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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 09/09/2023 06:33 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 09/09/2023

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 09/11/2023 10:17 AM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 09/11/2023 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 09/11/2023 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	1 Yr	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

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Tennessee Child Abuse Hotline Summary

Substantiated:
SIU [redacted] / PHA / AP [redacted] / ASPK / 9.30.2020
INV [redacted] / SEE / AP Unknown / ASPK / 7.14.2017

Death: None
Screen Outs: None
History (not listed above): None

County of Jurisdiction: [redacted]
School/ Daycare: Not Aware
Active Military Status: Not Aware

Reporter's name/relationship: [redacted]
-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (2 Months) resides with his parents, [redacted] (23) and [redacted] (50) in [redacted] County.

[redacted] has 2 other male children (Names Unknown/Est.3/4) residing in the home. [redacted] is not the father to the 2 other male children. [redacted] other children's father information is unknown.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Please contact the reporter via phone.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On 09-09-2023, [redacted] arrived at [redacted] Children's hospital in reference to a bilateral subdural hematoma. Initially, [redacted] arrived at [redacted] Hospital unresponsive. Then, [redacted] was transported to [redacted] Children's Hospital via life flight (Agency/ Personnel Unknown). Prior to 09-09-2023, [redacted] doesn't have any history at [redacted] Children's hospital.

[redacted] has significant brain damage. [redacted] labs, cat scans and other test are pending. In addition, [redacted] has bruising on his right lower leg. The size and or coloring of the bruises are unknown. [redacted] and or [redacted] hasn't been spoken with about [redacted] bruises. [redacted] current doctor is Dr. [redacted] [redacted] is currently intubated. [redacted] is in critical condition and breathing as a result of the machine. At this time, it is too early to state if [redacted] is expected to survive.

Abuse and or neglect is suspected as a result of [redacted] condition. LE hasn't been contacted about these concerns but they will be contacted after this report is completed. [redacted] and [redacted] story isn't matching [redacted] condition. [redacted] was at work. [redacted] reported he was bathing [redacted] turn around for a moment and turned back around and observed [redacted] unresponsive. Then, [redacted] transported [redacted] to [redacted] Hospital.

The other children were at the home when this incident occurred. It is unknown where the other children were located in the home. [redacted] sister, (Name Unknown) picked the other children up from [redacted] and the children are in [redacted] sister care. It is unknown of the other children have been spoken with. It is unknown if the other children have any visible marks or bruises.

The living conditions of the home are unknown. [redacted] denied any domestic violence. It is unknown if there are any concerns of drug and or alcohol abuse and or any mental health concerns.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
Not Aware.

-Anything additional to add to this initial report for the responding worker to know prior to response?
Not Aware.

CM Notation: None

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Screener Notation: 2 Unknown siblings remain in the home. Possible ages of 3 to 4 years old.

Emailed/Paged CPSI On Call: [redacted] County CPS on-call was notified through MIR3 @ 7:25pm [redacted].

Recipients	Time Issued	Response Received	Devices	Responses
[redacted]	09-09-23 07:25:50 PM [redacted]	---	[redacted]	Email Sent
	09-09-23 07:25:50 PM [redacted]			
	09-09-23 07:26:17 PM [redacted]		Received	

Notified Child Death/Preliminary Near-Death Notification Group via Email:
[redacted]
Regional Child Programs Director [redacted]

Intake Decision and Screener Signature: ** Approved Per CAH Director [redacted] on 9.9.2023 @ 7:37pm [redacted].
/ [redacted], Intake Supervisor on 9.9.2023 @ 7:39pm [redacted].

Extended Intake Narrative:
The social worker is requesting a DCS worker to the hospital at this time (09.10.2023). Yesterday evening (09.09.2023) the DCS case worker was supposed to respond, and it's unknown if a case worker responded. [redacted] is still located at the hospital, and he hasn't passed away.

