records Clearance inquiries were completed on | | | | | | | |
| Tennessee Felony | Offender Registry: Negative | results | | | | | |
| Methamphetamine Offender Registry: negative results | | | | | | | |
| Tennessee Sexual Offender Registry: negative results | | | | | | | |
| National Sexual Off | ender Registry: negative re | sults | | | | | |
| Tennessee Dept. of | Health ∀ulnerable Person | (Abuse Registry): n | egative result | s | | | |

County Criminal Justice Portal: negative results

| Case Id: | | Case Name: | |
|--------------|-------|---------------|--------|
| Case Status: | Close | Organization: | Region |

The following Internet Records Clearance inquiries were completed on

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

County Criminal Justice Portal:

Held to State Felony Arrest Indicted General Sessions HTS Felony Arrest Held to State Division 15 Indicted General Sessions HTS Active or Open

Division 15 Active or Open



| Case Status: Close Organization: Region Case Recording Details Recording ID: Status: Completed Contact Date: 2023-06-15 14:17:00 Contact Method: Contact Time: 02:17 PM Contact Duration: Entered By: Recorded For: Location: DCS Office Created Date: 07/27/2023 Completed date: 07/27/2023 Completed By: 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: 07/27/2023 11:47 AM Entered By: Came to the Child Advocacy Center for a finiterview. His interview was classified as incomplete. Was able to identify people that lives in the home with was very difficult to understand as incomplete. Was able to identify people that lives in the home with was very difficult to understand as incomplete. Was able to identify people that lives in the home with was very difficult to understand some question. | | | | | | |
|---|-------------------|----------------|----------------------|------------------|------------|-------------|
| Case Recording Details Recording ID: Status: Completed Contact Date: 2023-06-15 14:17:00 Contact Method: Contact Time: 02:17 PM Contact Duration: Entered By: Recorded For: Location: DCS Office Created Date: 07/27/2023 Completed date: 07/27/2023 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: 07/27/2023 11:47 AM Entered By: Inephew to alleged perpetrator came to the Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Case Id: | | | Case Name: | | |
| Recording ID: Contact Date: 2023-06-15 14:17:00 | Case Status: | Close | | Organization | | Region |
| Contact Date: 2023-06-15 14:17:00 Contact Method: Contact Time: 02:17 PM Contact Duration: Entered By: Recorded For: Location: DCS Office Created Date: 07/27/2023 Completed date: 07/27/2023 Completed By: 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: 07/27/2023 11:47 AM Entered By: Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Case Recording D | <u>Details</u> | | | | |
| Contact Time: 02:17 PM Contact Duration: Entered By: Recorded For: Location: DCS Office Created Date: 07/27/2023 Completed date: 07/27/2023 Completed By: 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: 07/27/2023 11:47 AM Entered By: Child Advocacy Center for a functiview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Recording ID: | | | Statu | S: | Completed |
| Entered By: Location: DCS Office Created Date: 07/27/2023 Completed date: 07/27/2023 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: 07/27/2023 11:47 AM Entered By: nephew to alleged perpetrator interview. His interview was classified as incomplete. Recorded For: Created Date: 07/27/2023 Completed By: 07/27/2023 Completed By: 07/27/2023 11:47 AM Entered By: Came to the Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Contact Date: | 2023-06-15 | 14:17:00 | Cont | act Metho | d: |
| Location: DCS Office Created Date: 07/27/2023 Completed date: 07/27/2023 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: 07/27/2023 11:47 AM Entered By: Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Contact Time: | 02:17 PM | | Cont | act Durati | on: |
| Completed date: 07/27/2023 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: 07/27/2023 11:47 AM Entered By: nephew to alleged perpetrator came to the Child Advocacy Center for a finterview. His interview was classified as incomplete. was able to identify people that lives in the home with | Entered By: | | | Reco | rded For: | |
| 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: 07/27/2023 11:47 AM Entered By: Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Location: | DCS Office | | Crea | ed Date: | 07/27/2023 |
| Contact Type(s): Notation Contact Sub Type: Children Concerning Participant(s) Narrative Details Narrative Type: Original Entry Date/Time: 07/27/2023 11:47 AM Entered By: Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Completed date: | 07/27/2023 | | Com | oleted By: | |
| Contact Sub Type: Children Concerning Participant(s) Narrative Details Narrative Type: Original Entry Date/Time: 07/27/2023 11:47 AM Entered By: Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Purpose(s): | Permanency | ,,Safety - Child/Com | munity,Service F | lanning,V | Vell Being |
| Children Concerning Participant(s) Narrative Details Narrative Type: Original Entry Date/Time: 07/27/2023 11:47 AM Entered By: Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Contact Type(s): | Notation | | | | |
| Participant(s) Narrative Details Narrative Type: Original Entry Date/Time: 07/27/2023 11:47 AM Entered By: Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Contact Sub Type: | | | | | |
| Narrative Details Narrative Type: Original Entry Date/Time: 07/27/2023 11:47 AM Entered By: Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Children Concern | ing | | | | |
| Narrative Type: Original Entry Date/Time: 07/27/2023 11:47 AM Entered By: Child Advocacy Center for a finterview. His interview was classified as incomplete. Was able to identify people that lives in the home with | Participant(s) | | | | | |
| nephew to alleged perpetrator came to the Child Advocacy Center for a finterview. His interview was classified as incomplete. was able to identify people that lives in the home with | Narrative Details | | | | | |
| interview. His interview was classified as incomplete. was able to identify people that lives in the home with | Narrative Type: | Original | Entry Date/Time: | 07/27/2023 11: | 47 AM | Entered By: |
| were asked of him. It was agreed that this interview should be concluded. | | | | | | |

