



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/15/2024 09:51 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 04/15/2024

Investigation

Investigation ID: [REDACTED]
First County/Region Assigned: [REDACTED]
Date/Time Assigned : 04/15/2024 11:01 AM
First Team Leader Assigned: [REDACTED] [REDACTED] Date/Time Assigned : 04/15/2024 12:00 AM
First Case Manager Assigned: [REDACTED] [REDACTED] Date/Time Assigned : 04/15/2024 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED] [REDACTED]	Deceased	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: [REDACTED] (closed 2022)
Associated Case IDs: None

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP None
Closed Court Custody Yes 7/5/22-10/18/22 [REDACTED] [REDACTED]

Pending: None
Awaiting Screening: None
Submitted: None

Open CPS: None



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

Substantiated: Yes

DEC closed 7/29/22 (ACV: [REDACTED])
DEC/LOS closed 7/4/2020 (ACV: [REDACTED])

Death: [REDACTED] Abuse Death closed 5/7/2018 - AUPU (ACV: [REDACTED])

Screen Outs: [REDACTED] (duplicate death), [REDACTED]

History (not listed above): Yes (none within past 5yrs)

County: [REDACTED]
School/ Daycare: None
Active Military: Unknown

Reporter's name/relationship: [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] [1] lives with her maternal aunt, [REDACTED] [26], her boyfriend, [REDACTED] [25] and [REDACTED] mother, [REDACTED] [unknown age] in [REDACTED] County. [REDACTED] is [REDACTED] legal guardian. [REDACTED] reported that [REDACTED] mother, [REDACTED] [29] is probably in jail, and there is no information about her father.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Yes. Please report to [REDACTED] Children's Hospital.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On 04/15/2024 at 8:30am, [REDACTED] fire and law enforcement received a call about an unresponsive child. Officers arrived and did CPR. [REDACTED] fire took [REDACTED] to [REDACTED] Children's Hospital with CPR in progress, and they got there at 9am. Dr [REDACTED] examined [REDACTED] at the hospital and pronounced her deceased at 9:30am. Medical staff have seen the body. Abuse or neglect is suspected as the potential cause of death. There are bruises on [REDACTED] head and chest. There is a mark on her shoulder and there may be one on her bottom. There are no details about these bruises. A skeletal survey will be done. [REDACTED] said that [REDACTED] said that [REDACTED] fell at the park last week, which is why she has the bruising. It is unknown if the story is consistent with the bruising. The official cause of death is cardiac arrest. An autopsy will be done.

[REDACTED] reported that she saw [REDACTED] at 7:30am, and she was talking. [REDACTED] had to be at South college at 8am. At 8:30am, [REDACTED] found [REDACTED] limp, and [REDACTED] called 911. [REDACTED] is at the hospital. [REDACTED] remained at the house with [REDACTED] officers. Medical examiner has been called to the hospital. [REDACTED] Youth service detectives are on the way.

[REDACTED] Fire said that the house was "in squalor". There are no other details about the condition of the home. [REDACTED] reported that this is [REDACTED] house, and that [REDACTED] sleeps in a pack and play. It is unknown if there are any current issues with domestic violence, drug/alcohol abuse or mental health concerns. [REDACTED] older brother [REDACTED] [unknown last name, dob and dod] died at 4mos of SIDS when he was with his mother.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
No

-Anything additional to add to this initial report for the responding worker to know prior to response?
No



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

Intake Notation: None
 Screener Notation: None

Emailed/Paged CPSI On Call: Yes, emailed to [REDACTED] CPS

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

[REDACTED]
Child Programs Director: [REDACTED] rd (interim)

Investigation Track - P1 Child Death
[REDACTED], CAH Director, on 4/15/24 @ 10:53am



**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:

Race:

Age: 30 Yrs

Address: Unknown

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race: Black/African

Age: Deceased

Address: [REDACTED] Tennessee [REDACTED]

Deceased Date: 04/15/2024

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED] 7-aunt

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

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:** 27 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:** 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	2025-03-27 15:20:00	Contact Method:	
Contact Time:	03:20 PM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:		Created Date:	03/27/2025
Completed date:	03/27/2025	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: 03/27/2025 03:31 PM Entered By: ██████████ ██████████