CM who took the Ext. Intake, Date AND Time: [redacted] CM 09.10.2023 @ 7:07AM

Emailed: [redacted] and [redacted]

[redacted] County CPS on-call was notified through MIR3 on 9.10.2023 @ 7:15am [redacted]. -

Recipients	Time Issued	Response Received	Devices	Responses
[redacted]	09-10-23 07:15:10 AM [redacted]	---	[redacted]	Email Sent
	09-10-23 07:15:10 AM [redacted]			
	09-10-23 07:15:49 AM [redacted]		Received	

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

Participant(s)

Name: [redacted]

Gender: Male | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: White | Age: 1 Yr

Address: [redacted] Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: Mother's Cell Above.

Father's Cell-[redacted]

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] | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: 1 Yr

Address: [redacted] Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: Mother's Cell Above.

Father's Cell-[redacted]

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]
Partipant ID: [redacted]
SSN:
Race: Black/African
Age: 51 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
Tennessee Child Abuse Hotline Summary

Name: [redacted] [redacted]

Gender: Female
Date of Birth: [redacted]
Partipant ID: [redacted]
SSN:
Race: White
Age: 24 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

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:	2024-02-29 13:30:00	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/29/2024
Completed date:	02/29/2024	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/29/2024 01:56 PM Entered By: [redacted]

On September 9, 2023, the Department of Childrens Services (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [redacted] The Alleged Perpetrator (AP) was listed as the birth father, [redacted] Through the course of investigation, allegations were also added for Physical Abuse to ACV [redacted] ACV [redacted] and ACV [redacted] by the father. This investigation was assigned to Case Manager (CM) [redacted] This case was worked in conjunction with [redacted] Police Department Detective [redacted]

[redacted] (age 2 months) lived at home with his birth parents, [redacted] and [redacted] Also in the home were the siblings: [redacted] (age 5) and [redacted] (age 3).

On September 9, 2023, [redacted] was life-flighted to [redacted] Childrens Hospital after arriving at [redacted] Hospital [redacted] unresponsive. [redacted] had significant brain damage and bruising on his right lower leg. [redacted] was intubated and in critical condition. The parents told hospital staff that the mother was at work at the time of the incident. The father reported that he was bathing [redacted] turned around for a moment, and when he turned back around, [redacted] was unresponsive.

On September 9, 2023, CM [redacted] spoke with [redacted] Registered Nurse (RN) at [redacted] Childrens Hospital. RN [redacted] reported that [redacted] was in critical condition, and it was unknown if he would survive. RN [redacted] reported that [redacted] had multiple intercranial hemorrhages and did not have a lot of brain activity, if any at all. RN [redacted] reported the injuries were not consistent with the explanation provided by the family.

On September 9, 2023, CM [redacted] spoke with the father. The father reported that he got up around 7:00 AM and the children got up around 8:30 AM. The father reported that he fed the children breakfast and took them fishing around 10:45 AM. The father reported that they returned home around 1:30 PM. The father reported he was giving [redacted] a bath upstairs while the other two children were downstairs watching TV. The father reported that he turned around to get a town and heard a thump in the baby tub. The father reported that he turned around and snatched him out of the tub. The father reported that he started hitting [redacted] on the back and [redacted] started to breathe. The father reported that [redacted] stopped

Tennessee Department of Children's Services

Case Recording Summary

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

breathing and the father started hitting [redacted] on his back again and milk came out of [redacted] nose and mouth. The father reported that [redacted] stopped breathing and started to turn purple. The father reported that he took [redacted] and the other children to [redacted] Hospital [redacted] The father reported that the mother was at work, and he called her on the way to [redacted] The father reported the mother met him at [redacted] and then [redacted] was life-flighted to [redacted] Childrens Hospital. The father denied ever doing anything to [redacted] The father reported he had never lost his temper with any of the children. The father reported that [redacted] was never left alone with the other children.