CR - Summary Page 56 of 61 1/23/25, 1:56 PM

| Case Id: | | Case Name: | | | |
|--|-----------------------------|--------------------|------------------|--|--|
| Case Status: | Close | Organization: | Region | | |
| Case Recording D | <u>Details</u> | | | | |
| Recording ID: | | Status: | Completed | | |
| Contact Date: | 2023-06-15 13:41:00 | Contact N | Method: | | |
| Contact Time: | 01:41 PM | Contact [| Duration: | | |
| Entered By: | | Recorded | d For: | | |
| Location: | DCS Office | Created I | Date: 07/27/2023 | | |
| Completed date: | 07/27/2023 | Complete | ed By: | | |
| Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being | | | | | |
| Contact Type(s): | Notation | | | | |
| Contact Sub Type: | | | | | |
| Children Concern | ing | | | | |
| Participant(s) | | | | | |
| Narrative Details | | | | | |
| Narrative Type: | Original Entry Date/Time: 0 |)7/27/2023 11:52 A | AM Entered By: | | |
| niece to alleged perpetrator came to the was missing. According to when she got to and the tub. stated she didn't see or hear that night, 5 y/o were eating snacks in stated was sleeping in and stated was sleeping in and stated that night, she heard the door leaving out of the home closing. The next morning when she woke up, she was in shock because was missing. Stated said robbers came and got | | | | | |

| Case Id: | | Case Name: | | | |
|--|---|-----------------------|-------------|--|--|
| Case Status: | Close | Organization: | Region | | |
| Case Recording D | <u>Details</u> | | | | |
| Recording ID: | | Status: | Completed | | |
| Contact Date: | 2023-06-15 13:40:00 | Contact Method: | | | |
| Contact Time: | 01:40 PM | Contact Duration: | ; | | |
| Entered By: | | Recorded For: | | | |
| Location: | DCS Office | Created Date: | 07/27/2023 | | |
| Completed date: | 07/27/2023 | Completed By: | | | |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | | | |
| Contact Type(s): | Notation | | | | |
| Contact Sub Type: | | | | | |
| Children Concern | ing | | | | |
| Participant(s) | | | | | |
| Narrative Details | | | | | |
| Narrative Type: | Original Entry Date/Time: 0 | 07/27/2023 12:01 PM E | Intered By: | | |
| sibling to came to the Said she heard someone sat that said sh | | | | | |