TC ██████████ has reviewed case for closure. Case was reviewed by ██████████ Assistant Commissioner/Regional Operations and approved for closure on 11/25/24 by ██████████ Assistant Commissioner/Regional Operations.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2025-02-26 09:51:00	Contact Method:
Contact Time: 09:51 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 02/26/2025
Completed date: 02/26/2025	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: 02/26/2025 09:52 AM Entered By: [REDACTED]

This case has been reviewed for Abuse Death and approved for closure. The child, [REDACTED] (ACV), passed away due to the injuries she received from the maternal aunt's, [REDACTED] paramour, [REDACTED] (AP). There was an autopsy completed in which the cause of death was documented as multiple blunt force injuries. The manner of death is homicide. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Abuse Death.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2025-02-26 09:06:00	Contact Method:
Contact Time: 09:06 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 02/26/2025
Completed date: 02/26/2025	Completed By: [REDACTED] [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: 02/26/2025 09:07 AM Entered By: [REDACTED] [REDACTED]

Case is a death investigation regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] This case has been reviewed and approved for closure by Executive Director [REDACTED] [REDACTED] and Director [REDACTED] [REDACTED]

Case is a death investigation regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] This case has been reviewed and approved for closure by Executive Director [REDACTED] [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 02/26/2025 09:55 AM Entered By: [REDACTED] [REDACTED]

Case is a death investigation regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] This case has been reviewed and approved for closure by Executive Director [REDACTED] [REDACTED] and Director [REDACTED] [REDACTED]

Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

found her limp but making noises. The boyfriend stated he removed [REDACTED] from the pack-n-play and placed her on the floor on a towel to initiate CPR. The boyfriend denied disciplining [REDACTED] or asking permission to do so if he did. Arrest warrants for criminal homicide were issued for the boyfriend and his is currently evading arrest. A search warrant was completed for the home. ENN concerns were noted throughout the residence including no running water in parts of the home, piled tobacco and cigarettes and residue, and no scarcity of food.

The other adults in the home refused to speak with DCS or LE without legal representation.

CM [REDACTED] presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT) on May 28, 2024. The team agreed that there is a preponderance to support the allegation of Abuse Death.

Mr. [REDACTED] was arrested on April 15, 2024 and charged Criminal Homicide.

Case is a death investigation regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED]. This case has been reviewed and approved for closure by Executive Director [REDACTED] [REDACTED] and Director [REDACTED] [REDACTED].

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:	2024-11-26 07:36:00	Contact Method:	
Contact Time:	07:36 AM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	11/26/2024
Completed date:	11/26/2024	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: 11/26/2024 07:37 AM Entered By: ██████████ ██████████
This case has been reviewed and approved for closure by Executive Director ██████████ ██████████

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:	2024-11-25 09:23:00	Contact Method:	
Contact Time:	09:23 AM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	11/25/2024
Completed date:	11/25/2024	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: 11/25/2024 09:24 AM Entered By: ██████████ ██████████

All investigation tasks have been completed on this case and currently waiting on the director's approval.

**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:	2024-10-25 08:54:00	Contact Method:	
Contact Time:	08:54 AM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	10/25/2024
Completed date:	10/25/2024	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: 10/25/2024 08:55 AM Entered By: ██████████ ██████████

Case is a death investigation regarding Alleged Child Victim (ACV) ██████████ ██████████ Death Summary has been completed by CM ██████████ and turned in for review by upper management. This Death summary is waiting for upper management approval and ready for case closure.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-09-30 15:20:00	Contact Method:
Contact Time: 03:20 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/30/2024
Completed date: 09/30/2024	Completed By: [REDACTED] [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: 09/30/2024 03:20 PM Entered By: [REDACTED] [REDACTED]

Case is a death investigation regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] Death Summary has been completed by CM [REDACTED] and turned in for review by upper management. Case has been presented to CPIT and team agreed to classify case ASPS.

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:	2024-07-13 22:47:00	Contact Method:	
Contact Time:	10:47 PM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:		Created Date:	07/13/2024
Completed date:	07/13/2024	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: 07/13/2024 10:49 AM Entered By: ██████████ ██████████
Admin review

Case is a death investigation regarding Alleged Child Victim (ACV) ██████████ ██████████ Death Summary needs to be completed by CM ██████████ and turned in for review by upper management. Case has been presented to CPIT and team agreed to classify case ASPS.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2024-04-17 12:30:00	Contact Method:
Contact Time: 12:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/01/2024
Completed date: 05/01/2024	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: 05/01/2024 06:12 PM Entered By: Brinkley, James D.