On September 9, 2023, CM [redacted] received documentation regarding consultation by [redacted] CARE Team. Assessment/Plan of Care states, 10-week-old male with sudden episode of limpness and being unresponsive in the care of dad on 9/9/2023 with arrest at outlying hospital. Exam this AM consistent with brain death. Injuries consistent with abusive head trauma.

On September 13, 2023, CM [redacted] spoke with [redacted] Social Worker (SW) from [redacted] Childrens Hospital. SW [redacted] stated that [redacted] had been pronounced deceased on September 13, 2023, at 2:23 PM.

During this investigation an Immediate Protection Agreement (IPA) was completed with the family. The parents agreed for the children to remain in the care of the mother and have no contact with the father. A Non-Custodial Family Permanency Plan was completed with the parents to address parenting, appropriate discipline, anger management, and mental health. Case will be transferred to Family Support Services for ongoing monitoring.

On September 13, 2023, an autopsy was completed on [redacted] by Dr. [redacted] M.D., J.D., Ph. D., [redacted] County Medical Examiner in [redacted] TN. The autopsy stated, The decedent was a 2-month-old male who admitted to [redacted] Medical Center on 09/09/2023 after the decedents father witnessed the decedent fall and go unresponsive in the bathtub. The decedent was diagnosed with external bruising to the abdomen and right leg, bilateral retinal hemorrhages, bilateral subdural hematoma, intraparenchymal hemorrhage, and rib fractures. The cause of death is blunt force injuries of the head. The manner of death is homicide.

On January 3, 2024, this case was presented to [redacted] County Child Protective Investigative Team (CPIT). Members in attendance include CM [redacted] Team Leader (TL) [redacted] PD Sargent [redacted], Assistant District Attorney [redacted], and [redacted] County Child Advocacy Center Director [redacted]. The team agreed that there was a preponderance of evidence that supports the substantiation of Abuse Death and Physical Abuse.

Per DCS Policy Work Aid 1, Section G, Child Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

There is a preponderance of evidence that supports the substantiation for Abuse Death and Physical Abuse against [redacted] This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Physical Abuse and Abuse Death by [redacted] to the child, [redacted]

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:	2024-02-29 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/29/2024
Completed date:	02/29/2024	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/29/2024 12:31 PM Entered By: [redacted]

DCS received a referral due to Abuse Death on 9/9/23 as a P1 with Alleged Child Victim (ACV) [redacted] and Alleged Perpetrator (AP) was listed as the birth father, [redacted] There were allegations added for Physical abuse to ACV [redacted] ACV [redacted] and ACV [redacted] by the father, [redacted] present at [redacted] childrens hospital on 9/9/2023, due to significant brain damage, with multiple intercranial hemorrhaging, and bruising to the right leg. [redacted] reported that [redacted] injuries were not consistent with the familys explanation. [redacted] was pronounced deceased on 9/13/2023. This case was staffed with Team Coordinator [redacted] and Assistant General Counsel [redacted], for an IPA due to the concerns of physical abuse. IPA was implemented with family, which stated Mr. [redacted] could have no contact with ACV [redacted] and ACV [redacted] Both parents, Mr. [redacted] and Mrs. [redacted] agreed to the IPA and Non-custodial Permanency plan. Mr. [redacted] has not been compliant with any of the court ordered services.
DCS has requested and received [redacted] records from [redacted] Hospital to include his birth records. [redacted] records from [redacted] Hospital and his Primary Care Physician records at [redacted] Medical Clinic. DCS has requested and received [redacted] and [redacted] records at [redacted] Medical Clinic, which included all their Primary Care Physician visits and their birth records. All records report no concerns of abuse or neglect for [redacted] and [redacted] are attending daycare and they report no concerns with both children. [redacted] and [redacted] are continuing to reside with their mother, [redacted] and there is still a no contact order in place with Mr. [redacted]
The next court date is scheduled for 3/19/2024 at 9am.
This case was transferred to [redacted] County Family Support Services, due to continued court involvement. A Joint Home Visit was completed on 1/26/2024 with TL [redacted] FSW [redacted], and Ms. [redacted] FSS will continue to monitor the case until the court orders the case to be closed. Refer to Case ID# [redacted] for ongoing face to face contacts and any additional information.
According to the autopsy that was completed on 9/13/2023 and received on 2/26/2024, the cause of death is blunt force injuries of the head. The manner of death is homicide.

