



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 12/02/2023 09:34 PM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 12/02/2023

**Investigation**

Investigation ID: [REDACTED]  
First County/Region Assigned: [REDACTED]  
Date/Time Assigned : 12/04/2023 08:10 AM  
First Team Leader Assigned: [REDACTED] Date/Time Assigned : 12/02/2023 12:00 AM  
First Case Manager Assigned: [REDACTED] Date/Time Assigned : 12/02/2023 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	3 Yrs	Physical Abuse	Yes	[REDACTED]	

Preliminary Near Death: [REDACTED]

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
Referent Address:  
Referent Phone Number: [REDACTED]  
Type of Contact: I-3 Phone

Notification: E-mail

Narrative: NON-CUSTODIAL PRELIMINARY NEAR DEATH

Family Case IDs: [REDACTED]  
Associated Case IDs: None

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

Pending: None  
Awaiting Screening: None  
Submitted: None

Open CPS: None



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

Substantiated: None  
Death: None  
Screen Outs: None

History (not listed above): None

County of Jurisdiction: [REDACTED] County  
School/ Daycare: None  
Active Military Status: None

Reporter's name/relationship: [REDACTED]

**-Child/Family Identification and Relationship Introduction Paragraph:**

[REDACTED] (2), [REDACTED] (4), [REDACTED] (2 months) and [REDACTED] (1) live with their mother named [REDACTED] and the father to [REDACTED] named [REDACTED]

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?  
The police want immediate assistance to the location.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.  
Today the police were called to the home. [REDACTED] was unconscious on a futon and naked (he had been put in a bath prior to the police getting there). [REDACTED] said that [REDACTED] fell into a floor air return and hit his head. [REDACTED] fell once and got up and fell again. [REDACTED] said it was because one of the other kids removed the floor return and [REDACTED] fell in it. [REDACTED] said he was in the living room watching TV when this took place. [REDACTED] said that after [REDACTED] fell, he took [REDACTED] into the bathroom and put him in cold water to wake him up. He said that he would not wake up. [REDACTED] has head trauma. [REDACTED] was breathing and was transported to [REDACTED] Regional via ambulance. The ambulance was trying to intubate him but were having trouble. [REDACTED] has been admitted to the hospital. He will be transferred to [REDACTED] [REDACTED] was not on scene when the incident took place. She gave the same story as [REDACTED] had sent a text to [REDACTED] at 7:06 pm and told her what happened. [REDACTED] did not get home until 7:40 pm. [REDACTED] did not head home until 7:23 pm. She was working. The parent's phones have been taken by the police. The incident is being treated as a criminal investigation. The police want immediate DCS response. The police had found [REDACTED] on a futon and naked. The air return cover was back over the return when the police arrived. It is unknown if [REDACTED] had any other injuries. [REDACTED] was recovering from a broken leg as well, but it is unclear when that happened. [REDACTED] said that [REDACTED] had fallen on [REDACTED] and broken his leg. It is unknown if [REDACTED] has a criminal history. [REDACTED] is with the police. [REDACTED] is still at home. The police made report number [REDACTED].

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?  
There are none known.

-Anything additional to add to this initial report for the responding worker to know prior to response?  
Nothing to add.

CM Notation: None  
Screener Notation: LE Requesting Immediate Assistance to the location

Emailed/Paged CPSI On Call: [REDACTED] County CPS on-call was notified through MIR3 @ 10:46pm [REDACTED].

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	12-02-23 10:46:47 PM			
[REDACTED]	12-02-23 10:47:35 PM	Received		
[REDACTED]	12-02-23 10:46:47 PM	---	[REDACTED]	Email Sent

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



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

Director: [REDACTED] (Interim)

Per SDM: Investigation P1 [REDACTED] intake specialist on 12-2-23 at 10:08 pm / [REDACTED], Intake Supervisor on 12.2.2023 @ 10:42pm [REDACTED] PER: CAH Director [REDACTED] approved on 12.2.2023 @ 10:39pm [REDACTED].

The following report was originally taken on 12-2-23 and assigned as an INVST to [REDACTED]. The open case for this incident is [REDACTED]. Per additional information, this child victim is now deceased as a result of the incident involved in the open case. The following information was provided by [REDACTED] Investigations (CPIT): Case was received on 12/2 as PND. Child passed away on 12/5 at 06:42 p.m. at [REDACTED] due to having nonsurvivable head trauma. Child was taken off of life support per the parent's decision.

A new intake for the Child Death has not been created at this time due to the current open Preliminary Near-Death case. The active CM will add the Child Death allegations to his/her current open case and proceed forward with the Child Death investigation.

Emailed [REDACTED]  
Emailed [REDACTED] County, [REDACTED] Region ( [REDACTED] ) Director: [REDACTED] (Interim) CC'd on the email.  
Emailed FYI to open case [REDACTED] CM [REDACTED] [REDACTED] and Supervisor [REDACTED] [REDACTED]



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 5 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** 3 Yrs

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

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** HOME

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** 1 Yr 7 Mos

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** 2 Yrs 6 Mos

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 29 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 23 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

---

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

---

**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	2025-03-25 12:40:00	Contact Method:	
Contact Time:	12:40 PM	Contact Duration:	
Entered By:	██████████ ██████████ ██████████	Recorded For:	
Location:		Created Date:	03/25/2025
Completed date:	03/25/2025	Completed By:	██████████ ██████████ ██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/25/2025 11:42 AM      Entered By: ██████████ ██████████ ██████████

Case has been submitted for review and closure.

Case has been reviewed and approved for closure by Executive Director ██████████

Initial notification of referral and classification is sent to the Judge and DA per local protocols.  
CPIT has reviewed the case.

Investigation is complete and being closed.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2025-03-25 11:10:00	Contact Method:
Contact Time: 11:10 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 03/25/2025
Completed date: 03/25/2025	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original      Entry Date/Time: 03/25/2025 11:09 AM      Entered By: [REDACTED]

On December 2, 2023, the Department of Childrens Services (DCS) received a referral for an allegation of physical Abuse regarding Alleged Child Victim (ACV) [REDACTED]. The Alleged Perpetrator (AP) was listed as [REDACTED] paramour to Ms. [REDACTED] (mother). The investigation was assigned to Child Protective Services Investigator (CM) [REDACTED] by Team Leader (TL) [REDACTED]. This case was worked in conjunction with the [REDACTED] County Sheriffs Department. Based on additional information gathered on December 5, 2023, the allegation of Abuse Death regarding Alleged Child Victim (ACV) [REDACTED] was added with the Alleged Perpetrator (AP) listed as [REDACTED] (8/02/2021) resided in the family home with his mother, [REDACTED] siblings, [REDACTED] and [REDACTED] and [REDACTED] and Ms. [REDACTED] paramour. [REDACTED] Mr. [REDACTED] is the biological father to [REDACTED]. At the beginning of the case, [REDACTED] father to [REDACTED] and [REDACTED] had not had any contact with his children in several month due to Ms. [REDACTED] not allowing the children to visit with him. [REDACTED] was found unconscious on a futon upon law enforcements arrival at the home. Mr. [REDACTED] reported to law enforcement that [REDACTED] had fallen and hit his head on an air vent. Mr. [REDACTED] informed law enforcement that he had attempted to wake [REDACTED] up by putting him in the bathtub, but this was not successful. Case Manager (CM) [REDACTED] responded to the family home on this night as well. [REDACTED] was transported by [REDACTED] County EMS to [REDACTED] Regional Medical Center and was then transported to [REDACTED] Childrens Hospital where he was admitted. CM [REDACTED] traveled to [REDACTED] Childrens Hospital as well. CM [REDACTED] spoke with the attending physician who reported that [REDACTED] had severe swelling of the brain, and his condition would not improve despite medical intervention.

CM [REDACTED] completed an Immediate Protection Agreement (IPA) preventing Mr. [REDACTED] from having any unsupervised contact with any of the children.

The siblings were taken to [REDACTED] and a CARE team consult was completed on the other children on December 4, 2023. CARE team reported that [REDACTED] had a broken arm, [REDACTED] had 2 broken arms, and a broken leg and [REDACTED] had suspicious bruising. [REDACTED] and [REDACTED] were discharged from the hospital and the mother was unwilling to sign an Immediate Protection Agreement (IPA). The case was staffed with Team Coordinator [REDACTED] and DCS Attorney [REDACTED] and it was agreed to place [REDACTED] and [REDACTED] into custody under exigent circumstances, but not [REDACTED] as [REDACTED] was admitted into the hospital and was not in imminent danger in [REDACTED] care. Children were placed with the

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

putative father, [REDACTED] and his wife, [REDACTED] after an expedited home study was approved.

The child, [REDACTED] was placed into the custody of the Department of Children's Services on December 6, 2023, due to the mother, [REDACTED] having unsupervised contact at the hospital.

On December 5, 2023, Ms. [REDACTED] and Mr. [REDACTED] decided to remove [REDACTED] from life support.

[REDACTED] County Sheriffs Department Detective [REDACTED] spoke with Mr. [REDACTED] on three separate occasions. During the first interview, Mr. [REDACTED] denied inflicting any injuries to [REDACTED]. During the second and third interviews, Mr. [REDACTED] gave corroborating statements that he was the one that inflicted injuries to both [REDACTED] and [REDACTED]. Mr. [REDACTED] reported that the child, [REDACTED] would start crying while in his child seat, and he would grab him by the arm, and his legs would get stuck in the seat as he was yanking him out of the seat. Mr. [REDACTED] in his follow up interview regarding the child, [REDACTED] admitted that he grabbed the child, and slung him into the wall. After he had thrown him into the wall, he put him in the bathtub at which time he reported that he was trying to teach [REDACTED] how to swim. While in the bathtub he jerked him backwards, and the child hit his head on the bathtub. After the bath he took him to his room, and the child continued to cry at which time he spun him around multiple time and threw him into the dresser. At that time the child lost consciousness. Mr. [REDACTED] admitted that he was the only caregiver for the children at the time that the injuries occurred.

Ms. [REDACTED] was interviewed initially by Detective [REDACTED]. Ms. [REDACTED] reported that Mr. [REDACTED] contacted her around 07:00 p.m. on December 2, 2023, and informed her that [REDACTED] was unresponsive. Ms. [REDACTED] reported to Detective [REDACTED] that she arrived at the home around 07:30-07:45 p.m. and contacted 911. Ms. [REDACTED] denied observing any marks or bruises on [REDACTED] the day prior to the accident. Ms. [REDACTED] explained to Detective [REDACTED] that [REDACTED] right leg was healing from a previous fracture that was reportedly caused by Mr. [REDACTED] tripping over [REDACTED]. As part of the Care Team Consult, the injuries to the children were discussed with Ms. [REDACTED] by Dr. [REDACTED]. Ms. [REDACTED] reported to Dr. [REDACTED] that she was aware of [REDACTED] arm being previously injured in the past yet failed to take him to the doctor. CM [REDACTED] and Detective [REDACTED] spoke with Ms. [REDACTED] at [REDACTED] Childrens Hospital on December 5, 2023. During this interview, Ms. [REDACTED] admitted that she was aware of the injury to [REDACTED] arm and reported that she did not seek medical treatment because she had Googled the injury and determined that medical staff would not do anything for the broken arm. An autopsy was performed [REDACTED] on December 5, 2023. The autopsy states that the cause of death was, multiple blunt force injuries, the manner of death was ruled, homicide, and the circumstances of death was, assaulted by other (s).

On February 13, 2024, CM [REDACTED] and LI [REDACTED] presented this case to [REDACTED] County Child Protective Investigative Team (CPIT). Those in attendance were CM [REDACTED], LI [REDACTED], [REDACTED] County Sheriffs Department Detective [REDACTED], Juvenile Court Team Member [REDACTED], Assistant District Attorney (ADA) [REDACTED], and Child Advocacy Center (CAC) Director [REDACTED]. The team agreed that there is a preponderance of evidence to support the allegations.

Per DCS Policy Work Aid 1 Section E:

Lack of Supervision:

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

- a) The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability.
- b) or b) Caregiver inadequately supervises a child. The caregiver is with the child, but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills).
- c) c) Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

Child death is defined as:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse. 2. A near

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect. NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline selects Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician. NOTE: Preliminary near deaths are always treated as severe child abuse.

1. Physical Abuse: Any non-accidental physical injury or trauma that could cause injury inflicted by a parent, legal custodian, relative or any other person who is responsible for the care, supervision or treatment of the child. Physical abuse also includes but is not limited to a) A parent or legal custodian/caretakers failure to protect a child from another person who perpetrated physical abuse on a child; b) Injuries, marks and/or bruising that go beyond temporary redness or are in excess of age-appropriate corporal punishment. (e.g., a bruise, broken bone, cut, burn); c) Violent behavior by the parent or legal custodian/caretaker that demonstrates a disregard for the presence of a child and could reasonably result in serious injury. Striking (hitting, kicking, punching, slapping, etc.) a child in such a way that would result in internal injury. Factitious Disorder Imposed on Another (FDIA), formerly known as Munchausen by Proxy Syndrome could be considered physical abuse, medical neglect or psychological abuse. NOTE: Physical abuse should not be confused with developmentally appropriate, discipline-related marks and bruises on the buttocks or legs of children six (6) years of age and older when there are no Definition developmental or physical delays, past history of abuse or recent (within the past year) screened-out reports. NOTE: In its most severe form, physical abuse is likely to cause serious bodily injury or death.