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

The CPS investigation was assigned in TFACTS on 4/15/24 concerning the death of ACV [REDACTED] [REDACTED] (1yo). It was reported [REDACTED] was residing with and in the custody of her legal guardian/aunt [REDACTED] [REDACTED] since October 2022. [REDACTED] entered DCS custody in July 2022 following the substantiation of Drug Exposed Child and Abandonment allegations against the birth mother [REDACTED] [REDACTED]. The mother was reportedly incarcerated at the time of the incident. The birth father [REDACTED] [REDACTED] is not on the birth certificate and his whereabouts and involvement are unknown at this time. Residing in the home with [REDACTED] and the aunt were the aunts boyfriend [REDACTED] [REDACTED], the boyfriends mother [REDACTED] [REDACTED] and her boyfriend [REDACTED] [REDACTED] [REDACTED] unknown], and another adult/relationship unknown [REDACTED] [REDACTED]. No other minors resided in the home.

On 4/15/24 at approximately 8:30am a 911 call was made from the family home reporting [REDACTED] was unresponsive. First responders transported [REDACTED] to the [REDACTED] Childrens Hospital with CPR in progress. [REDACTED] was pronounced deceased at 9:30am. Abuse was suspected due to bruising observed on the chest and head. A possible cigarette burn was noted on the shoulder. An autopsy was ordered with preliminary results indicating the presence of subdural hematoma and brain bleed, citing blunt force trauma to the head and homicide as the cause and manner of death.

The aunt is a college student and reported she left the home at 7:30am to go to school. Prior to leaving the aunt reported she observed [REDACTED] was awake in her pack-n-lay and had said bye to her. The aunt left her [REDACTED] in the care of her boyfriend. The aunt reported she arrived to school by 8am and took a test, after which she received messaged [REDACTED] was at the hospital. The boyfriend reported [REDACTED] was disciplined through verbal correction, spanking on the outside thighs, or popping on the back of hands. The aunt additionally reported [REDACTED] has not been to the doctor since in her care and that she a heart murmur in the past along with TEIS services, but the murmur had corrected itself.

LE interviewed the aunts boyfriend who reported he went to check on [REDACTED] and change her diaper after the aunt left and

Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

found her limp but making noises. The boyfriend stated he removed [REDACTED] from the pack-n-play and placed her on the floor on a towel to initiate CPR. The boyfriend denied disciplining [REDACTED] or asking permission to do so if he did. Arrest warrants for criminal homicide were issued for the boyfriend and his is currently evading arrest. A search warrant was completed for the home. ENN concerns were noted throughout the residence including no running water in parts of the home, piled tobacco and cigarettes and residue, and no scarcity of food.

The other adults in the home refused to speak with DCS or LE without legal representation.

Next Steps:

- CM will request ACVs birth, PCP, and current medical 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 make attempts to locate and engage the mother and father and provide information regarding grief counseling.
- CM will document and upload autopsy into TFACTS once received.
- CM will complete Closing FAST prior to case closure.
- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	2024-04-16 08:15:00	Contact Method:	Face To Face
Contact Time:	08:15 AM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	DCS Office	Created Date:	04/16/2024
Completed date:	04/16/2024	Completed By:	██████████
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/16/2024 12:06 PM Entered By: ██████████

CPIT Convened

DCS Follow-Up.

Detective ██████ is assigned. Complaint # ██████████
Transferred to Homicide

Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Created In Error

Contact Date: 2024-04-15 11:09:00

Contact Method: Attempted Face To Face

Contact Time: 11:09 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED] [REDACTED]

Location: Hospital

Created Date: 04/15/2024

Completed date: 04/15/2024

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Initial ACV Face To Face,Notation

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2024 02:06 PM Entered By: [REDACTED]

Wrong Contact Method

CM arrived at the hospital at 11:09 on 4/15. Due to DCS policy CM doesnt have to see deceased children.

Narrative Type: Created In Error Entry Date/Time: 04/15/2024 02:45 PM Entered By: [REDACTED]

Wrong Contact Method

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:	2024-04-15 11:09:00	Contact Method:	Face To Face
Contact Time:	11:09 AM	Contact Duration:	
Entered By:	██████████	Recorded For:	████ █████
Location:	Hospital	Created Date:	04/15/2024
Completed date:	04/15/2024	Completed By:	██████████
Purpose(s):	Service Planning		
Contact Type(s):	Initial ACV Face To Face,Notation		
Contact Sub Type:			

Children Concerning

████ █████ █████

Participant(s)

████ █████

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2024 02:46 PM Entered By: ██████████

CM arrived at the hospital at 11:09 on 4/15. Due to DCS policy CM ██████ doesnt have to see deceased children.