Tennessee Department of Children's Services

Case Recording Summary

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

This case was presented to Child Protective Investigative Team (CPIT) on 1/3/2024. The team agreed that there was a preponderance of evidence that supports the substantiation of Abuse Death and Physical Abuse.

Executive Director [redacted] reviewed the Closing Child Death summary and the Child Death Review Checklist and approved this case for closure on 2/29/2024.

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:	2024-02-21 18:15:00	Contact Method:	Face To Face
Contact Time:	06:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/29/2024
Completed date:	02/29/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/29/2024 02:30 PM Entered By: [redacted]

Date: 2/21/24
Time: 6:15pm
Location: [redacted] TN

FSW arrived at the family home and knocked on the door. Ms. [redacted] opened the door and welcomed FSW into the home. Ms. [redacted] stated she and the children have been doing well. Ms. [redacted] stated she hasnt heard from Mr. [redacted] Ms. [redacted] stated she has been busy at work. Ms. [redacted] stated she just got off and picked the kids up. Ms. [redacted] stated she and the kids havent been sick. Ms. [redacted] stated she got new beds for the boys. Ms. [redacted] stated she had no concerns to discuss. Ms. [redacted] stated no concerns regarding Finances, housing, safety, transportation.

FSW observed [redacted] and [redacted] eating chicken nuggets and fries in the kitchen. The children were observed standing up moving around while eating. [redacted] and [redacted] stated they have been doing well. The children stated they have been having fun. The children stated they like the warm days. The children stated they have been watching Minecraft videos and playing Minecraft. The children stated they were safe. The children were observed the children dressed well showing no safety concerns. The children had no safety concerns or questions.

FSW walked through the home. FSW observed the home clean and well maintained. FSW observed safe sleep for the children. FSW observed food, water, and working utilities. FSW observed no safety concerns. FSW observed the family interacting well together during the home visit. Ms. [redacted] and the children do not participate in services. Children are not school age.

Next court date: March 19

Tennessee Department of Children's Services

Case Recording Summary

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

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:	2024-01-29 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/30/2024
Completed date:	01/30/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2024 11:37 PM Entered By: [redacted]

CM [redacted] sent medical records requests to [redacted] Medical for ACV [redacted] and [redacted] CM also sent records request to [redacted] Hospital for ACV [redacted] CM has received medical records for the children which includes Newborn Discharge information for all 3 children. Copies of medical records have been uploaded to TFACTS.

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:	2024-01-26 16:30:00	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/30/2024
Completed date:	01/30/2024	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2024 11:41 PM Entered By: [redacted]

CM [redacted] completed a joint home visit with FSW [redacted] to transfer the case to Family Support Services. CM [redacted] and FSW [redacted] were invited into the home by the mother, [redacted] The home was observed to be clean and well maintained. No safety hazards were observed. ACV [redacted] and [redacted] were observed to have happy meals from McDonalds due to just being picked up from day care. The children were observed to be clean, dressed appropriately, and free of visible marks and bruises. FSW [redacted] introduced himself to the family and let them he could be contacted for any questions. CM [redacted] obtained ROI's for [redacted] and [redacted] to request medical records. Ms. [redacted] reported she had no questions at that time.