Medical neglect: A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment applies to procedures or treatment that a physician or other medical professional deems necessary. Medical neglect does not include elective health care or treatment. NOTE: Medical neglect may rise to the level of severe abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

The Juvenile Court of [REDACTED] County closed out court action as to the children, [REDACTED] and [REDACTED] leaving sole custody to the father, [REDACTED] with mother, [REDACTED] having no contact with the children. The child, [REDACTED] currently remains in the custody of the Department of Childrens Services, and termination of parental rights was filed on June 25, 2024.

There is a preponderance of evidence to support the allegation of Abuse Death, Lack of Supervision, Physical Abuse, and Medical Neglect by the mother, [REDACTED] and Physical Abuse by the paramour, [REDACTED]. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for the allegations on both perpetrators mentioned.

**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:	2025-03-25 10:30:00	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	████ █████	Recorded For:	
Location:		Created Date:	03/25/2025
Completed date:	03/25/2025	Completed By:	████ █████
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/25/2025 11:08 AM      Entered By: █████ █████

Case was reviewed. The closing summary has been approved for closure by Executive Director █████ Closing summary will be uploaded and the case sent for closure.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2025-03-12 14:00:00	Contact Method: Face To Face
Contact Time: 02:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 03/13/2025
Completed date: 03/13/2025	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/13/2025 10:13 AM Entered By: [REDACTED] [REDACTED]

Case Manager [REDACTED] went to the resource home on the above stated date and time. Whenever CM [REDACTED] arrived at the home, Mr. [REDACTED] met CM [REDACTED] at the door and welcomed CM [REDACTED] into the home. Whenever CM [REDACTED] walked into the home, [REDACTED] was in the floor and was playing with the other foster child in the home. [REDACTED] smiled at CM [REDACTED]. The maternal aunt was also present in the home. CM [REDACTED] sat on the couch and spoke with Mr. [REDACTED]. [REDACTED] stated that the foster care worker had been to the foster home on Monday of this week. Mr. [REDACTED] stated that he was concerned because Ms. [REDACTED] had petitioned for supervised visits. Mr. [REDACTED] stated that he worried about this because [REDACTED] had never visited with Ms. [REDACTED] during the longevity of the case. CM [REDACTED] stated that she understood this and that it was all a process. Mr. [REDACTED] stated there was not anything that he needed from CPS prior to case closure. Mr. [REDACTED] reported that [REDACTED] was healthy and had not been sick recently. CM [REDACTED] continued to observe [REDACTED] play prior to leaving. CM [REDACTED] thanked Mr. [REDACTED] and left. CM [REDACTED] observed no apparent concerns within the home in the observed areas.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2025-03-11 16:40:00	Contact Method: Face To Face
Contact Time: 04:40 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/11/2025
Completed date: 03/11/2025	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/11/2025 05:35 PM Entered By: [REDACTED]

Case Manager [REDACTED] went to the family home on the above stated date and time. CM [REDACTED] walked to the front door of the home and was welcomed into the home by Ms. [REDACTED]. Ms. [REDACTED] stated that everyone was in the kitchen eating and CM [REDACTED] walked into the kitchen. All of the children along with Mr. [REDACTED] were eating Mexican take out. The children appeared to be enjoying their dinner but did smile at CM [REDACTED]. CM [REDACTED] asked Mr. [REDACTED] how things were going, and he reported that things were going okay but stated that since seeing CM [REDACTED] the previous month, Ms. [REDACTED] had only paid him \$12.00 in child support. CM [REDACTED] stated that she did not know a lot about this but recommended that they contact child support for this, and Mr. [REDACTED] stated that he knew to do this and would do so. CM [REDACTED] asked if the children had been sick any and Mr. [REDACTED] stated that they had not been. CM [REDACTED] asked if [REDACTED] was continuing to improve in school and Mr. [REDACTED] stated that she was and also reported that she was continuing counseling at school. CM [REDACTED] explained that the case would be closing soon. Mr. [REDACTED] got tears in his eyes and stated that Ms. [REDACTED] needed to be charged. CM [REDACTED] explained that while the Department works hand in hand with law enforcement, the Department did not have the authority to take out charges. Mr. [REDACTED] stated that he understood. CM [REDACTED] informed Mr. [REDACTED] that the criminal investigation remains open. Mr. [REDACTED] stated that he understood this. CM [REDACTED] asked of any other questions and there were none. Both Mr. & Ms. [REDACTED] thanked CM [REDACTED] for everything over the past year and CM [REDACTED] thanked the family for working with this CM and more importantly, taking such good care of the children.

Prior to leaving, [REDACTED] finished her dinner and walked into the living room. Mr. [REDACTED] and Ms. [REDACTED] walked to the kitchen. CM [REDACTED] spoke with [REDACTED] stated that she had been to school on this date and had a good day at school. CM [REDACTED] asked [REDACTED] if she talks to Mr. [REDACTED] (therapist) and [REDACTED] got excited and said, "yeah." CM [REDACTED] asked [REDACTED] if she was happy at home, and she shook her head yes. CM [REDACTED] asked [REDACTED] if she had been sick or gotten in trouble any recently and [REDACTED] answered no to both questions. CM [REDACTED] asked [REDACTED] if she wanted to ask CM [REDACTED] anything and [REDACTED] stated that she did not. CM [REDACTED] said goodbye to [REDACTED].

CM [REDACTED] observed the home on this date to be somewhat messy in the kitchen (dirty dishes, take out boxes) but no

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

---

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

---

apparent safety concerns were observed within the home on this date.

CM ██████████ left the home at this time.

**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:	2025-03-10 11:51:00	Contact Method:	
Contact Time:	11:51 AM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:		Created Date:	03/10/2025
Completed date:	03/10/2025	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: 03/10/2025 11:52 AM      Entered By: ██████████ █████

CM ██████████ conversed with Ms. ██████████ and Mr. ██████████ on this date.

CM ██████████ will make face to face contact with all of the children during the week.

**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:	2025-02-28 14:45:00	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	████ █████	Recorded For:	
Location:		Created Date:	02/28/2025
Completed date:	02/28/2025	Completed By:	████ █████
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/28/2025 02:46 PM      Entered By: █████ █████

Case was discussed. Closing summary is almost complete. CM and TL will meet next week and finish up the summary and send to TC for approval.

Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 2025-02-21 10:30:00 Contact Method: Face To Face  
Contact Time: 10:30 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Family Home Created Date: 03/06/2025  
Completed date: 03/06/2025 Completed By: [REDACTED]  
Purpose(s): Safety - Child/Community  
Contact Type(s): ACV Interview/Observation  
Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/06/2025 12:49 PM Entered By: [REDACTED]

CM [REDACTED] completed a home visit on this date. CM [REDACTED] was welcomed into the home. Present in the home was Ms. & Mr. [REDACTED] along with the children. The children were all running around and playing in the living room. CM [REDACTED] provided Ms. [REDACTED] with the diapers from RL. Ms. [REDACTED] told CM [REDACTED] thank you. Ms. [REDACTED] stated that she had recently had surgery and was recovering over this. CM [REDACTED] asked of any concerns or needs at the time and there were none reported.

During the time that CM [REDACTED] was present on this date, CM [REDACTED] sat on the couch and spoke with [REDACTED] stated that she was ready to go back to school. CM [REDACTED] asked [REDACTED] if she had enjoyed school recently and stated that she did. CM [REDACTED] asked [REDACTED] how things were going at home and [REDACTED] stated that things were going well. [REDACTED] did not report any concerns in the home.

CM [REDACTED] thanked the family on this date and ended contact.

CM [REDACTED] observed the children on this date and did not observe any apparent concerns regarding the children during the visit on this date.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2025-02-10 20:22:00	Contact Method: Face To Face
Contact Time: 08:22 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 03/10/2025
Completed date: 03/10/2025	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): ACV Interview/Observation	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/10/2025 11:08 AM      Entered By: [REDACTED] [REDACTED]

Case Manager [REDACTED] [REDACTED] traveled to the [REDACTED] foster on the above stated date. Mr. [REDACTED] welcomed CM [REDACTED] into the home. [REDACTED] was in the pack n play on this date and Mr. [REDACTED] removed [REDACTED] so that CM [REDACTED] could observe. CM [REDACTED] noted that during the visit, Mr. [REDACTED] discussed the visit at [REDACTED] with CM [REDACTED]. Mr. [REDACTED] also informed CM [REDACTED] that [REDACTED] had recently been sick with COVID and a respiratory infection. CM [REDACTED] observed the home and there were no apparent concerns that were observed from within the home.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2025-01-31 15:45:00	Contact Method: Face To Face
Contact Time: 03:45 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 02/13/2025
Completed date: 02/13/2025	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/13/2025 04:48 PM Entered By: [REDACTED]

CM [REDACTED] traveled to the family home on the above stated date and time. Mr. [REDACTED] welcomed CM [REDACTED] into the family home. Ms. [REDACTED] along with the children were present. CM [REDACTED] asked how everyone was doing and both Mr. & Ms. [REDACTED] informed CM [REDACTED] that things were going well. Mr. [REDACTED] showed CM [REDACTED] a letter he received in the mail of what child support Ms. [REDACTED] will be required to pay. Mr. [REDACTED] stated that so far, he had only received \$54. CM [REDACTED] asked Mr. [REDACTED] if he had heard any from Ms. [REDACTED] and he stated that he had not and did not want to hear from her. CM [REDACTED] asked Mr. [REDACTED] if the children were healthy and doing well and he reported that they both were. Mr. [REDACTED] stated that [REDACTED] was doing better in school and was still attending counseling at school with Mr. [REDACTED]. CM [REDACTED] asked Mr. [REDACTED] if there was anything that the family needed from the Department at the current time and he stated that there was not. CM [REDACTED] explained that she would work on getting the case closed soon. Mr. [REDACTED] stated that CM [REDACTED] was welcome anytime needed.

While CM [REDACTED] was present, the children were playing in the living room along with another child that Ms. [REDACTED] was babysitting. CM [REDACTED] spoke with [REDACTED] and asked her how she was on this date. [REDACTED] stated that she was good and had been playing. CM [REDACTED] asked [REDACTED] if she was enjoying going to school and [REDACTED] stated that she was. [REDACTED] was laughing during this time and was excited to show CM [REDACTED] different toys that she had. There were no concerns with [REDACTED] noted during this time.

CM [REDACTED] did not speak with [REDACTED] due to his young age. CM [REDACTED] did observe [REDACTED] and there were no apparent concerns that were observed during this time.

There were no apparent safety concerns that were observed from within the home on this date.

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

---

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

---

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2025-01-31 09:20:00	Contact Method:
Contact Time: 09:20 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 01/31/2025
Completed date: 01/31/2025	Completed By: [REDACTED] [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 01/31/2025 09:19 AM      Entered By: [REDACTED] [REDACTED]

Case was discussed. CM has seen the baby for the month and is seeing the other children today. Baby may have to have surgery on the broken leg to correct the growth. CM and TL will work on the case summary to submit the summary by the end of February.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2025-01-30 13:50:00	Contact Method: Face To Face
Contact Time: 01:50 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 02/13/2025
Completed date: 02/13/2025	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/13/2025 04:56 PM Entered By: [REDACTED]

CM [REDACTED] traveled to the [REDACTED] foster home on the above stated date and time. Mr. [REDACTED] welcomed CM [REDACTED] into the home. CM [REDACTED] sat in the living room and spoke with Mr. [REDACTED]. Mr. [REDACTED] reported that things had been going well over all for [REDACTED]. Mr. [REDACTED] reported that the following day, [REDACTED] was scheduled for a MRI at [REDACTED] for his leg because during the last ortho follow up, it appeared that his leg was not healing as it should. Mr. [REDACTED] reported that [REDACTED] had to be sedated for this and that he could not get in touch with the FSW to inform her of this. CM [REDACTED] contacted TL [REDACTED] at this time who handled the situation. Mr. [REDACTED] stated that the growth concern is due to the abuse he suffered. Mr. [REDACTED] stated that the FSW informed him that the Department was moving to terminate rights. Mr. [REDACTED] stated that he was nervous for this. Mr. [REDACTED] stated that he couldn't imagine [REDACTED] leaving their home. CM [REDACTED] explained that she would be closing the case soon and asked if there were any questions. Mr. [REDACTED] stated that there was not.

During the time that CM [REDACTED] was present, [REDACTED] was playing in the floor. CM [REDACTED] noted that at one point, [REDACTED] sat up and leaned against the chair and was rocking back and forth. CM [REDACTED] commented on this and Mr. [REDACTED] stated that he does it as a soothing mechanism. CM [REDACTED] did not note any concerns at this time.

There was an additional foster child in the home during the visit on this date. The child is also placed in the [REDACTED] resource home.

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

---

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

---

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2025-01-29 12:03:00	Contact Method:
Contact Time: 12:03 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 01/29/2025
Completed date: 01/29/2025	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 01/29/2025 12:09 PM      Entered By: [REDACTED]

This investigation has been reviewed. This case originally started as a Preliminary Near Death, however turned to a death case on December 5, 2023. All the children were seen by medical personnel and there were additional physical injuries to the children. Court was involved in placing the children in a safe environment with the father and one child remains in foster care. Notes indicate that two children with their father are doing well and the on child in foster care is doing well. One alleged perpetrator is still incarcerated, and the mother is in [REDACTED] facing upcoming TPR. This investigation will need be prepared for closure with the updating of documentation as well as uploading any missing documents.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-12-26 12:40:00	Contact Method: Face To Face
Contact Time: 12:40 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/27/2025
Completed date: 01/27/2025	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2025 11:54 AM Entered By: [REDACTED]

Case Manager [REDACTED] went to the family home on the above stated date and time. CM [REDACTED] was welcomed into the home through the carport door. Ms. [REDACTED] and the children were also present in the home. CM [REDACTED] followed Mr. [REDACTED] into the living room area. [REDACTED] and [REDACTED] were both in the living room playing. [REDACTED] instantly ran up to CM [REDACTED]. CM [REDACTED] asked [REDACTED] how she was in attempt to start a conversation and [REDACTED] then ran off. [REDACTED] then continued to run back and forth to CM [REDACTED] showing different toys. [REDACTED] got on the couch and got the remote during the time that CM [REDACTED] was present. Mr. [REDACTED] moved [REDACTED] off of the couch and got the remote back from him. CM [REDACTED] spoke with Mr. [REDACTED] and asked how things had been going. Mr. [REDACTED] reported that they were okay and that everything had been busy due to Christmas. Mr. [REDACTED] asked about court and CM [REDACTED] explained the typical process of court proceedings. CM [REDACTED] agreed to reach out to legal and see the current status since there has not yet been adjudication. Mr. [REDACTED] thanked CM [REDACTED]. CM [REDACTED] asked if there were any needs at the current time and Mr. [REDACTED] reported that there was not. CM [REDACTED] thanked the family at this time and left the home.