| Case Id: | | Case I | Name: | | |
|---|-------------------------------------|---------|-----------------------|--------------------------|--|
| Case Status: | Close | Organ | ization: Re | gion | |
| Case Recording D | <u>etails</u> | | | | |
| Recording ID: | | | Status: | Completed | |
| Contact Date: | 2023-06-15 11:30:00 | | Contact Method: | Face To Face | |
| Contact Time: | 11:30 AM | | Contact Duration: | | |
| Entered By: | | | Recorded For: | | |
| Location: | Family Home | | Created Date: | 06/20/2023 | |
| Completed date: | 07/05/2023 | | Completed By: | | |
| Purpose(s): | Permanency,Safety - Child/Commun | nity,Se | rvice Planning,Well I | Being | |
| Contact Type(s): | Alleged Perpetrator Interview,Paren | t/Caret | aker Interview,Siblin | ng Interview/Observation | |
| Contact Sub Type: | | | | | |
| Children Concerni | ng | | | | |
| Participant(s) | | | | | |
| Narrative Details | | | | | |
| Narrative Type: | Original Entry Date/Time: 06 | /20/20 | 23 11:37 AM En | tered By: | |
| TN at around 11: 30 a.m. The detectives and police were all present. CM while she was sitting in the police car. Ms. stated that she last saw around midnight. She stated that she and her boyfriend, were asleep on the couch. She stated that was in the room with her sister, and are the niece and nephew of Mr. and they were just visiting the home. She said they did not know had left the house. Ms. stated that she noticed that had gotten the cake out of the refrigerator. She also reported that this is not the first time has exited the house. But this is the first time that she has wandered off. | | | | | |
| CM interviewed pooped on herself. She stated that she must sleep in the room by herself because she was in trouble. It is pooped on herself. She stated that she must sleep in the room by herself because she pees and poops on herself. She said she did not see her go out of the door, but she knows she did. It is made her, and stay in the room. She was eating and watching T.V. She said that someone posted it. During the forensic interview, also reported that gets the most whippings because she poops on herself and sneaks food out of the refrigerator. She stated that her mother doesnt whip her, but does. | | | | | |

| Case Id: | | Case Name: | | | | |
|---|---|-----------------------|------------|--|--|--|
| Case Status: | Close | Organization: | egion | | | |
| Case Recording D | <u>Details</u> | | | | | |
| Recording ID: | | Status: | Completed | | | |
| Contact Date: | 2023-06-15 11:30:00 | Contact Method: | | | | |
| Contact Time: | 11:30 AM | Contact Duration: | | | | |
| Entered By: | | Recorded For: | | | | |
| Location: | DCS Office | Created Date: | 06/20/2023 | | | |
| Completed date: | 07/05/2023 | Completed By: | | | | |
| Purpose(s): | e(s): Permanency,Safety - Child/Community,Service Planning,Well Being | | | | | |
| Contact Type(s): | Notation | | | | | |
| Contact Sub Type: | | | | | | |
| Children Concern | <u>ing</u> | | | | | |
| Participant(s) | | | | | | |
| Narrative Details | | | | | | |
| Narrative Type: | Original Entry Date/Time: | 06/20/2023 12:06 PM E | ntered By: | | | |
| The police viewed footage from a nearby homes ring camera. They saw an image of a person. They believed it could have been but they are not sure. The 8-year-old but they are not sure. The 8-year-old child (but but been but they are not sure. The 8-year-old child (but but but they are not sure. The 8-year-old child (but but but they are not sure. The 8-year-old child (but but but they are not sure. The 8-year-old child (but but but they are not sure. The 8-year-old child (but but but they are not sure. They believed it could have been but they are not sure. They saw an image of a person. They believed it could have been but they are not sure. They saw an image of a person. They believed it could have been but they are not sure. The 8-year-old child (but but but but but they are not sure. The 8-year-old child (but but but but but but but but but but | | | | | | |
| CM staffed the case with TL Since the Department had already completed a Non-Custodial Home Study on Ms. (Paternal Great-Aunt) and it was approved, she could possibly be a resource for until a CFTM is held and further planning. Ms. agreed immediately. FSW checked the criminal justice system to make sure nothing has changed since the home study was completed. Ms. has had no criminal history since 2005 (Theft of Property 500 or less) Attorney approved the IPA (Immediate Protection Agreement). | | | | | | |