CM [redacted] and FSW [redacted] thanked Ms. [redacted] for her time and left 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:	2024-01-25 10:09:00	Contact Method:	
Contact Time:	10:09 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/28/2024
Completed date:	01/28/2024	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/28/2024 06:17 PM Entered By: [redacted]

This case came in for allegations of Severe Physical Abuse with a Preliminary Near Death indicator. The Alleged Child Victim is [redacted] (2 months) and Alleged Perpetrator is [redacted] birth father. The mother has two other male children, [redacted] and [redacted] who are not biological children of Mr. [redacted] was later declared deceased at [redacted] children hospital. An IPA is put in place. [redacted] and [redacted] were left in the care of Ms. [redacted] Mr. [redacted] is restricted and has no contact with the two boys.Petition is filed in court. The Department is waiting on the Autopsy results. Case is awaited to transferred to long term. JHV is pending.

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:	2024-01-03 09:07:00	Contact Method:	Face To Face
Contact Time:	09:07 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	02/29/2024
Completed date:	02/29/2024	Completed By:	[redacted]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/29/2024 02:51 PM Entered By: [redacted]

This case was presented to CPIT and classified as ASPS again AP [redacted] for abuse death of child. All members were in agreeance.

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:	2023-12-20 14:00:00	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	School	Created Date:	01/16/2024
Completed date:	01/16/2024	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation,School Contact,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/16/2024 01:55 PM Entered By: [redacted]

CM [redacted] made a visit to the [redacted] Day Care to see ACV [redacted] and ACV [redacted]

CM was guided by staff towards the rooms the children were in. CM was warned the children had just woken up from their naps. [redacted] was observed to be waking up from his nap in his classroom. He was observed in jeans and a t-shirt, clean and free of visible marks and bruises. CM spoke with [redacted] teacher, Ms. [redacted] She reported that it normally takes [redacted] 30 minutes to full wake up and function. She reported he was very well behaved and wished there were more of him. Ms. [redacted] reported there had been nothing out of the ordinary and no concerns.

CM was guided to [redacted] classroom. [redacted] was observed to be dressed weather appropriate, clean, and free of visible marks and bruises. [redacted] was observed to be eating his lunch quietly. CM greeted [redacted] and he waved to CM. Staff reported no concerns with [redacted]

CM left the facility.

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:	2023-12-08 13:02:00	Contact Method:	
Contact Time:	01:02 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/21/2024
Completed date:	01/21/2024	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/21/2024 09:08 PM Entered By: [redacted]

This case came in for allegations of Severe Physical Abuse with a Preliminary Near Death indicator. The Alleged Child Victim is [redacted] (2 months) and Alleged Perpetrator is [redacted] birth father. The mother has two other male children, [redacted] and [redacted] who are not biological children of Mr. [redacted] was later declared deceased at [redacted] children hospital. An IPA is put in place. [redacted] and [redacted] were left in the care of Ms. [redacted] Mr. [redacted] is restricted and has no contact with the two boys.Petition is filed in court. The Department is waiting on the Autopsy results. Case needs to transferred to long term.

Next step:
Complete home visits
Follow up with family if any services are needed.
Complete other investigative tasks.

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:	2023-11-30 15:00:00	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	School	Created Date:	01/16/2024
Completed date:	01/16/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,School Contact,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/16/2024 02:00 PM Entered By: [redacted]

CM was informed by the mother, [redacted] the children would be at day care until she was off work. CM [redacted] made a visit to [redacted] on [redacted].

CM spoke with Assistant Director, [redacted] Ms. [redacted] allowed CM to observe the children from the doors of their classrooms. [redacted] (3) and [redacted] (5) were observed to be clean, dressed weather appropriately, and free of visible marks and bruises. Ms. [redacted] reported the children were pretty good and she had not noticed any substantial changes in their behaviors. She reported that the mother, grandmother, and aunt were the ones picking up and dropping off the children. Ms. [redacted] reported no concerns with the family. CM thanked her for her time and left the facility.