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

A. Investigation

Case Name: [Redacted]

Investigation ID: [Redacted]

Referral Date: 04/15/2024

Assignment Date: 04/15/2024

Street Address: [Redacted]

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

B. Allegation

Table with 9 columns: #, Children's Name, DOB, Specific Allegation for Each, Alleged Perpetrator's Name, DOB, Classification, Severe Abuse CSEM, Classified By. Contains 2 rows of allegations.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case has been investigated regarding the allegation of Abuse Death. The child, [Redacted] (ACV), passed away due to the injuries she received from the maternal aunt's, [Redacted] paramour, [Redacted] (AP). There was an autopsy completed in which the cause of death was documented as multiple blunt force injuries. The manner of death is homicide. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Abuse Death.

D. Case Workers

Case Worker: [Redacted]

Date: 05/28/2024

Team Leader: [Redacted]

Date: 05/28/2024

E. Investigation Summary

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

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

On 04/15/2025, CM [Redacted] arrived at [Redacted] Children's Hospital. CM [Redacted] did not observe the deceased child.

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

On April 16, 2024, an autopsy was completed on [Redacted] by Dr. [Redacted], Center for Forensic Medicine Center, [Redacted] TN. The autopsy stated, "This is a well-developed toddler with female phenotype. Numerous contusions and abrasions were present on the face torso and extremities. The cause of death is multiple blunt force injuries. The



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

manner of death is homicide".

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

[REDACTED] (AP), spoke with Detective [REDACTED] at the [REDACTED] Police Department's Headquarters. He discussed caring for the child during the time that the maternal aunt, [REDACTED] worked and went to school. [REDACTED] reported that on the day of the incident the child woke up babbling. He explained going to the restroom then coming out observed the child limp laying on her side in the pack and play. [REDACTED] discussed placing the child on the wooden floor to administer CPR using 2 fingers for chest compressions. He stated that he must get permission from the aunt to pop the child on the side of her leg for discipline. [REDACTED] described the child to have a small bruise due to reportedly tripping and falling with her. He denied the child having any additional marks or bruises.

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

The maternal aunt, [REDACTED] spoke with CM [REDACTED] and stated that she left the home on the morning of April 15, 2024, around 7:30 am to go to school but forgot something she needed for school, so she returned home. [REDACTED] reportedly brought the aunt the item she forgot when she arrived home. The aunt reported that the child was up and babbling when she left the home. She stated that the child slept in a pack and play along with some stuffed animals. The aunt reported that [REDACTED] was the primary disciplinarian for the child. He would reportedly spank the child's hands. The aunt denied witnessing [REDACTED] spank the child anywhere other than on her hands.

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

CM [REDACTED] presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT) on May 28, 2024. The team agreed that there is a preponderance to support the allegation of Abuse Death. Mr. [REDACTED] was arrested on April 15, 2024 and charged with Criminal Homicide.

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Regional Supervising Attorney



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

Event Type: CPS Case	Assessment Date: 04/22/2024
Assessment Type: FAST	CPS Case ID: [REDACTED]

OVERVIEW

Safety Level: Immediate Intervention Recommended	Assessed at Location: In the Home
Risk Level: High Need/Risk	
Event Start Date: 02/26/2025	Last Assessed Date:
Assessment Status: Approved	Assessor: [REDACTED]
Date Approved: 04/23/2024	Approver: [REDACTED]

PARTICIPANTS

Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] (ACV)	Deceased	Youth	F	[REDACTED]	3	Low
[REDACTED]	26 Yrs	Primary	F	[REDACTED]	N/A	N/A