| Case Id: | | Case Name: | | | |
|---|--|-------------------------|-------------------|---|--|
| Case Status: | Close | Organization: | Region | | |
| Case Recording D | etails | | | | |
| Recording ID: | | Status: | Complete | t | |
| Contact Date: | 2023-06-15 10:43:00 | Contac | t Method: | | |
| Contact Time: | 10:43 AM | Contac | t Duration: | | |
| Entered By: | | Record | led For: | | |
| Location: | DCS Office | Create | d Date: 06/20/202 | 3 | |
| Completed date: | 07/05/2023 | Comple | eted By: | | |
| Purpose(s): | se(s): Permanency,Safety - Child/Community,Service Planning,Well Being | | | | |
| Contact Type(s): | Case Summary | | | | |
| Contact Sub Type: | Other | | | | |
| Children Concern | ing | | | | |
| Participant(s) | | | | | |
| Narrative Details | | | | | |
| Narrative Type: | Original Entry Date | /Time: 06/20/2023 12:09 | PM Entered By: | | |
| The Department received a P-3 Referral with the allegations of Lack of Supervision on 06/15/2023. CM was notificat 10:43 a.m. by TL that immediate assistance was needed at the home. CM contacted Ms. to get clarity on who has custody of Ms. informed CM that she had been trying to call to see if CM was aware of what was going on with Ms. stated that during the last court hearing custody was given back to Mother) in Sept. Ms. reported that stopped all communications and she not seen since she was placed back with her mother. | | | | | |

CR - Summary Page 61 of 61 1/23/25, 1:56 PM



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

| A. Investigatio | n | | |
|-----------------|------------|-------------------|------------|
| Case Name: | | Investigation ID: | |
| Referral Date: | 06/16/2023 | Assignment Date: | 03/18/2024 |

Street Adress: ,
City/State/Zip: Tennessee

B. Allegation

| # | Children's | DOB | Specific Allegation | Alleged Perpetrator's | DOB | Classification | Severe Abuse | Classified By |
|----|------------|-----|------------------------|--------------------------|----------|-------------------------------|-----------------|---------------|
| | Name | | for Each | Name | | | CSEM | Classified |
| 1 | | | Abuse Death | | , 12:00 | Allegation Substantiated / | Yes | |
| 12 | | .0 | Abuse Death | | ĀM | Perpetrator Substantiated | No | 07/25/2024 |
| 2 | | | Abuse Death | | | Allegation Substantiated / | Yes | |
| _ | | | Abuse Dealli | 3. 30 | 12:00 AM | Perpetrator Substantiated | No | 07/25/2024 |

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: On June 16, 2023, the Department of Children's Services (DCS) received a referral for the allegation of Abuse Death regarding Alleged Child Victim (ACV) (4). The Alleged Perpetrator (AP) was

Birth Mother, by Team Coordinator (TC)

Abuse Death regarding Alleged Child Victim (ACV)

This investigation was assigned to Lead Investigator (LI)

This case was worked in conjunction with The

Police Department (PD).

The case allegation was classified as Allegation Substantiated Perpetrator Substantiated.

D. Case Workers

 Case Worker:
 Date: 07/25/2024

 Team Leader:
 Date: 07/25/2024

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

According to Work Aid 2, 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)?