There were no apparent concerns with either child on this date of contact.

The home was observed to be somewhat messy with different toys in the living room area. There were however no apparent safety concerns that were observed within the home during this time. CM [REDACTED] observed that the home had food and working utilities.

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:	2024-12-17 11:15:00	Contact Method:	Face To Face
Contact Time:	11:15 AM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	Resource Home	Created Date:	02/13/2025
Completed date:	02/13/2025	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

**Children Concerning**

████ █████ █████

**Participant(s)**

Oliphant, Destiny P.

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/13/2025 02:15 PM      Entered By: ██████████ █████

CM Oliphant went to the foster home on this date to see ██████████ Mr. ██████████ foster parent, informed CM ██████████ that ██████████ had been sick with a respiratory infection but was feeling better. CM ██████████ discussed the foster parent bill of rights with Mr. ██████████ as well. There were no concerns mentioned or observed during this time.

CM ██████████ spoke with CM ██████████ and CM ██████████ gave CM ██████████ permission to use monthly visits with ██████████

Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2024-12-10 12:07:00	Contact Method:	
Contact Time:	12:07 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	01/27/2025
Completed date:	01/27/2025	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/27/2025 12:07 PM      Entered By: [REDACTED] [REDACTED]

Case Manager [REDACTED] [REDACTED] informed the family that present pick up for the children at the CAC was scheduled for 12/18. Ms. [REDACTED] confirmed that Mr. [REDACTED] would pick up the presents on this date.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-11-27 17:30:00	Contact Method: Face To Face
Contact Time: 05:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/27/2025
Completed date: 01/27/2025	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2025 12:25 PM Entered By: [REDACTED]

Case Manager [REDACTED] went to the home on the above stated date and time. CM [REDACTED] was welcomed into the home by Mr. [REDACTED] Ms. [REDACTED] and the children were also present in the home. CM [REDACTED] walked into the home into the kitchen where Ms. [REDACTED] was cooking dinner for the family and preparing for Thanksgiving on the following day. Mr. [REDACTED] was also in the kitchen and was holding [REDACTED] [REDACTED] ran into the kitchen from the living room and gave CM [REDACTED] a hug. [REDACTED] then ran back to the living room. CM [REDACTED] asked Mr. and Ms. [REDACTED] if they needed anything at the current time for the children and both reported that they did not. CM [REDACTED] also asked of any current questions and Mr. [REDACTED] asked if there had been any charges towards Ms. [REDACTED] CM [REDACTED] explained that she had not been told any recent new information on this but informed Mr. [REDACTED] that it was ongoing. Mr. [REDACTED] stated that he did understand this and thanked CM [REDACTED] Due to the time of day and that Mr. & Ms. [REDACTED] was busy preparing food, CM [REDACTED] left the home at this time.

CM [REDACTED] observed both [REDACTED] and [REDACTED] on this date. Both were smiling at CM [REDACTED] and [REDACTED] was loving towards CM [REDACTED] CM [REDACTED] observed no apparent concerns with either child during this time.

CM [REDACTED] stood in the kitchen of the home. In the kitchen, Ms. [REDACTED] was cooking so the counter was somewhat messy. There were no apparent safety concerns that were observed however during this time.

CM [REDACTED] could see the living room area from the kitchen and there were also no apparent concerns noted. CM [REDACTED] noted that there were several toys in the living room and the television was powered on.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-11-19 12:30:00	Contact Method: Face To Face
Contact Time: 12:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 02/13/2025
Completed date: 02/13/2025	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/13/2025 02:25 PM      Entered By: [REDACTED] [REDACTED]

CM [REDACTED] went to the foster home on this date and was welcomed in by Mr. [REDACTED] [REDACTED] was doing well on this date. Mr. [REDACTED] mentioned no concerns for [REDACTED] during this time. CM [REDACTED] discussed court and out of state travel with Mr. [REDACTED]. There were no other issues that were reported.

CM [REDACTED] spoke with CM [REDACTED] and was given permission to use the monthly contact with [REDACTED]

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-10-29 16:00:00	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/27/2025
Completed date: 01/27/2025	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2025 02:22 PM Entered By: [REDACTED] [REDACTED]

Case Manager [REDACTED] completed a home visit on the above stated date and approximate time. CM [REDACTED] was welcomed into the home by Mr. [REDACTED]. Both [REDACTED] and [REDACTED] were present in the home along with Ms. [REDACTED]. CM [REDACTED] spoke with Mr. & Ms. [REDACTED] about how things were going. Both Mr. & Ms. [REDACTED] reported that both children were doing well and did not have any needs at the time. CM [REDACTED] spoke about educational concerns for [REDACTED]. Mr. [REDACTED] reported that there had not been any recent concerns for [REDACTED] reported to him. Mr. [REDACTED] reported that [REDACTED] was receiving counseling services at school on a regular basis. CM [REDACTED] asked of any other questions and there were none reported during this time.

CM [REDACTED] observed both [REDACTED] and [REDACTED] on this date. Both children were in the living room and were playing. Both children were active and appeared to be happy as they were laughing and smiling. CM [REDACTED] did not observe any concerns with either child during this time of contact.

CM [REDACTED] observed the home on this date and observed that there were no apparent safety concerns that were noted from within the home.

CM [REDACTED] thanked the family and left the home at this time.

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

---

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

---

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-10-28 12:00:00	Contact Method: Face To Face
Contact Time: 12:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 02/13/2025
Completed date: 02/13/2025	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

Oliphant, Destiny P.

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/13/2025 04:29 PM      Entered By: [REDACTED] [REDACTED]

CM Oliphant went to the resource home on this date/time. Mr. [REDACTED] reported that [REDACTED] was doing well. CM [REDACTED] discussed [REDACTED] medical appointments with Mr. [REDACTED] during this visit. CM did not note any apparent concerns for [REDACTED] on this date.

CM Oliphant gave CM [REDACTED] permission to use monthly face to face contacts with [REDACTED] due to him being in DCS custody.

Tennessee Department of Children's Services  
Case Recording Summary

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2024-09-30 16:15:00	Contact Method:	Face To Face
Contact Time:	04:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/27/2025
Completed date:	01/27/2025	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/27/2025 02:01 PM      Entered By: [REDACTED]

Case Manager [REDACTED] went to the family home on the above stated date and approximate time. CM [REDACTED] was welcomed into the home by Mr. [REDACTED]. CM [REDACTED] walked into the living room with the family. [REDACTED] and [REDACTED] were present along with Ms. [REDACTED]. CM [REDACTED] asked Mr. & Ms. [REDACTED] how things were going and both reported that they had been going well since seeing CM [REDACTED] at the school. Mr. [REDACTED] confirmed that he had completed the needed paperwork for [REDACTED] to receive school-based counseling. Mr. & Ms. [REDACTED] reported that they did not have any further questions at the current time. CM [REDACTED] observed both [REDACTED] and [REDACTED] on this date. There are no apparent concerns that were observed for either child during this time of contact. There were also no apparent concerns that were observed or noted from within the home. CM [REDACTED] observed that the home had working utilities and was stocked with food.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-09-26 13:50:00	Contact Method: Face To Face
Contact Time: 01:50 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: School	Created Date: 01/27/2025
Completed date: 01/27/2025	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning	
Contact Type(s): ACV Interview/Observation, Notation	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/27/2025 01:41 PM      Entered By: [REDACTED]

Case Manager [REDACTED] attended an IEP meeting per the family's request at [REDACTED] School. Parents ask CM [REDACTED] to participate in the meeting. Concerns for [REDACTED] were explained. Ms. [REDACTED] reported that [REDACTED] appears to be delayed some academically. School staff acknowledged that [REDACTED] had experienced a significant amount of trauma recently. CM [REDACTED] expressed the need for counseling. The school guidance counselor, [REDACTED], stated that this is something that she can assist with. Ms. [REDACTED] immediately went to get the needed forms for this service to start soon. Mr. [REDACTED] agreed to this.

Prior to leaving the school, CM [REDACTED] walked down to the classroom for [REDACTED] with Ms. [REDACTED]. CM [REDACTED] observed that there was a film on the projector screen that the children were watching it. Ms. [REDACTED] called [REDACTED] to the classroom door. [REDACTED] appeared to be excited to see CM [REDACTED] and hugged her. [REDACTED] seemed that she was enjoying her day, and she was continuing to smile. CM [REDACTED] asked [REDACTED] how her day was, and [REDACTED] reported that it was good. CM [REDACTED] asked [REDACTED] what else she was going to do on this date and [REDACTED] stated that she did not know. At this time, the classroom was lining up to go out in the hall to the bathroom. CM [REDACTED] said goodbye to [REDACTED] at this time.

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:	2024-09-23 12:00:00	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	Resource Home	Created Date:	02/13/2025
Completed date:	02/13/2025	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

**Children Concerning**

████ █████ █████

**Participant(s)**

████████████████████

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/13/2025 02:48 PM      Entered By: ██████████ █████

CM █████ went to the foster home on the above stated date and time. █████ was watching Mickey Mouse Club on the TV. CM █████ spoke with Mr. █████ and there were no concerns that were reported for █████ during this time.

**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:	2024-09-09 09:28:00	Contact Method:	
Contact Time:	09:28 AM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:		Created Date:	01/27/2025
Completed date:	01/27/2025	Completed By:	██████████ █████
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/27/2025 01:31 PM      Entered By: ██████████ █████

CM ██████████ received a text and request to attend a meeting regarding ██████████ and some recent concerns. CM ██████████ confirmed that she would do that since they were requesting but explained that details of the investigation could not be released.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-08-29 18:30:00	Contact Method: Face To Face
Contact Time: 06:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 02/13/2025
Completed date: 02/13/2025	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/13/2025 05:09 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] traveled to the family home on the above stated date. Time is approximate. CM [REDACTED] was welcomed into the home by Mr. [REDACTED] Ms. [REDACTED] along with the children were present as well. CM [REDACTED] stood in the kitchen and spoke with Mr. & Ms. [REDACTED] as they were finishing up with eating dinner. Mr. [REDACTED] reported that the children were both doing well. There were no needs that were reported to CM [REDACTED] at the time that she was present on this date. CM [REDACTED] observed that both children were eating in the kitchen and because of this, CM [REDACTED] did not speak privately with [REDACTED] CM [REDACTED] however did not observe any apparent concerns with either of the children on this date. CM [REDACTED] thanked the family and left the home at this time.

**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:	2024-08-22 09:00:00	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	Court	Created Date:	01/27/2025
Completed date:	01/27/2025	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/27/2025 03:23 PM      Entered By: ██████████ █████

It was agreed by all parties that the adjudication would be moved to a later date determined by parties.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-08-19 12:15:00	Contact Method: Face To Face
Contact Time: 12:15 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 02/13/2025
Completed date: 02/13/2025	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/13/2025 04:35 PM      Entered By: [REDACTED] [REDACTED]

CM [REDACTED] went to the foster home on the above stated date/time. CM [REDACTED] was welcomed into the home. [REDACTED] was in a jumper and was bouncing. CM [REDACTED] spoke with Mr. [REDACTED] Mr. [REDACTED] did not report any issues for [REDACTED] CM [REDACTED] discussed court and the TPR with Mr. [REDACTED]

CM [REDACTED] gave CM [REDACTED] permission to use monthly contacts with [REDACTED] due to him being in DCS custody.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-07-31 10:00:00	Contact Method: Face To Face
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/27/2025
Completed date: 01/27/2025	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED] Detective [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2025 02:38 PM Entered By: [REDACTED]

Case Manager [REDACTED] and Detective [REDACTED] with [REDACTED] County Sheriff's Department met with Foster Parent, [REDACTED] on this date along with [REDACTED] Mr. [REDACTED] transported [REDACTED] to the DCS Office in [REDACTED] TN. Once at the office, CM [REDACTED] Detective [REDACTED] Mr. [REDACTED] and [REDACTED] all went in a vacant conference room. CM [REDACTED] introduced Detective [REDACTED] to Mr. [REDACTED] CM [REDACTED] explained to Mr. [REDACTED] that Detective [REDACTED] would be continuing the investigation due to Mr. [REDACTED] transitioning into a different position at the sheriff's department. Mr. [REDACTED] stated that he understood this. Mr. [REDACTED] explained that he was concerned for [REDACTED] safety should he return to the home of Ms. [REDACTED] CM [REDACTED] and Detective [REDACTED] both acknowledged that they understood this concern. Mr. [REDACTED] reported that [REDACTED] was doing excellent in the home. Mr. [REDACTED] reported that he is happy and does not appear to be in any pain. Mr. [REDACTED] reported that they meet with CM [REDACTED] on a regular basis. Mr. [REDACTED] reported that he did not have needs at the time.