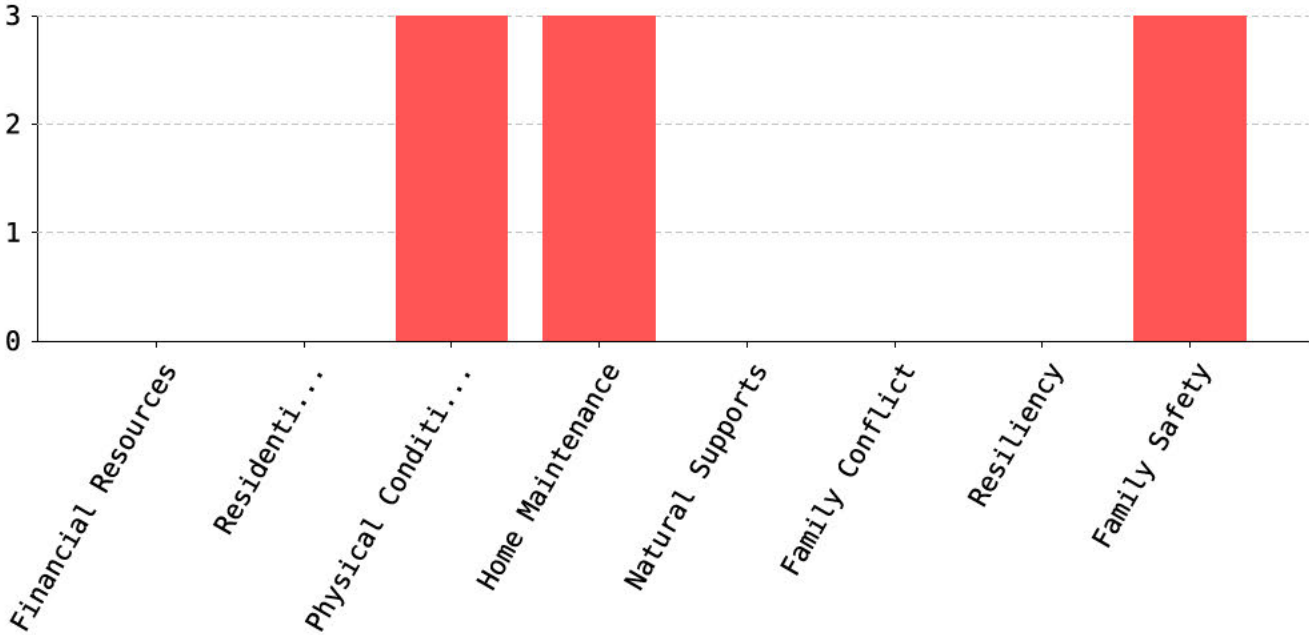


Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 04/22/2024
Assessment Type: FAST	CPS Case ID: [REDACTED]

THE FAMILY TOGETHER

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



Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	3	the home wasnt suitable for youth to live in
Home Maintenance	3	the home was not clean there was drug paraphilia in the home
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	3	the child passed away in the home



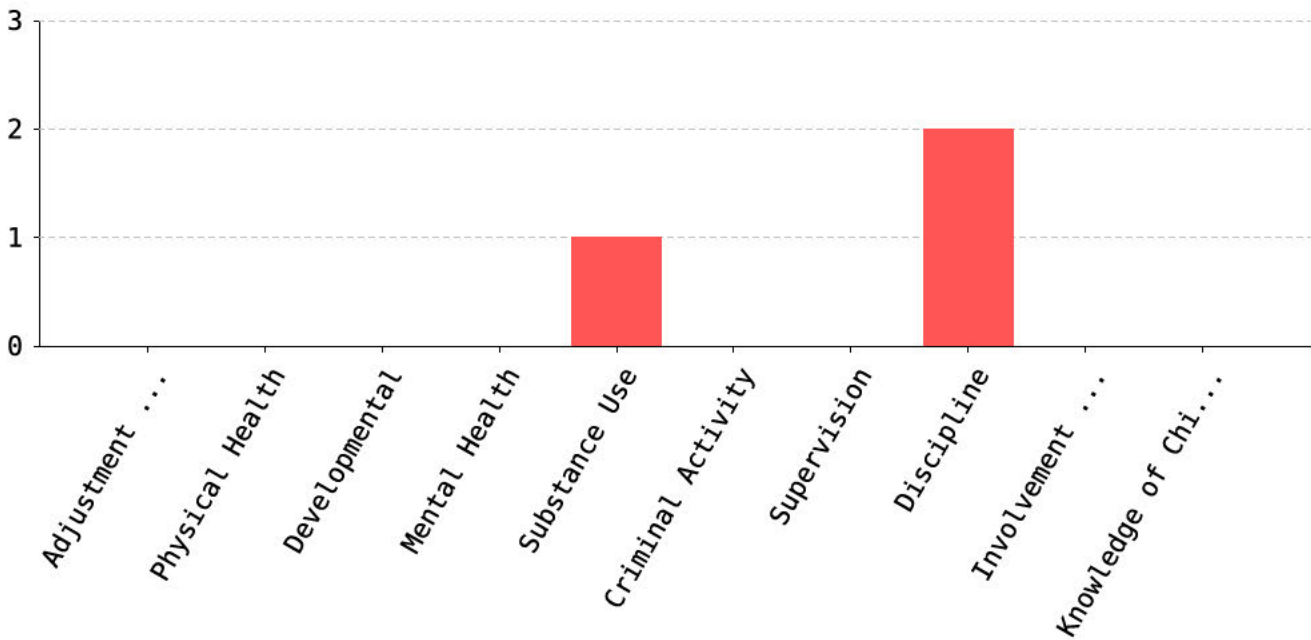
**Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report**