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:	2023-11-10 10:09:00	Contact Method:	
Contact Time:	10:09 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/21/2024
Completed date:	01/21/2024	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/21/2024 08:57 PM Entered By: [redacted]

This case came in for allegations of Severe Physical Abuse with a Preliminary Near Death indicator. The Alleged Child Victim is [redacted] (2 months) and Alleged Perpetrator is [redacted] birth father. The mother has two other male children, [redacted] and [redacted] who are not biological children of Mr. [redacted] was later declared deceased at [redacted] children hospital. An IPA was put in place. [redacted] and [redacted] were left in the care of Ms. [redacted] Mr. [redacted] is restricted and has no contact with the two boys. Petition is filed in court. The Department is waiting for Autopsy results. Case needs to be transferred to long term.

Next step:
Complete home visits
Offer any other assistance the family needs.
Complete other investigative tasks.

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:	2023-10-11 11:07:00	Contact Method:	
Contact Time:	11:07 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/21/2024
Completed date:	01/21/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/21/2024 08:43 PM Entered By: [redacted]

This case came in for allegations of Severe Physical Abuse with a Preliminary Near Death indicator. The Alleged Child Victim is [redacted] (2 months) and Alleged Perpetrator is [redacted] birth father. The mother has two other male children, [redacted] and [redacted] who are not biological children of Mr. [redacted] was later declared deceased at [redacted] children hospital. An IPA was put in place. [redacted] and [redacted] were left in the care of Ms. [redacted] Mr. [redacted] is restricted and has no contact with the two boys. Both boys had a forensic interview and did not make disclosure. Petition is filed in court.

Next step:
Complete home visits
offer grief and loss counseling to the family
Complete other investigative tasks.

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:	2023-09-14 15:02:00	Contact Method:	
Contact Time:	03:02 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/14/2023
Completed date:	09/14/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/14/2023 03:24 PM Entered By: [redacted]

CM [redacted] called [redacted] - [redacted] on 9/14/2023 at 3:02 PM to get information on the [redacted] family. CM [redacted] spoke with [redacted] at the daycare. Ms. [redacted] confirmed that [redacted] and [redacted] are children that attend that childcare. CM [redacted] asked Ms. [redacted] if [redacted] was present at the daycare on 9/8/2023 between the hours of 8:07am to 5:52pm. Ms. [redacted] reported that Ms. [redacted] was the one to drop off and pick up. CM [redacted] asked Ms. [redacted] if she had any concerns for the family. Ms. [redacted] reported she doesn't have any concerns. CM [redacted] asked if she noticed [redacted] acting strange or out of character on 9/8/2023. Ms. [redacted] reported she could check with the teachers and follow back up. CM [redacted] thanks Ms. [redacted] and ended the call.

Ms. [redacted] called CM [redacted] back and stated after talking with the teachers [redacted] and [redacted] were all acting normal and there wasn't anything uncharacteristic about them on 9/8/2023. CM [redacted] thanked Ms. [redacted] for the information and ended the call.

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:	2023-09-14 13:05:00	Contact Method:	
Contact Time:	01:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	09/14/2023
Completed date:	09/14/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/14/2023 02:25 PM Entered By: [redacted]

CM [redacted] spoke with Ms. [redacted] (maternal aunt) on 9/14/2023 at 1:05 PM at the Child Advocacy Center.

Ms. [redacted] reported that Mr. [redacted] took the children fishing and then when they got home, Mr. [redacted] bathed [redacted] It was reported when Mr. [redacted] turned around to get a towel, [redacted] fell forward into the tub. It was reported that Mr. [redacted] took [redacted] into the bedroom and did CPR. It's believed that Mr. [redacted] panicked and took [redacted] to hospital vs. calling EMS. Ms. [redacted] reported she got the information from Ms. [redacted]

It was reported that Ms. [redacted] is a secretary at [redacted] and Mr. [redacted] changes the tires. Ms. [redacted] reported she owns [redacted] It was reported [redacted] and [redacted] were at daycare the day prior. Ms. [redacted] reported that Ms. [redacted] and Mr. [redacted] typically work from Monday through Friday from 8:00 AM to 6:00 PM. Ms. [redacted] Mr. [redacted] has been working for them for approximately 5-6 years and Ms. [redacted] has been working for them for 3 years.