During this time, CM [REDACTED] held [REDACTED] was very active and was reaching for different items on the table in the conference room. [REDACTED] was alert and continued to look around the room. [REDACTED] was dressed in a red and black Nike outfit and was clean.

CM [REDACTED] and Detective [REDACTED] thanked Mr. [REDACTED] for coming down and bringing [REDACTED] on this date.

Goodbyes were said.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-07-29 15:00:00	Contact Method: Face To Face
Contact Time: 03:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 01/27/2025
Completed date: 01/27/2025	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED] Detective [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2025 01:26 PM Entered By: [REDACTED]

Case Manager [REDACTED] and Detective [REDACTED] with [REDACTED] County Sheriff's Department went to the home on the above stated date and approximate time. Whenever CM [REDACTED] and Detective [REDACTED] arrived at the family home, Mr. [REDACTED] met both at the door on the carport and welcomed both into the home. Ms. [REDACTED] as well as [REDACTED] and [REDACTED] were present in the home. CM [REDACTED] and Detective [REDACTED] spoke with Mr. & Ms. [REDACTED] in the kitchen of the home. Detective [REDACTED] introduced himself and explained that he will be continuing the investigation since Detective [REDACTED] had transitioned to a different position. Both stated that they understood this. Detective [REDACTED] went on to say that the investigation was ongoing for him and that there could and very likely will be additional charges that are filed. Mr. [REDACTED] seemed optimistic of this. There were no questions for Detective [REDACTED]. CM [REDACTED] and Detective [REDACTED] then walked into the living room where the children were playing. Both [REDACTED] and [REDACTED] were running around in the room. [REDACTED] then sat on the couch and CM [REDACTED] sit down beside her in attempt to engage in conversation. [REDACTED] did talk back to CM [REDACTED] but CM [REDACTED] was unable to determine exactly what she was saying. [REDACTED] showed CM [REDACTED] different toys in the room and appeared to be proud of the toys. CM [REDACTED] observed no concerns with [REDACTED] on this date. Due to [REDACTED] young age, CM [REDACTED] only observed him. There were no apparent concerns for [REDACTED]. CM [REDACTED] did point out to Detective [REDACTED] the defect in [REDACTED] arm by having him feel the knot. Detective [REDACTED] acknowledged this.

CM [REDACTED] observed there to be no apparent safety concerns from within the home. CM [REDACTED] observed that the home had an abundance supply of food and working utilities.

CM [REDACTED] and Detective [REDACTED] thanked the family and left the home at this time.

**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:	2024-06-25 09:00:00	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	Court	Created Date:	01/27/2025
Completed date:	01/27/2025	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/27/2025 03:28 PM      Entered By: ██████████ █████

During DCS court on the above stated date and time, custody of █████ and █████ was divested to Mr. █████ biological father to both children. █████ remains in foster care.

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:	2024-05-28 16:30:00	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	Resource Home	Created Date:	06/24/2024
Completed date:	06/24/2024	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

████ █████ █████

**Participant(s)**

████ █████

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2024 12:04 PM      Entered By: █████ █████

Case Manager █████ █████ made face to face contact with █████ on this date at the █████ resource home. There were no concerns that were mentioned for █████ during the visit on this date. CM █████ gave CPSI █████ permission to use the visit for the month.

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:	2024-05-22 16:30:00	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	Resource Home	Created Date:	06/24/2024
Completed date:	06/24/2024	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

████ █████ █████ █████ █████

**Participant(s)**

████ █████

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2024 12:29 PM      Entered By: ██████████ █████

Case Manager █████ █████ completed a home visit at the family home on the above stated date and time. CM █████ did not note any concerns with the children on this date. CPSI █████ spoke with CM █████ and was given permission to use the visit for the monthly face-to-face contact.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-04-30 15:30:00	Contact Method: Face To Face
Contact Time: 03:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/24/2024
Completed date: 06/24/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/24/2024 11:43 AM Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] went to the family home on this date. CPSI [REDACTED] was welcomed into the home by Mr. [REDACTED] [REDACTED] and [REDACTED] were both in the living room and were playing with another child that Ms. [REDACTED] was babysitting. Both children appeared to be doing very well on this date and there were no concerns that were observed with the children. Mr. & Ms. [REDACTED] stated that the children were doing well and reported that they were just waiting for the case to be closed out. CPSI [REDACTED] did not observe any apparent safety concerns within the home on this date. CPSI [REDACTED] thanked Mr. & Ms. [REDACTED] for allowing her to come to the home on this date. Goodbyes were said.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-04-29 10:45:00	Contact Method: Face To Face
Contact Time: 10:45 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 06/24/2024
Completed date: 06/24/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2024 11:26 AM      Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] made face to face contact with [REDACTED] on this date at the foster home. [REDACTED] was awake and was watching television during this time. CPSI [REDACTED] picked [REDACTED] up and held him and during this time, [REDACTED] continued to smile at CPSI [REDACTED]. Mr. [REDACTED] stated that he was continuing to do very well in the home and reported that there were no current needs at the home. CPSI [REDACTED] thanked Mr. [REDACTED] for allowing her to come to the home on this date. CPSI [REDACTED] observed the living room and kitchen area of the home and there were no apparent concerns within the home during this time.

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:	2024-03-12 16:30:00	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	Resource Home	Created Date:	06/24/2024
Completed date:	06/24/2024	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

████ █████ █████

**Participant(s)**

████ █████

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2024 12:02 PM      Entered By: █████ █████

Case Manager █████ █████ made face to face contact with █████ on this date at the █████ resource home. CPSI █████ spoke with CM █████ and she did not report any concerns for the visit during this time.





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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-02-14 16:30:00	Contact Method: Face To Face
Contact Time: 04:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 06/24/2024
Completed date: 06/24/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2024 11:52 AM      Entered By: [REDACTED] [REDACTED]

Case Manager [REDACTED] [REDACTED] made face to face contact with [REDACTED] on this date at the [REDACTED] resource home. CPSI [REDACTED] spoke with CM [REDACTED] and obtained permission to use the face-to-face visit for the month. There were no concerns that were noted during the visit on this date.

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

---

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

---

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-01-31 13:00:00	Contact Method:
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 02/06/2024
Completed date: 02/06/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 02/06/2024 02:36 PM      Entered By: [REDACTED] [REDACTED]

Case was discussed. Youngest child is doing well with the foster family. The other surviving children are with the biological father and doing well. The Alleged Perpetrator is currently in jail. Legal is preparing the paperwork to terminate the mother's parental rights. CM will follow up with the family monthly until the autopsy is received. Case will then be presented to CPIT.

Tennessee Department of Children's Services  
Case Recording Summary

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

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2024-01-30 17:20:00	Contact Method:	Face To Face
Contact Time:	05:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/24/2024
Completed date:	06/24/2024	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2024 11:35 AM      Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] went to the home of Ms. & Mr. [REDACTED] to see [REDACTED] and [REDACTED]. CPSI [REDACTED] was welcomed into the home by Mr. [REDACTED]. CPSI [REDACTED] walked to the living room and [REDACTED] was in the bouncer seat and [REDACTED] was watching television and dancing. CPSI [REDACTED] said hello to [REDACTED] and she continued to dance. [REDACTED] was in the bouncer but was also watching the television. CPSI [REDACTED] asked Mr. & Ms. [REDACTED] if there was anything that they needed at the current time, and both reported that there was not. CPSI [REDACTED] said goodbye and left the home at this time.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-01-25 14:00:00	Contact Method: Face To Face
Contact Time: 02:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/24/2024
Completed date: 06/24/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2024 11:22 AM      Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] made face to face contact with [REDACTED] on this date at the resource home. CPSI [REDACTED] was welcomed into the home by Mr. [REDACTED] [REDACTED] was sitting in a bouncer in the floor on this date and was asleep. Mr. [REDACTED] stated that [REDACTED] was doing well and adjusting in the home. Mr. [REDACTED] stated that foster care was providing needed information for [REDACTED] and reported that there were no concerns/ needs at the current time. CPSI [REDACTED] explained that it was a process to close cases out and she would be visiting several more times. Mr. [REDACTED] stated that he understood this and reported that CPSI [REDACTED] was welcome at the home at any time. CPSI [REDACTED] saw the living room area and kitchen area of the home and observed there to be no apparent safety concerns within the home. CPSI [REDACTED] thanked Mr. [REDACTED] and left the home at this time.

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

---

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

---

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-01-09 09:00:00	Contact Method: Face To Face
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Court	Created Date: 01/27/2025
Completed date: 01/27/2025	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Court Hearing	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 01/27/2025 03:33 PM      Entered By: [REDACTED] [REDACTED]

DCS court was held on this date. Mr. [REDACTED] [REDACTED] waived his right to a preliminary hearing.

The GAL, [REDACTED], requested that there be a no contact order between Ms. [REDACTED] and the children. This was granted temporarily as Ms. [REDACTED] requested a hearing.

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

---

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

---

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-20 15:05:00	Contact Method:
Contact Time: 03:05 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 10:15 AM      Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] received a call from Ms. [REDACTED] (Social worker at [REDACTED]) that stated that an examine had been completed on [REDACTED] and it was determined that he had fractures in both arms as well as his right leg. SW [REDACTED] stated that [REDACTED] was also very sick and would more than likely be admitted into the hospital for further treatment.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-20 14:06:00	Contact Method: Correspondence
Contact Time: 02:06 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 02:12 PM      Entered By: [REDACTED] [REDACTED]

Detective [REDACTED] [REDACTED] completed multiple AP interviews with Mr. [REDACTED] to date and initially Mr. [REDACTED] initially denied inflicting the injuries to [REDACTED]. Detective [REDACTED] spoke with Mr. [REDACTED] on occasions after this and during these interviews, Mr. [REDACTED] made admissions to harming [REDACTED] and [REDACTED]. This criminal investigation is ongoing.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-20 09:55:00	Contact Method:
Contact Time: 09:55 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 02:03 PM      Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] received a phone call from [REDACTED] at [REDACTED] Children's Hospital on this date. SW [REDACTED] stated that [REDACTED] completed his follow up skeletal on the day prior and there were no new breaks. SW [REDACTED] stated that [REDACTED] also had a follow up skeletal on this date. SW [REDACTED] stated that it was determined that [REDACTED] also had broken 2 broken ribs as well as a broken wrist (right wrist). SW [REDACTED] stated that infectious disease also believes that the bacterial infection that [REDACTED] suffered from was likely due to [REDACTED] having broken bones that were untreated. SW [REDACTED] stated that CPSI [REDACTED] would be receiving a follow up call to clarify this further.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 2023-12-14 10:00:00	Contact Method: Face To Face
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Detention/Jail	Created Date: 03/11/2025
Completed date: 03/12/2025	Completed By: System Completed
Purpose(s): Safety - Child/Community	
Contact Type(s): Alleged Perpetrator Interview, Notation	
Contact Sub Type:	

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

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/11/2025 01:43 PM      Entered By: [REDACTED]

CM [REDACTED] spoke with Detective [REDACTED] about the interview with Mr. [REDACTED] on this date. This interview occurred after Mr. [REDACTED] turned himself into the police and had been taken into custody. During this interview, Mr. [REDACTED] additionally told Detective [REDACTED] that after he was "teaching [REDACTED] how to swim" in the bathtub, he then took [REDACTED] to his room, and [REDACTED] continued to cry at which time he spun [REDACTED] around multiple time and threw him into the dresser. Mr. [REDACTED] stated that at this time, [REDACTED] lost consciousness.

During the interviews, Mr. [REDACTED] confirmed with Detective [REDACTED] that he was the only caregiver for the children at the time that the injuries occurred.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-14 10:00:00	Contact Method: Face To Face
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For: [REDACTED] [REDACTED]
Location: Detention/Jail	Created Date: 03/14/2025
Completed date: 03/14/2025	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Notation	
Contact Sub Type:	

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

[REDACTED] Detective, [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/14/2025 12:35 PM      Entered By: Elliott, Stephanie L

CM [REDACTED] spoke with Detective [REDACTED] [REDACTED] about the interview with Mr. [REDACTED] on this date. This interview occurred after Mr. [REDACTED] turned himself into the police and had been taken into custody. During this interview, Mr. [REDACTED] additionally told Detective [REDACTED] that after he was "teaching [REDACTED] how to swim" in the bathtub, he then took [REDACTED] to his room, and [REDACTED] continued to cry at which time he spun [REDACTED] around multiple time and threw him into the dresser. Mr. [REDACTED] stated that at this time, [REDACTED] lost consciousness.

During the interviews, Mr. [REDACTED] confirmed with Detective [REDACTED] that he was the only caregiver for the children at the time that the injuries occurred.

**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:	2023-12-13 08:49:00	Contact Method:	
Contact Time:	08:49 AM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	Hospital	Created Date:	12/20/2023
Completed date:	12/20/2023	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/20/2023 02:06 PM      Entered By: ██████████ █████

Child Protective Services Investigator ██████████ ██████████ received notification from ██████████ ██████████ Social Worker at ██████████ on this date stating that ██████████ was ready for discharge at this time.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-12 09:00:00	Contact Method: Face To Face
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Court	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Court Hearing	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 01:52 PM      Entered By: [REDACTED] [REDACTED]

Court was held on this date. Below are the court notes from this date by CM [REDACTED].

Mother waives prelim hearing. Mr. [REDACTED] waives prelim. ADJ and Mr. [REDACTED]. Prelim set 3/12/2024. Intervening petition by Mr. [REDACTED] mother; DCS is not in agreement. Hearing on Intervening Petition by Mrs. [REDACTED] (paternal gma): Grandparents allowed to intervene on this case; however, the court has significant concerns regarding the testimony regarding grandmothers history of physical abuse allegations and previous child death.