Event Type: CPS Case	Assessment Date: 04/22/2024
Assessment Type: FAST	CPS Case ID: [REDACTED]

CAREGIVERS

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

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



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	1	Ms. [REDACTED] admitted to using illegal substance
Criminal Activity	0	
Supervision	0	
Discipline	2	Ms. [REDACTED] admitted to hitting youth in the mouth
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	



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

Table with 2 columns: Event Type: CPS Case, Assessment Date: 04/22/2024; Assessment Type: FAST, CPS Case ID: [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: Deceased

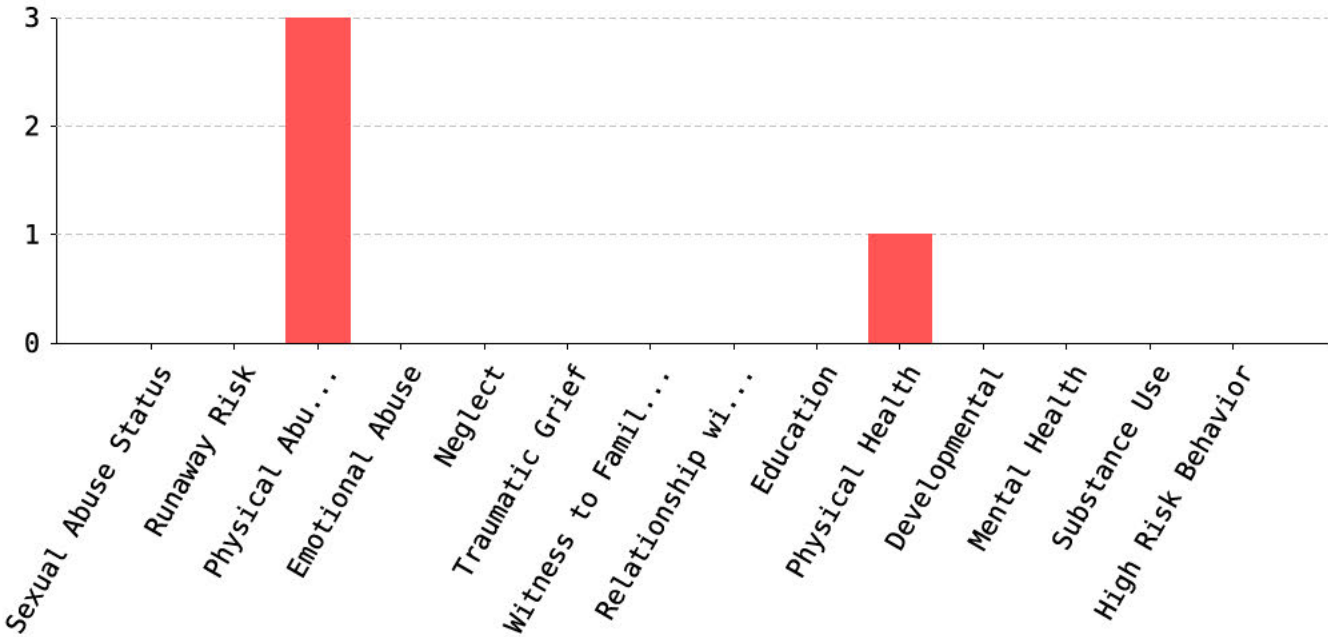


Table with 3 columns: Item, Score, Justification/Narrative. Rows include Physical Abuse Status (3) with justification 'youth was hit in the head. Aunt admitted to popping youth in the mouth' and Physical Health (1) with justification 'Youth havent been to the doctor since she was 6 months old.'



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

Event Type: CPS Case	Assessment Date: 04/22/2024
Assessment Type: FAST	CPS Case ID: [REDACTED]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	