On March 28, 2024, the Autopsy report was received. The autopsy was completed on a complete on June 16, 2023, by the composition acute and remote fractures to the left 5th rib, acute and remote fractures to the left 7th through 12th ribs, and acute and



Case Name :

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

| Case Name : | | Investigation ID: |
|---|---|--|
| | ircumstances surrounding and le | ath was caused by blunt trauma of the torso. Reports of the death eading up to the death, and autopsy findings indicate the manner of |
| On July 24, 2024, Ser and and Neglect, Abuse of a C | | gravated Child Abuse, First Degree Murder, Aggravated Child |
| Summarize alleged princident(s)/allegation | | nission: What is the perpetrator's explanation of the |
| around midnin the room with her sare the niece and nepleft the house. Ms. | ohew of Mr. and they we | and were asleep on the couch. was and and sere just visiting the home. She said they did not know had gotten the cake out of the refrigerator. This is not the first time |
| was no | ot spoken to by the DCS Case M | Manager. However, he was criminally charged, along with |
| Summarize witnesse | es' descriptions of what they s | aw and what they believe indicates child abuse/neglect: |
| | report was received regarding ement and other agencies. It is but her whereabouts connection to death. | |
| Summarize any othe abuse/neglect: | r evidence or factors that sup | port the investigative finding(s) for the allegation(s) of |
| wandered off. the home before. she would use the res After woke up, body was in advanced ruled to be a homicide | The family was questive stated she displayed would "pee" and "poop" on stroom on herself. I she learned was missive decomposition. The death was and | d not see leave out of the home, but she has walked out of herself. Stated would whip when stated she was visiting her uncle (and his family. Ing. The Autopsy report showed had rib fractures and her caused by blunt trauma of the torso, and the manner of death was |
| against | | a preponderance of evidence to support the allegation of Abuse Death ase will be closed and classified as Allegation Substantiated, |
| Distribution Copies: | Juvenile Court in All Cases District Attorney in Severe Chil | ld Abuse Cases |

Regional Supervising Attorney



| Event Type: CPS Case | Assessment Date: 06/16/2023 | |
|--|-----------------------------------|--|
| Assessment Type: FAST | CPS Case ID: | |
| OVE | RVIEW | |
| Safety Level: Immediate Intervention Recommended Risk Level: Moderate Need/Risk | Assessed at Location: In the Home | |
| Event Start Date: 08/19/2024 | Last Assessed Date: | |
| Assessment Status: Approved | Assessor: | |
| Date Approved: 06/22/2023 | Approver: | |

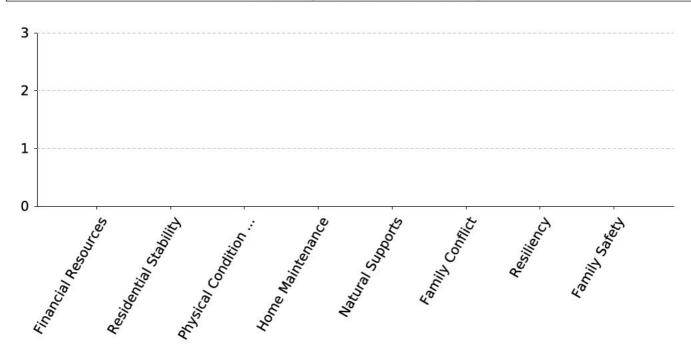
| PARTICIPANTS | | | | | | |
|--------------|----------|-----------|--------|--------------|-----------------|--------------|
| Name | Age | Role | Gender | Person ID | Trauma Score | CSEM Risk |
| (ACV) | Deceased | Youth | F | | 6 | Low |
| (AP) | 21 Yrs | Caregiver | М | | N/A | N/A |
| | 5 Yrs | Youth | F | | 0 | Low |
| (AP) | 24 Yrs | Primary | F | | N/A | N/A |



| Event Type: CPS Case | Assessment Date: 06/16/2023 |
|-----------------------|-----------------------------|
| Assessment Type: FAST | CPS Case ID: |