**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:	2023-12-08 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	Court	Created Date:	12/20/2023
Completed date:	12/20/2023	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/20/2023 01:25 PM      Entered By: ██████████ █████

Initial appearance in court on this date. Neither Mr. ██████████ or Ms. ██████████ was present at court on this date. Mr. ██████████ was present on this date. The preliminary hearing was continued until 12/12.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-07 16:15:00	Contact Method: Face To Face
Contact Time: 04:15 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being	
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

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

**Participant(s)**

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/20/2023 01:33 PM Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] and Case Manager [REDACTED] [REDACTED] went to the home of Mr. [REDACTED] on this date. CPSI [REDACTED] introduced CM [REDACTED] to the family and explained her role. CM [REDACTED] provided the family with the clothes that were purchased as part of the clothing allotment. Mr. [REDACTED] stated that she did not have any needs or questions at the current time. CPSI [REDACTED] observed that [REDACTED] and [REDACTED] were both in the living room and were playing during this time. There were no concerns in the home or with the children during this time. CPSI [REDACTED] and CM [REDACTED] left the home at this time.

**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:	2023-12-07 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	DCS Office	Created Date:	12/20/2023
Completed date:	12/20/2023	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/20/2023 01:48 PM      Entered By: ██████████ █████

CFTM was held on this date to transfer the case from CPS to foster care. Refer to CFTM notes for further details of the meeting.

**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:	2023-12-06 15:25:00	Contact Method:	
Contact Time:	03:25 PM	Contact Duration:	
Entered By:	██████████ █████	Recorded For:	
Location:	Court	Created Date:	12/20/2023
Completed date:	12/20/2023	Completed By:	██████████ █████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/20/2023 01:22 PM      Entered By: ██████████ █████

A dependency and neglect petition was presented to Judge ██████████ with ██████████ County Juvenile Court on this date. The petition was signed removing custody of the children from Ms. ██████████ and ██████████ from Mr. ██████████ Initial appearance in court was set for 12/8/23 at 09:00 a.m.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-05 16:30:00	Contact Method: Face To Face
Contact Time: 04:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 03/11/2025
Completed date: 03/11/2025	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Alleged Perpetrator Interview, Notation	
Contact Sub Type:	

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

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

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/11/2025 01:38 PM      Entered By: [REDACTED] [REDACTED]

Case Manager [REDACTED] [REDACTED] spoke with [REDACTED] [REDACTED] Detective with [REDACTED] County Sheriff's Department. Detective [REDACTED] reported that on this date, he spoke with Mr. [REDACTED] [REDACTED] Detective [REDACTED] reported that during the interview, Mr. [REDACTED] stated that [REDACTED] was in the bedroom watching tv in his child seat and was crying. Mr. [REDACTED] stated that this aggravated him and therefore he picked [REDACTED] up from the seat by his arm and his legs got stuck in the seat as Mr. [REDACTED] was yanking him up.

Detective [REDACTED] stated date also during this same interview, Mr. [REDACTED] admitted that he grabbed [REDACTED] and slung him into the wall. Mr. [REDACTED] stated that after he had thrown him into the wall, he put [REDACTED] in the bathtub at which time he reported that he was trying to teach [REDACTED] how to swim. While in the bathtub he jerked him backwards, and the child hit his head on the bathtub.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-05 12:34:00	Contact Method: Phone Call
Contact Time: 12:34 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Notation, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 11:01 AM      Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] spoke with Ms. [REDACTED] about being potential placement for [REDACTED] once he is released from [REDACTED] CM [REDACTED] explained that to place a child with someone, there is a process that is completed to approve this placement. CM [REDACTED] explained that this process starts with background checks and asked if Ms. [REDACTED] would be willing to provide identifying information for the household for this to be started and she agreed to text CM [REDACTED] the information.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-05 12:30:00	Contact Method: Face To Face
Contact Time: 12:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 10:51 AM      Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] and Detective [REDACTED] with [REDACTED] County Sheriff's Department went to [REDACTED] Children's Hospital. CPSI [REDACTED] and Detective [REDACTED] went to the room of [REDACTED]. During this time, Ms. [REDACTED] and Mr. & Ms. [REDACTED] were present in the room as well. CPSI [REDACTED] and Detective [REDACTED] spoke with [REDACTED] nurses at this time, and they reported that the prognosis for [REDACTED] continued too not be very good. Nursing reported that they had spoken with Ms. [REDACTED] and Mr. [REDACTED] and they had decided to remove [REDACTED] from life support later on this same date. Nursing reported that they were preparing for this.

CPSI [REDACTED] informed Ms. [REDACTED] that later on this date or on the next date, DCS would be presenting a petition to the judge asking to remove [REDACTED] from her custody. CPSI [REDACTED] explained that she would be notified of when this occurred and would also be served with legal documents. Ms. [REDACTED] cried.

Detective [REDACTED] and CPSI [REDACTED] spoke with Ms. [REDACTED] further about the injuries to the children and asked Ms. [REDACTED] about informing Dr. [REDACTED] that she was aware of [REDACTED] arm being injured in the past yet failed to take him to the doctor. Ms. [REDACTED] reported that she did not take him for care because she and Mr. [REDACTED] had googled it and determined that the hospital would not have done anything for the arm injury. Detective [REDACTED] also discussed further with Ms. [REDACTED] about the seriousness of the injuries to her children and the concerns of how she does not appear to be protective of the children.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-04 22:20:00	Contact Method:
Contact Time: 10:20 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 12/19/2023
Completed date: 12/19/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/19/2023 02:47 PM      Entered By: [REDACTED] [REDACTED]

Case was discussed. Case involves allegations of physical abuse by the mother's paramour. The other children were taken to [REDACTED] and a CARE team consult was done on the other children. One child had a broken arm, the other child had 2 broken arms and a broken leg and the oldest child had suspicious bruising. Two of the children were discharged from the hospital and the mother was unwilling to do an IPA, so the children were placed into custody. The case was staffed with TC [REDACTED] and DCS legal and it was agreed to place two of the children into custody under exigent circumstances as the third child was admitted into the hospital and is not in imminent danger in [REDACTED] care. Children were placed with the putative father and his wife after an expedited home study was approved. CM will follow up with the hospital and prepare a petition when the third child is preparing for discharge.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-04 21:00:00	Contact Method:
Contact Time: 09:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 10:20 AM      Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] received a call from Dr. [REDACTED] with [REDACTED] Care Team who stated that [REDACTED] also had fractures and stated that [REDACTED] had several bruises that were concerning due to the other trauma that the children experienced in the home. Dr. [REDACTED] stated that she would provide CPSI [REDACTED] a list of the exact injuries with each child on the following date.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-04 15:30:00	Contact Method:
Contact Time: 03:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/07/2024
Completed date: 08/07/2024	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 08/07/2024 11:35 AM      Entered By: [REDACTED]

The Preliminary Near Death (PND) investigation regarding Alleged Child Victim (ACV) [REDACTED] was debriefed with the following staff: Case Manager (CM) [REDACTED], CM [REDACTED], Team Leader (TL) [REDACTED], Team Coordinator (TC) [REDACTED], CPS Director (CPSD) [REDACTED], and Director of Critical Incident Support (DCIS) [REDACTED].

The CPS investigation was assigned on 12/2/23 concerning allegations of Physical Abuse for ACV [REDACTED] (2yo). It was reported [REDACTED] resided with his birth mother [REDACTED] three siblings [REDACTED] 2mo, [REDACTED] 1yo, and [REDACTED] 4yo], and the mothers boyfriend [REDACTED] in [REDACTED] County. The birth father [REDACTED] of [REDACTED] appears to be involved and is the father of the oldest two siblings as well. The boyfriend is the father of the 2mo child.

It was reported on 12/2/23 all four children were in the care of the boyfriend at the family home while the mother was working. At approximately 7pm the boyfriend began contacting the mother informing her [REDACTED] breathing and eye movement were strange and he was becoming unresponsive. The mother headed to the home and reported she wanted to call 911 on the way there, but the boyfriend talked her out of that, stating he felt [REDACTED] would be ok once she tended to him. When the mother arrived home at approximately 7:40pm, [REDACTED] was unresponsive and 911 was called. First responders arrived and observed [REDACTED] unresponsive and naked on a futon with bruising and injury to his head. The boyfriend stated [REDACTED] fell into an uncovered air return in the floor and hit his head. [REDACTED] was transported [REDACTED] Regional Hospital then transferred to [REDACTED] Childrens Hospital where he remains at this time receiving care. The medical team reports [REDACTED] prognosis is grave and brain testing is in process with brain death expected. The multiple bruises and injuries [REDACTED] has do not match the story given by the boyfriend, and appear non-accidental. Bruising was noted on multiple areas of the body including inside the ears, hairline, nose, groin, and petechia in both eyes in different stages of healing with evidence of being shaken. [REDACTED] also has a previous healing tibia fracture the mother reports medical treatment was received for in the past.

The other children are in the process of being medically cleared. The 2mo sibling has abrasions on back, bruises on wrists, right eye hemorrhage, and possible broken arms. CT scans are being completed to identify any internal injuries. An IPA was

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

---

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

---

put into place for the boyfriend to have no unsupervised contact with the children at this time. The children are staying with the paternal grandmother currently. The mother denies every witnessing or having any knowledge or concerns for the boyfriend as caretaker of the children in the past. The boyfriend has denied abuse but has asked to speak to law enforcement again and charges are forthcoming. Further restrictions and legal action for the boyfriend and mother is being monitored and considered as the childrens medical results become known.

**Next Steps:**

- CM will request ACVs birth, PCP records, current incident records and siblings PCP records. Records will be reviewed and uploaded to TFACTS
- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
- CM will request and document results from medical clearance on the siblings.
- CM will request FI for the 4yo.
- CM will continue to monitor health of ACV and if death occurs report to Hotline.
- CM will ensure any concerns identified through medical clearance are addressed.
- CM will complete Closing FAST prior to case closure.
- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-04 12:20:00	Contact Method: Phone Call
Contact Time: 12:20 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 10:26 AM      Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] spoke with Ms. [REDACTED] further at this time due to Ms. [REDACTED] having concerns about [REDACTED] current medical state and Ms. [REDACTED] stated that she felt bad because Mr. [REDACTED] informed her on the morning of 12/2/23 that something was wrong with the baby. Ms. [REDACTED] informed CM [REDACTED] that she was going to take [REDACTED] to the doctor but did not. It is important to note that Ms. [REDACTED] had brought [REDACTED] to [REDACTED] Hospital with her regarding [REDACTED] and despite being in a Childrens Hospital, she did not seek medical care for [REDACTED] and instead, sent him home with a family member.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-04 11:46:00	Contact Method: Phone Call
Contact Time: 11:46 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 10:12 AM      Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] received a call from Ms. [REDACTED] on this date. Ms. [REDACTED] informed CPSI [REDACTED] that she felt that something was wrong with [REDACTED]. Ms. [REDACTED] stated that she felt that she needed to take [REDACTED] on to the hospital because he was "not acting right." CPSI [REDACTED] instructed Ms. [REDACTED] to take [REDACTED] on to the ER. Ms. [REDACTED] agreed to do so and stated that after she arrived at the ER with [REDACTED] she would then go back to [REDACTED] and pick up [REDACTED] and [REDACTED] and bring them.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-04 10:03:00	Contact Method: Correspondence
Contact Time: 10:03 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 09:50 AM      Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] received a text message from Ms. [REDACTED] on this date/time and Ms. [REDACTED] stated that Ms. [REDACTED] would be bringing the children to [REDACTED]. Ms. [REDACTED] stated that Ms. [REDACTED] would be going to pick [REDACTED] and [REDACTED] up from her sister's home in [REDACTED] and would then be in route to [REDACTED].

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-04 09:00:00	Contact Method: Phone Call
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 09:48 AM      Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] contacted Ms. [REDACTED] by phone on this date and requested that her other children be taken to [REDACTED] for examination by The Care Team due to the concerns in the home. Ms. [REDACTED] stated that she understood this and would contact Ms. [REDACTED] [REDACTED] and ask her if she could bring the children to [REDACTED] CPSI [REDACTED] asked Ms. [REDACTED] to let her know after speaking with Ms. [REDACTED] and Ms. [REDACTED] agreed to do so.

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

---

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

---

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-04 08:00:00	Contact Method:
Contact Time: 08:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 09:34 AM      Entered By: [REDACTED] [REDACTED]

On Monday, December 4, 2023, the investigation was transferred to Case Manager [REDACTED] [REDACTED] for further investigation.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-03 02:30:00	Contact Method: Face To Face
Contact Time: 02:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 12/04/2023
Completed date: 12/04/2023	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/04/2023 11:49 AM      Entered By: [REDACTED]

On this date, CM [REDACTED] arrived [REDACTED] Childrens Hospital and observed [REDACTED] lying on a hospital bed. A nurse assisted CM in observing the marks and bruises on [REDACTED]. CM [REDACTED] observed multiple areas of bruising on [REDACTED] body. CM [REDACTED] observed that [REDACTED] had bruising on both sides of his forehead as well as bruising on his cheeks. CM [REDACTED] observed that [REDACTED] had significant linear bruising and scrapes across his nose. [REDACTED] nose also appeared to be swollen at this time. Upon observing [REDACTED] body further, it was noted that he had bruising to his arm, chest, leg, and pelvic area. While it was not observed due to medical complications, nursing staff reported that [REDACTED] also had bruising on his back. CM [REDACTED] photographed the marks and bruises observed.

CM [REDACTED] spoke with Dr. [REDACTED] who reported that [REDACTED] injuries are not consistent with the story that [REDACTED] fell in a register vent. Dr. [REDACTED] reported that no neurosurgical intervention could be done at this time and this a nonsurvivable injury. CM [REDACTED] spoke to the social worker, [REDACTED], who provided the same information as the doctor and nurses.

Shortly after Ms. [REDACTED] arrived at the hospital, CM [REDACTED] was present while Dr. [REDACTED] and a nurse explained to Ms. [REDACTED] the severity of [REDACTED] injuries. Dr. [REDACTED] reported to Ms. [REDACTED] that [REDACTED] brain injury is so severe that he is not going to get better. Dr. [REDACTED] added that [REDACTED] brain is swelling.

Dr. [REDACTED] asked Ms. [REDACTED] to tell her account of what happened to [REDACTED]. Ms. [REDACTED] reported that she door dashes and usually gets home around 8 or 9pm. She stated that Mr. [REDACTED] texted her that [REDACTED] cant walk now. Ms. [REDACTED] explained that [REDACTED] had previous injury to his tibia in which it was broken. Ms. [REDACTED] reported that Ms. [REDACTED] stated to her that he was dozing off on the couch and their one-year-old child ([REDACTED]) pulled the vent out of the floor and [REDACTED] had fell in the vent. Ms. [REDACTED] added that Mr. [REDACTED] stated [REDACTED] was not responding. She reported that she video chatted Mr. [REDACTED] and saw that [REDACTED] was unresponsive and his eyes were almost closed. Ms. [REDACTED] reported that on her way home, she wanted to call the ambulance, but Mr. [REDACTED] told her that he thinks maybe [REDACTED] will wake up if he hears Ms. [REDACTED]. Ms. [REDACTED] reported that when she arrived home, she saw the [REDACTED] was still unresponsive and not breathing normal so therefore she called 911.

While at the hospital, Ms. [REDACTED] had [REDACTED] with her and while she was changing [REDACTED] clothes, Ms. [REDACTED] noticed bruising on [REDACTED] right wrist. Ms. [REDACTED] notified CM [REDACTED] of this. CM [REDACTED] observed bruising on the

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

---

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

---

right side of ██████████ wrist. CM photographed the marks observed. CM ██████████ questioned Ms. ██████████ about this, and she denied knowing how this could have happened.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-03 01:00:00	Contact Method: Face To Face
Contact Time: 01:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 12/04/2023
Completed date: 12/04/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview	
Contact Sub Type:	

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

[REDACTED] SO, Det. [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/04/2023 11:51 AM      Entered By: [REDACTED] [REDACTED]

Detective [REDACTED] interviewed Mr. [REDACTED] [REDACTED] at the [REDACTED] County Sherriffs Office. Mr. [REDACTED] reported the reason for not contacting emergency services when [REDACTED] was unconscious was that it was not his place to do so. Mr. [REDACTED] continued to state the same explanation for [REDACTED] injuries.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-02 22:30:00	Contact Method: Face To Face
Contact Time: 10:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/04/2023
Completed date: 12/04/2023	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/04/2023 11:41 AM Entered By: [REDACTED]

On December 2, 2023, the Department received a referral requesting immediate response regarding [REDACTED] with allegations of physical abuse. The case was assigned to Case Manager [REDACTED] the purpose of investigation.

Case Manager [REDACTED] arrived at the familys home [REDACTED] where CM [REDACTED] met Deputies with the [REDACTED] County Sheriffs Department and Detective [REDACTED]. CM was briefed on the situation by the Deputies and Detective [REDACTED].

It was reported that [REDACTED] was found unconscious and naked on a futon. According to police, Mr. [REDACTED] reported putting [REDACTED] in the bath prior to the police getting there. Mr. [REDACTED] had stated to police that [REDACTED] fell into a floor air return and hit his head. Ms. [REDACTED] described this as [REDACTED] falling into the air return once and then getting up and falling a second time. Mr. [REDACTED] stated this was due to one of the other children removing the floor return. Mr. [REDACTED] reported that he was in the living room watching TV when this took place. Mr. [REDACTED] stated that after [REDACTED] fell, he took [REDACTED] into the bathroom and put him in cold water to wake him up, however he would not wake up. Deputies reported that Ms. [REDACTED] was not on scene when the incident took place, however she gave the same story as Mr. [REDACTED]. Mr. [REDACTED] had sent a text to Mr. [REDACTED] at 7:06 pm and told her what happened. Ms. [REDACTED] arrived home at approximately 7:40 pm. Mr. [REDACTED] did not head home until 7:23 pm as she was working.

Deputies informed CM [REDACTED] that it is believed that [REDACTED] had head trauma. [REDACTED] was transported to [REDACTED] Regional via ambulance. EMS personnel were trying to intubate him but were having trouble. [REDACTED] has been admitted to the hospital, however, will be transferred to [REDACTED].

Detective [REDACTED] interviewed Ms. [REDACTED] prior to CM [REDACTED] arrival and relayed that information to CM. According to Detective [REDACTED] Ms. [REDACTED] reported that Mr. [REDACTED] called Ms. [REDACTED] at around 7pm to inform that [REDACTED] was not responding. Ms. [REDACTED] reported that she got home around 7:30-7:40pm and called the police. Ms. [REDACTED] denied seeing any bruises or marks on [REDACTED] the day prior. Ms. [REDACTED] explained that [REDACTED] right leg was healing from a previous fracture in which she was told by Mr. [REDACTED] this was caused by Mr. [REDACTED] tripping over [REDACTED]. Deputies also added that Ms. [REDACTED] reported being the sole provider of the household and Mr. [REDACTED] being the sole caregiver of the children.

CM [REDACTED] observed the register vent in which was reported of how [REDACTED] obtained his injuries. CM observed the vent to

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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

be of standard size and located approximately in the middle of the dining room floor.

CM [REDACTED] and Detective [REDACTED] observed the three other children in the home. CM [REDACTED] and Detective [REDACTED] observed a linear bruise on [REDACTED] face as well as what appears to be petechiae bruising on [REDACTED] chin. When Ms. [REDACTED] was questioned about this, she denied knowing it was there or how it was obtained. CM [REDACTED] photographed the bruising on [REDACTED]. CM [REDACTED] attempted to interview [REDACTED] however, was unsuccessful as she was hard to understand and had just woken up.

CM [REDACTED] discussed implementing an Immediate Protection Agreement with Ms. [REDACTED] that she would agree to being protective of all four of the children and not allow Mr. [REDACTED] to be around the children or allow the children to be unsupervised around Mr. [REDACTED]. Ms. [REDACTED] contacted her sister, [REDACTED] located in [REDACTED] TN, who agreed to babysit the other children so that Ms. [REDACTED] could go to [REDACTED] with [REDACTED].

Ms. [REDACTED] reported that Mr. [REDACTED] is the biological father of the youngest child, [REDACTED]. She stated that Mr. [REDACTED] is biological father of the eldest three children. She denied that Mr. [REDACTED] had any shared custody of the children and that she has them full time.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-02 22:30:00	Contact Method: Phone Call
Contact Time: 10:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/20/2023 10:22 AM      Entered By: [REDACTED] [REDACTED]

Case Manager [REDACTED] [REDACTED] convened CPIT with Detective [REDACTED] [REDACTED] ([REDACTED] County Sheriff's Department). Next steps for the investigation were discussed and Detective [REDACTED] stated that he would be conducting the AP interview at the [REDACTED] County Sheriff's Department.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-02 21:40:00	Contact Method:
Contact Time: 09:40 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 12/20/2023
Completed date: 12/20/2023	Completed By: [REDACTED]
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: 12/20/2023 02:59 PM      Entered By: [REDACTED]

This referral was assigned on December 2, 2023 to Child Protective Services Case Manager (CM) [REDACTED]. This case was later transferred to [REDACTED] with a priority 1 response due on December 3, 2023.

The allegation listed is: Physical Abuse and the ACV is listed as: [REDACTED]

The alleged perpetrators are listed as: [REDACTED]

**-Child/Family Identification and Relationship Introduction Paragraph:**

[REDACTED] (2), [REDACTED] (4), [REDACTED] (2 months) and [REDACTED] (1) live with their mother named [REDACTED] and the father to [REDACTED] named [REDACTED].

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?

The police want immediate assistance to the location.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.

Today the police were called to the home. [REDACTED] was unconscious on a futon and naked (he had been put in a bath prior to the police getting there). [REDACTED] said that [REDACTED] fell into a floor air return and hit his head. [REDACTED] fell once and got up and fell again. [REDACTED] said it was because one of the other kids removed the floor return and [REDACTED] fell in it. [REDACTED] said he was in the living room watching TV when this took place. [REDACTED] said that after [REDACTED] fell, he took [REDACTED] into the bathroom and put him in cold water to wake him up. He said that he would not wake up. [REDACTED] has head trauma. [REDACTED] was breathing and was transported to [REDACTED] Regional via ambulance. The ambulance was trying to intubate him but were having trouble. [REDACTED] has been admitted to the hospital. He will be transferred to [REDACTED]. [REDACTED] was not on scene when the incident took place. She gave the same story as [REDACTED] had sent a text to [REDACTED] at 7:06 pm and told her what happened. [REDACTED] did not get home until 7:40 pm. [REDACTED] did not head home until 7:23 pm. She was working. The parents phones have been taken by the police. The incident is being treated as a criminal investigation. The police want immediate DCS response. The police had found [REDACTED] on a futon and naked. The air return cover was back over the return when the police arrived. It is unknown if [REDACTED] had any other injuries. [REDACTED] was recovering from a broken leg as well, but it is unclear when that happened. [REDACTED] said that [REDACTED] had fallen on [REDACTED] and broken his leg. It is unknown if [REDACTED] has a criminal history. [REDACTED] is with the police. [REDACTED] is still at home. The police made report number [REDACTED].

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

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

-Are there any concerns for the safety of a Department of Childrens Services Case Manager responding to the childs home?  
 There are none known.

-Anything additional to add to this initial report for the responding worker to know prior to response?  
 Nothing to add.

CM Notation: None  
 Screener Notation: LE Requesting Immediate Assistance to the location

Emailed/Paged CPSI On Call: [REDACTED] County CPS on-call was notified through MIR3 @ 10:46pm [REDACTED].

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	12-02-23 10:46:47 PM			
[REDACTED]	12-02-23 10:47:35 PM	Received		
[REDACTED]	12-02-23 10:46:47 PM	---	[REDACTED]	Email Sent

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

Director: [REDACTED] (Interim)

Per SDM: Investigation P1 Tiffany Huey intake specialist on 12-2-23 at 10:08 pm / [REDACTED], Intake Supervisor on 12.2.2023 @ 10:42pm [REDACTED] PER: CAH Director [REDACTED] approved on 12.2.2023 @ 10:39pm [REDACTED].

The following report was originally taken on 12-2-23 and assigned as an INVST to [REDACTED]. The open case for this incident is [REDACTED]. Per additional information, this child victim is now deceased as a result of the incident involved in the open case. The following information was provided by [REDACTED] Investigations (CPIT): Case was received on 12/2 as PND. Child passed away on 12/5 at 06:42 p.m. at [REDACTED] due to having nonsurvivable head trauma. Child was taken off of life support per the parents decision.

A new intake for the Child Death has not been created at this time due to the current open Preliminary Near-Death case. The active CM will add the Child Death allegations to his/her current open case and proceed forward with the Child Death investigation.

Emailed [REDACTED]  
 Emailed [REDACTED] County, [REDACTED] Region, Director: [REDACTED] (Interim) CCd on the email.  
 Emailed FYI to open case [REDACTED] CM [REDACTED] and Supervisor [REDACTED]

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

---

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

---

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-12-02 10:29:00	Contact Method: Face To Face
Contact Time: 10:29 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/04/2023
Completed date: 12/04/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Referent Interview	
Contact Sub Type:	

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

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/04/2023 11:54 AM      Entered By: [REDACTED] [REDACTED]

On this date, CM [REDACTED] spoke to the referent who reported no additional information.