THE FAMILY TOGETHER

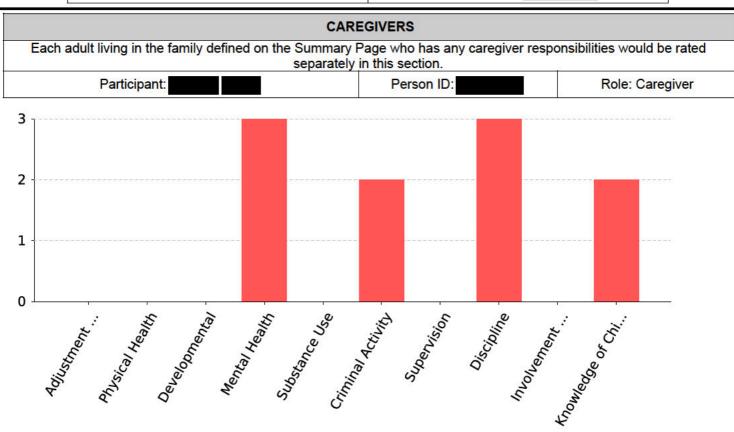
This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).



| 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 | |



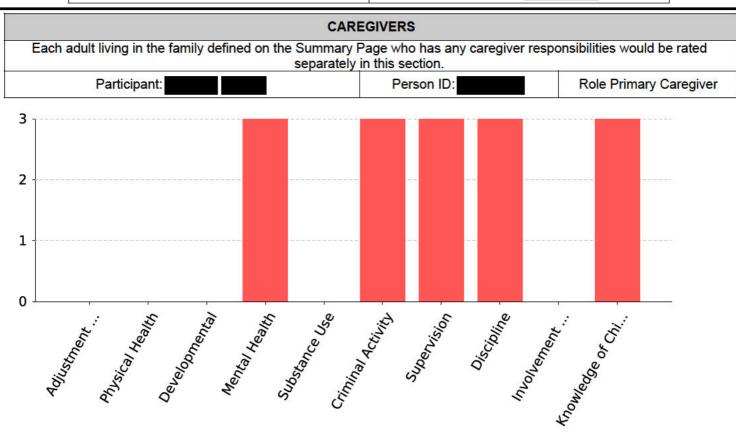
| Event Type: CPS Case | Assessment Date: 06/16/2023 |
|-----------------------|-----------------------------|
| Assessment Type: FAST | CPS Case ID: |



| Item | Score | Justification/Narrative |
|-------------------------------------|-------|---|
| Adjustment to Traumatic Experiences | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |
| Mental Health | 3 | Paramour beats children to death. May suffer from a mental health concern |
| Substance Use | 0 | |
| Criminal Activity | 2 | Has recent criminal charges |
| Supervision | 0 | |
| Discipline | 3 | Discipline is rigid and extreme |
| Involvement in Caregiving Functions | 0 | |
| Knowledge of Child and Family Needs | 2 | Requires assistance with knowledge of family needs. |



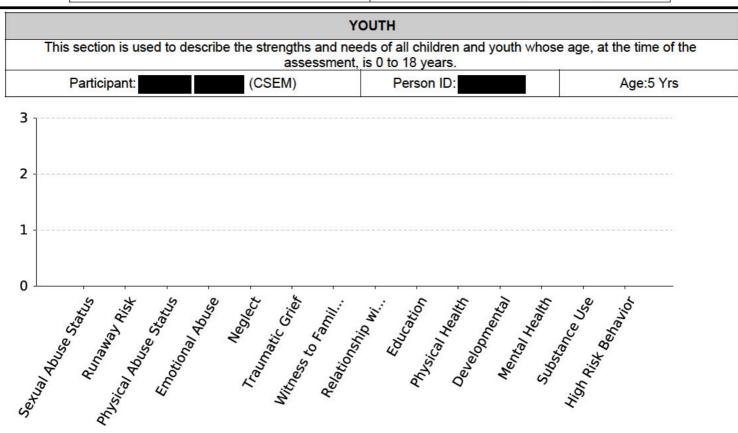
| Event Type: CPS Case | Assessment Date: 06/16/2023 |
|-----------------------|-----------------------------|
| Assessment Type: FAST | CPS Case ID: |