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/02/2023

Assignment Date: 12/07/2023

Street Address: [REDACTED],

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

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
							CSEM	
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024
2	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024
3	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024
4	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024
5	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024
6	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024
7	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024
8	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024
9	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024
10	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 03/10/2025



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
							CSEM	Classified
11	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 03/10/2025
12	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024
13	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 03/10/2025
14	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 02/06/2024

Preliminary Near Death: [REDACTED]

**C. Disposition Decision**

Disposition Decision:

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 01/31/2024

Team Leader: [REDACTED]

Date: 03/10/2025

**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:**

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

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

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

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



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

<b>Event Type: CPS Case</b>	<b>Assessment Date: 12/04/2023</b>
<b>Assessment Type: FAST</b>	<b>CPS Case ID: [REDACTED]</b>

**OVERVIEW**

<b>Safety Level:</b> Immediate Intervention Recommended	<b>Assessed at Location:</b> In the Home
<b>Risk Level:</b> High Need/Risk	
<b>Event Start Date:</b> 03/25/2025	<b>Last Assessed Date:</b>
<b>Assessment Status:</b> Approved	<b>Assessor:</b> [REDACTED]
<b>Date Approved:</b> 12/20/2023	<b>Approver:</b> [REDACTED]

**PARTICIPANTS**

Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED]	26 Yrs	Caregiver	M	[REDACTED]	N/A	N/A
[REDACTED] (AP)	22 Yrs	Caregiver	M	[REDACTED]	N/A	N/A
[REDACTED] (AP)	28 Yrs	Primary	F	[REDACTED]	N/A	N/A
[REDACTED] (ACV)	4 Yrs	Youth	F	[REDACTED]	9	Low
[REDACTED] (ACV)	2 Mos	Youth	M	[REDACTED]	12	Moderate
[REDACTED] (ACV)	1 Yr 1 Mos	Youth	M	[REDACTED]	10	Low

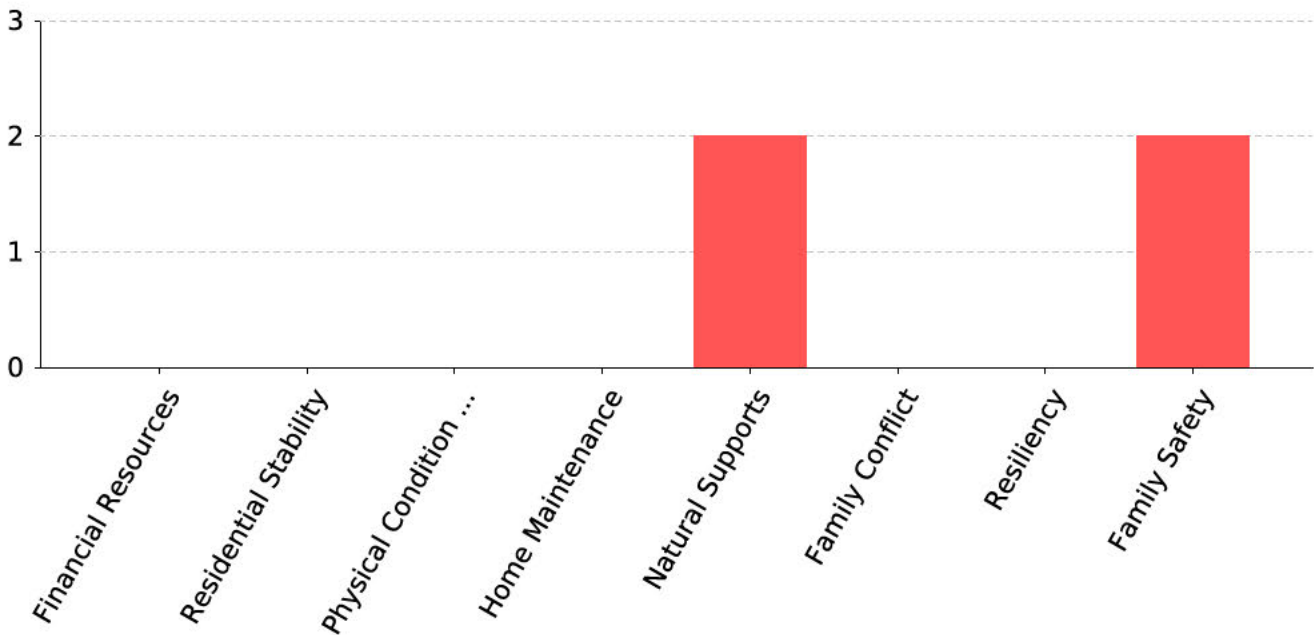


**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

**THE FAMILY TOGETHER**

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



Item	Score	Justification/Narrative
Financial Resources	0	There were no known concerns at the time of removal. The children have since been removed and placed into foster care.
Residential Stability	0	There were no known concerns at the time of removal.
Physical Condition of Home	0	There were no known concerns at the time of removal.
Home Maintenance	0	There were no known concerns at the time of removal.
Natural Supports	2	The family has a limited support system..
Family Conflict	0	There is a report of a past domestic incident that occurred in the home of Ms. [REDACTED] and Mr. [REDACTED]
Resiliency	0	There are no known concerns at the current time.
Family Safety	2	Mr. [REDACTED] was in the home and inflicted injury to [REDACTED] and [REDACTED]. There is suspicion that Mr. [REDACTED] also potentially harmed [REDACTED] and [REDACTED] as well.



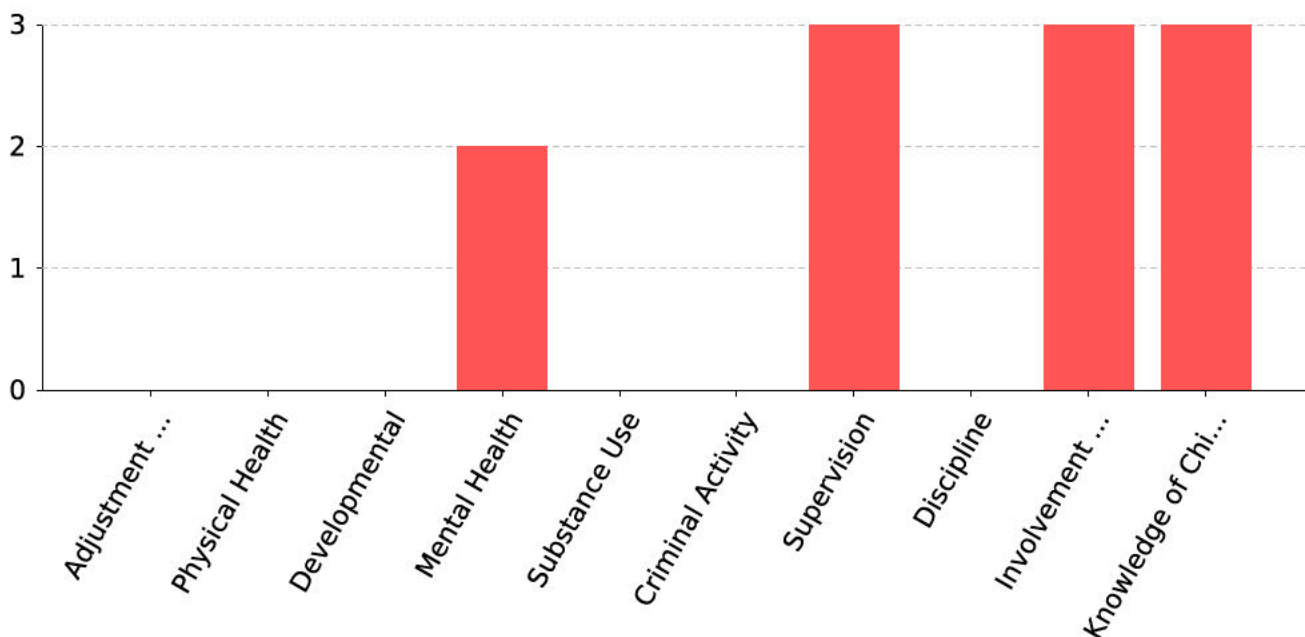
**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

**CAREGIVERS**

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

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



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	There are no known concerns at the current time.
Physical Health	0	There are no known concerns at the current time.
Developmental	0	There are no known concerns at the current time.
Mental Health	2	There are concerns of possible mental health concerns due to Ms. [REDACTED] not being protective of the children. It appears that Ms. [REDACTED] was more protective of Mr. [REDACTED] than her own children.
Substance Use	0	There are no known concerns at the current time.
Criminal Activity	0	There are no known concerns at the current time.
Supervision	3	Ms. [REDACTED] children all had injuries to them including 3 of the children suffering from broken bones. There are concerns that Ms. [REDACTED] was not properly involved in her children's lives as this continued to occur. Ms. [REDACTED] admitted to CPSI [REDACTED] that she knew that [REDACTED] was sick and she did not take him to the doctor. Ms. [REDACTED] also admitted to Dr. [REDACTED] that she was aware that [REDACTED] arm was broken and she failed to take him to the doctor.
Discipline	0	There are no known concerns at the current time.



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

Involvement in Caregiving Functions	3	Ms. [REDACTED] children all had injuries to them including 3 of the children suffering from broken bones. There are concerns that Ms. [REDACTED] was not properly involved in her children's lives as this continued to occur. Ms. [REDACTED] admitted to CPSI [REDACTED] that she knew that [REDACTED] was sick and she did not take him to the doctor. Ms. [REDACTED] also admitted to Dr. [REDACTED] that she was aware that [REDACTED] arm was broken and she failed to take him to the doctor.
Knowledge of Child and Family Needs	3	Ms. [REDACTED] children all had injuries to them including 3 of the children suffering from broken bones. There are concerns that Ms. [REDACTED] was not properly involved in her children's lives as this continued to occur. Ms. [REDACTED] admitted to CPSI [REDACTED] that she knew that [REDACTED] was sick and she did not take him to the doctor. Ms. [REDACTED] also admitted to Dr. [REDACTED] that she was aware that [REDACTED] arm was broken and she failed to take him to the doctor.



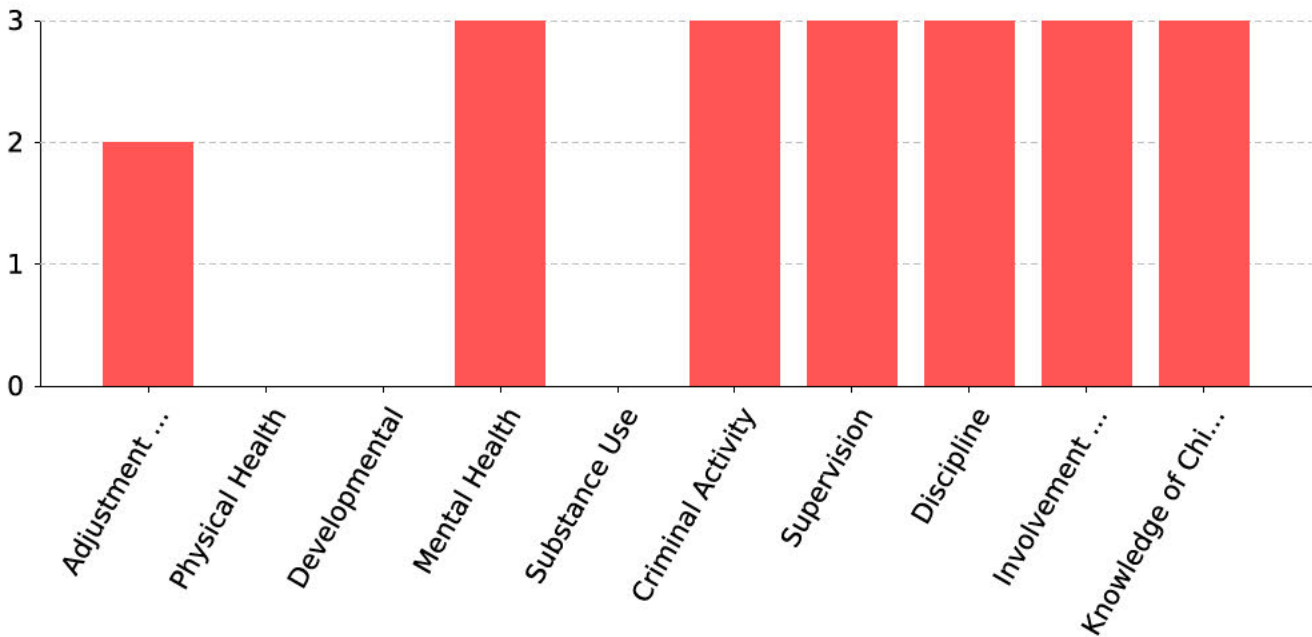
**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

**CAREGIVERS**

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

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



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	2	It appears that Mr. [REDACTED] has suffered past trauma in his life due to his aggressive behaviors towards the children.
Physical Health	0	There are no known concerns at the current time.
Developmental	0	There are no known concerns at the current time.
Mental Health	3	It appears that Mr. [REDACTED] has suffered past trauma in his life due to his aggressive behaviors towards the children.
Substance Use	0	There are no known concerns at the current time.
Criminal Activity	3	Mr. [REDACTED] is currently incarcerated in [REDACTED] County Jail due to a charge of first degree murder.
Supervision	3	Mr. [REDACTED] harmed the children in the home.
Discipline	3	Mr. [REDACTED] harmed the children in the home.
Involvement in Caregiving Functions	3	Mr. [REDACTED] does not appear to have the skills to appropriately parent children. The children were harmed while in the care of Mr. [REDACTED] and he gave corroborating statements that he was the AP of the abuse.
Knowledge of Child and Family Needs	3	Mr. [REDACTED] does not appear to have the skills to appropriately parent children. The children were harmed while in the care of Mr. [REDACTED] and he gave corroborating statements that he was the AP of the abuse.