| Item | Score | Justification/Narrative |
|--|-------|---|
| Adjustment to Traumatic Experiences | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |
| Mental Health | 3 | Mother has some mental health issues |
| Substance Use | 0 | |
| Criminal Activity | 3 | Mother is currently engaged in criminal activity. |
| Supervision | 3 | Mother has significant problems supervising the children. |
| Discipline | 3 | Mother's discipline is rigid, extreme and hamrful |
| Involvement in Caregiving Functions | 0 | |
| Knowledge of Child and Family Needs | 3 | Mother needs substantial assistance with identifying what the family needs. |



| Event Type: CPS Case | Assessment Date: 06/16/2023 |
|-----------------------|-----------------------------|
| Assessment Type: FAST | CPS Case ID: |



| Item | Score | Justification/Narrative |
|--|-------|-------------------------|
| Sexual Abuse Status | 0 | |
| Runaway Risk | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 0 | |
| Traumatic Grief | 0 | |
| Witness to Family, School or Community Violence | 0 | |
| Relationship with Primary Caregiver | 0 | |
| Education | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |

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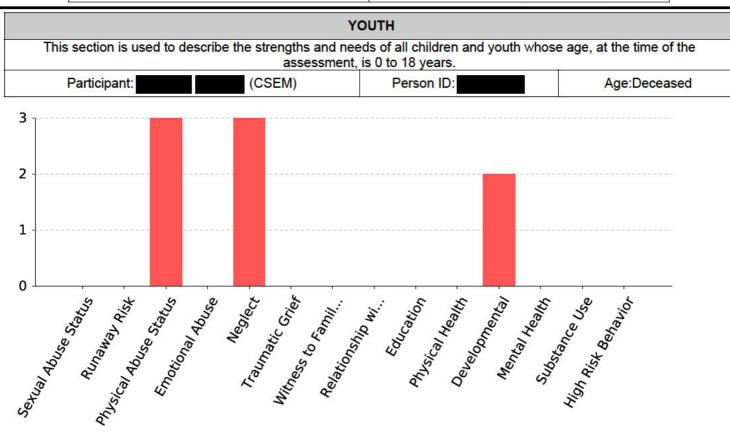


| Event Type: CPS Case | Assessment Date: 06/16/2023 |
|-----------------------|-----------------------------|
| Assessment Type: FAST | CPS Case ID: |

| Mental Health | 0 | |
|--------------------|---|--|
| Substance Use | 0 | |
| High Risk Behavior | 0 | |



| Event Type: CPS Case | Assessment Date: 06/16/2023 |
|-----------------------|-----------------------------|
| Assessment Type: FAST | CPS Case ID: |



| Item | Score | Justification/Narrative |
|--|-------|---|
| Sexual Abuse Status | 0 | |
| Runaway Risk | 0 | |
| Physical Abuse Status | 3 | Child was severely beaten to death by the mother's paramour. |
| Emotional Abuse | 0 | |
| Neglect | 3 | Child was neglected and parent failed to provide basic necessities. |
| Traumatic Grief | 0 | |
| Witness to Family, School or Community Violence | 0 | |
| Relationship with Primary Caregiver | 0 | |
| Education | 0 | |
| Physical Health | 0 | |
| Developmental | 2 | Child had some developmental delays |



| Event Type: CPS Case | Assessment Date: 06/16/2023 |
|-----------------------|-----------------------------|
| Assessment Type: FAST | CPS Case ID: |

| Mental Health | 0 | |
|--------------------|---|--|
| Substance Use | 0 | |
| High Risk Behavior | 0 | |