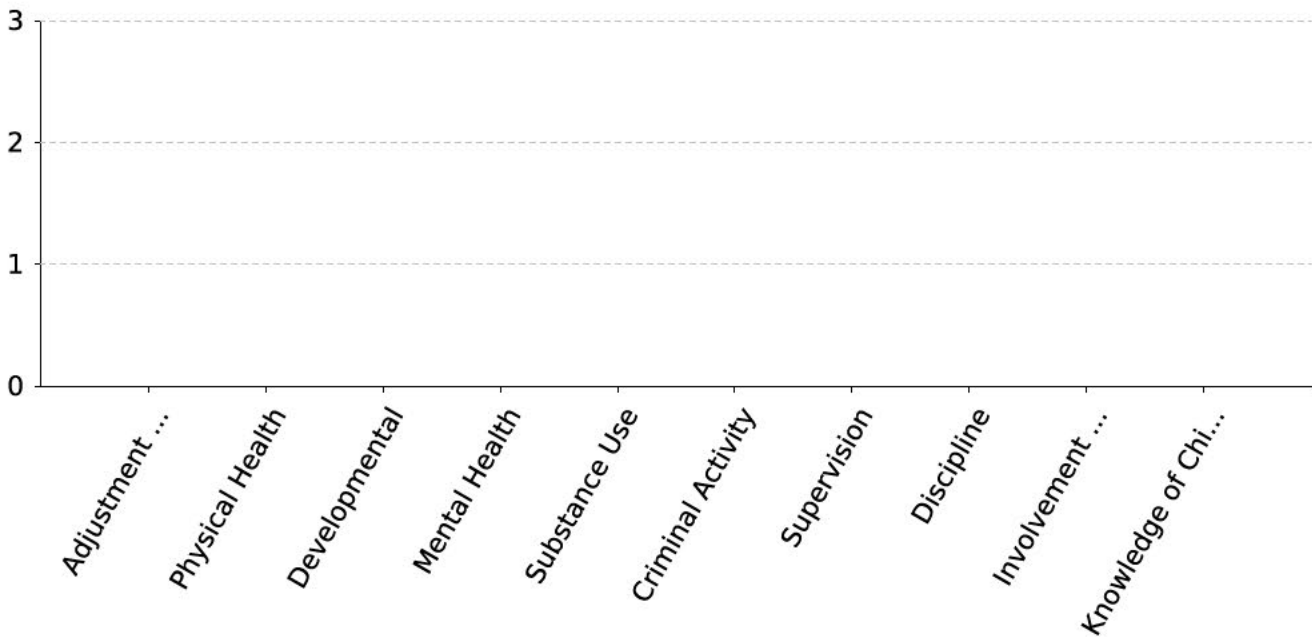
**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

**CAREGIVERS**

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

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



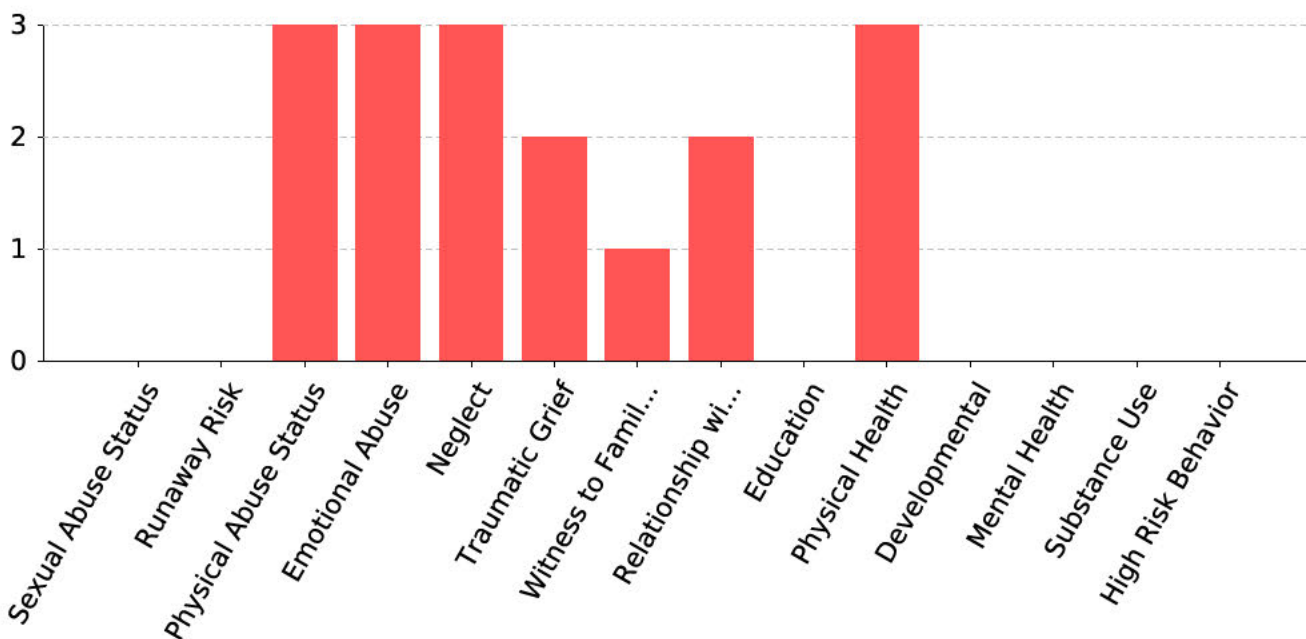
Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	There are no known concerns at the current time.
Physical Health	0	There are no known concerns at the current time.
Developmental	0	There are no known concerns at the current time.
Mental Health	0	There are no known concerns at the current time.
Substance Use	0	There are no known concerns at the current time.
Criminal Activity	0	There are no known concerns at the current time.
Supervision	0	There are no known concerns at the current time.
Discipline	0	There are no known concerns at the current time.
Involvement in Caregiving Functions	0	There are no known concerns at the current time.
Knowledge of Child and Family Needs	0	There are no known concerns at the current time.



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [REDACTED] (CSEM)	Person ID: [REDACTED]	Age: 2 Mos



Item	Score	Justification/Narrative
Sexual Abuse Status	0	There are no known concerns at the current time.
Runaway Risk	0	There are no known concerns at the current time.
Physical Abuse Status	3	[REDACTED] was diagnosed with multiple fractures including fractures to his arms, leg, wrist and ribs. [REDACTED] was evaluated by the Care Team at [REDACTED] and these injuries were diagnosed as non accidental trauma.
Emotional Abuse	3	Mr. [REDACTED] admitted to yelling at the children.
Neglect	3	[REDACTED] was diagnosed with multiple fractures including fractures to his arms, leg, wrist and ribs. [REDACTED] was evaluated by the Care Team at [REDACTED] and these injuries were diagnosed as non accidental trauma.
Traumatic Grief	2	[REDACTED] was removed from the family home.
Witness to Family, School or Community Violence	1	Past hx of domestic in the home between Ms. [REDACTED] and Mr. [REDACTED]
Relationship with Primary Caregiver	2	Ms. [REDACTED] does not appear to be bonded to her children.
Education	NA	
Physical Health	3	[REDACTED] had multiple fractures as well as a bacterial infection that caused him to be hospitalized for several days.



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

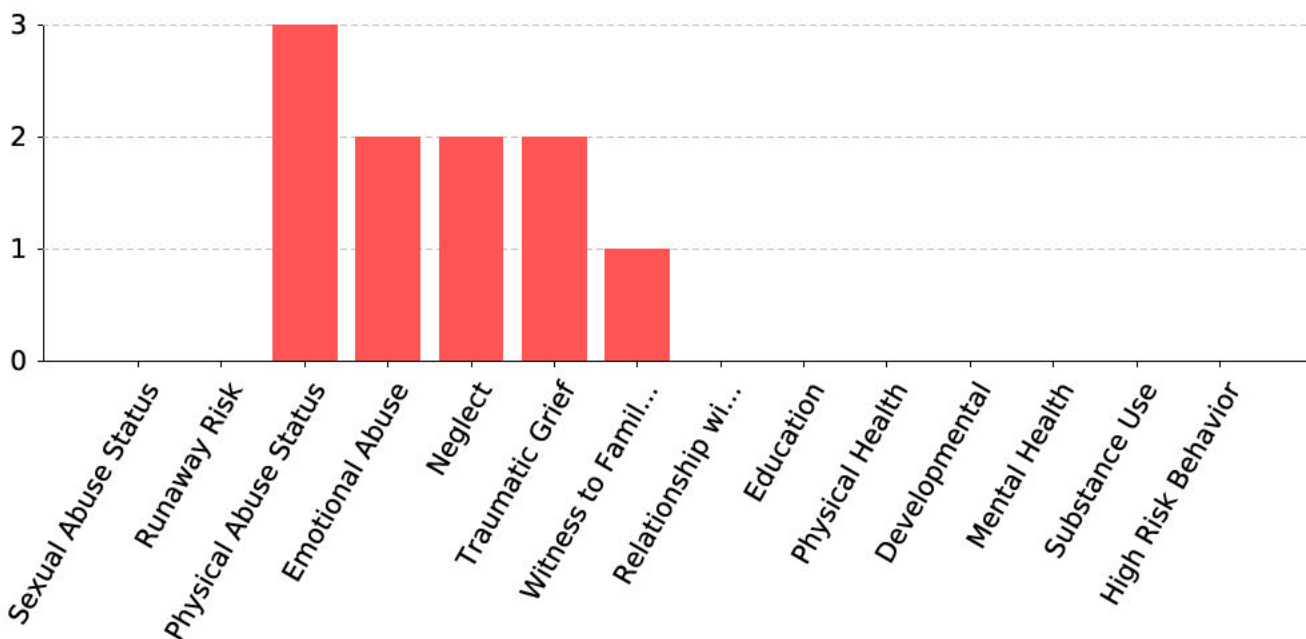
Developmental	0	There are no known concerns at the current time.
Mental Health	0	There are no known concerns at the current time.
Substance Use	0	There are no known concerns at the current time.
High Risk Behavior	0	There are no known concerns at the current time.



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [REDACTED] [REDACTED] (CSEM)	Person ID: [REDACTED]	Age: 1 Yr 1 Mos



Item	Score	Justification/Narrative
Sexual Abuse Status	0	There are no known concerns at the current time.
Runaway Risk	0	There are no known concerns at the current time.
Physical Abuse Status	3	[REDACTED] had multiple broken bones that were diagnosed with non accidental trauma.
Emotional Abuse	2	Mr. [REDACTED] admitted to yelling at the children in the home.
Neglect	2	Mr. [REDACTED] admitted to harming [REDACTED] and [REDACTED] in the family home. There are concerns that Ms. [REDACTED] was not protective of the children and continued to allow this to occur.
Traumatic Grief	2	[REDACTED] was removed from the family home.
Witness to Family, School or Community Violence	1	Reported hx of a domestic in the home between Ms. [REDACTED] and Mr. [REDACTED]
Relationship with Primary Caregiver	0	There are no known concerns at the current time.
Education	0	There are no known concerns at the current time.
Physical Health	0	[REDACTED] had broken bones and one of the breaks has caused a permanent disfigurement of his arm due to lack of treatment.



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

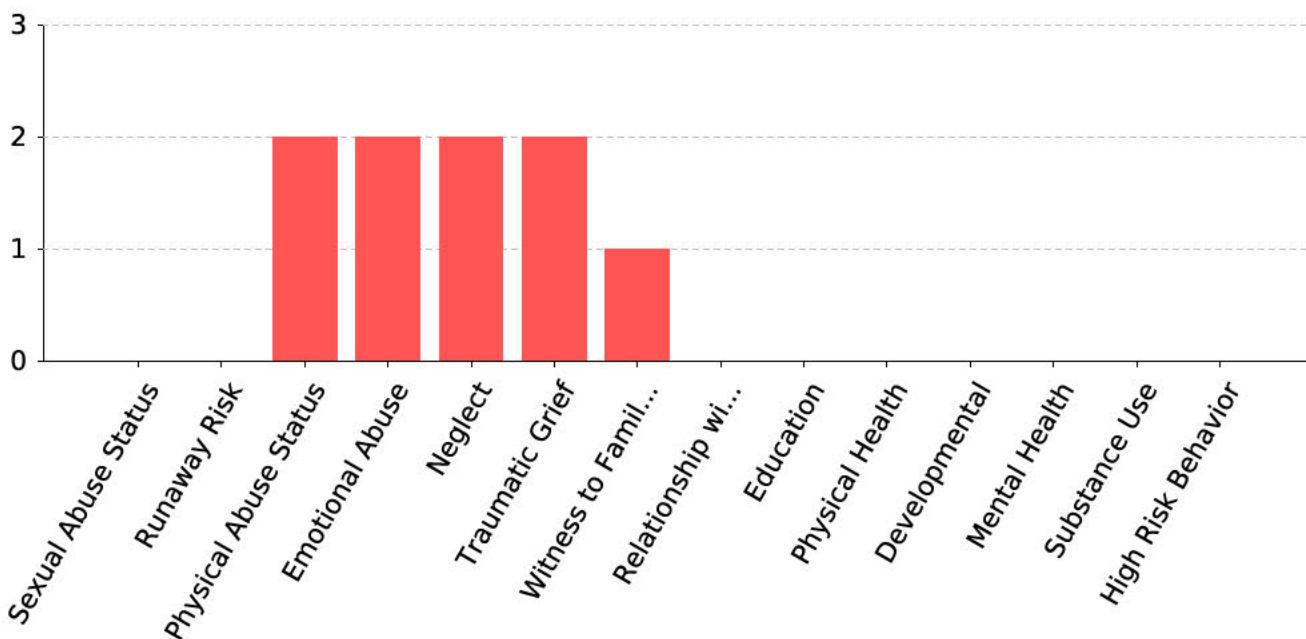
Developmental	0	There are no known concerns at the current time.
Mental Health	0	There are no known concerns at the current time.
Substance Use	0	There are no known concerns at the current time.
High Risk Behavior	0	There are no known concerns at the current time.



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [REDACTED] [REDACTED] [REDACTED] (CSEM)	Person ID: [REDACTED]	Age: 4 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	There are no known concerns at the current time.
Runaway Risk	0	There are no known concerns at the current time.
Physical Abuse Status	2	Concerns of physical abuse due to [REDACTED] having bruises on her body as well as the injuries to the other children in the home.
Emotional Abuse	2	Mr. [REDACTED] admitted to yelling in the home.
Neglect	2	Mr. [REDACTED] admitted to harming [REDACTED] and [REDACTED] in the family home. There are concerns that Ms. [REDACTED] was not protective of the children and continued to allow this to occur.
Traumatic Grief	2	[REDACTED] was removed from the family home.
Witness to Family, School or Community Violence	1	Past history of domestic in the home between Ms. [REDACTED] and Mr. [REDACTED]
Relationship with Primary Caregiver	0	There are no known concerns at the current time.
Education	0	There are no known concerns at the current time.
Physical Health	0	There are no known concerns at the current time.



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 12/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

Developmental	0	There are no known concerns at the current time.
Mental Health	0	There are no known concerns at the current time.
Substance Use	0	There are no known concerns at the current time.
High Risk Behavior	0	There are no known concerns at the current time.