Ms. [redacted] reported Ms. [redacted] typically doesn't work on Saturdays, but they needed her help and she came into work at 8:00 AM and left as soon as she got the call about [redacted] It was reported that Ms. [redacted] met Mr. [redacted] at the hospital. It was reported that Mr. [redacted] took the [redacted] and [redacted] with him and Ms. [redacted] (maternal grandmother) picked them up and took them home.

It was reported [redacted] and [redacted] have been primarily staying with Ms. [redacted] while Ms. [redacted] is at the hospital. Ms. [redacted] reported she has no concerns for the family. Ms. [redacted] reported this was an accidental injury to [redacted] Ms. [redacted] reported that Ms. [redacted] and Mr. [redacted] are great parents. Ms. [redacted] reported Ms. [redacted] and Mr. [redacted] get along well together. Ms. [redacted] reported Ms. [redacted] and Mr. [redacted] have been together for approximately a year.

Ms. [redacted] was not present for the forensic interview due to her being at [redacted] Children's Hospital. Ms. [redacted] reported Ms. [redacted] is still bedside because [redacted] is still on life support for the harvesting of organs.

Tennessee Department of Children's Services

Case Recording Summary

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

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:	2023-09-14 13:00:00	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	09/14/2023
Completed date:	09/14/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/14/2023 02:18 PM Entered By: [redacted]

CM [redacted] attended a forensic interview at the Child Advocacy Center on 9/14/2023 at 1:00 PM. Ms. [redacted] (maternal aunt) brought [redacted] and [redacted] to the forensic interview. Also present for the forensic interview was Detective [redacted] with [redacted] PD.

Ms. [redacted] was not present for the forensic interview due to her being at [redacted] Children's Hospital. Ms. [redacted] reported Ms. [redacted] is still bedside because [redacted] is still on life support for the harvesting of organs.

[redacted] reported he went fishing with Mr. [redacted] and [redacted] reported he was watching TV with [redacted] reported Mr. [redacted] was cleaning [redacted] in the bath. [redacted] reported [redacted] was drinking the water and couldn't breathe. [redacted] reported Mr. [redacted] was yelling at and was mad at [redacted] because he wasn't breathing. [redacted] reported Mr. [redacted] took him and [redacted] and [redacted] to the hospital. [redacted] reported that Mr. [redacted] was driving really fast and honking his horn. [redacted] reported [redacted] was not buckled and Mr. [redacted] was holding [redacted] when he was driving. [redacted] reported that Mr. [redacted] was pumping [redacted] belly to make him breathe. [redacted] reported [redacted] eyes were closed. [redacted] reported Mr. [redacted] called his mom on the way to the hospital. [redacted] reported if he gets into trouble he will get a butt whooping by his mom. [redacted] reported Mr. [redacted] will put him in his room if he is in trouble. [redacted] reported his mom and Mr. [redacted] don't get mad at [redacted] [redacted] reported if [redacted] doesn't stop crying Mr. [redacted] will give him a pacifier and a bottle.

[redacted] reported Mr. [redacted] is black and he took them fishing. [redacted] reported Mr. [redacted] lives with his mom. [redacted] reported he didn't want to talk about Mr. [redacted] [redacted] reported he didn't want to talk about going to the hospital. [redacted] reported [redacted] is at the doctor because he can't breathe. [redacted] reported Mr. [redacted] was being mean to [redacted] tummy because he wasn't waking up. [redacted] reported Mr. [redacted] hit [redacted] on his tummy. [redacted] reported Mr. [redacted] tried to cut him and [redacted] on their fingers with scissors and Ms. [redacted] stopped him. [redacted] reported [redacted] wasn't breathing. [redacted] reported Mr. [redacted] was driving and didn't buckle up him, [redacted] or [redacted] reported he saw [redacted] not breathing. [redacted] reported he doesn't know what happened to [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

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:	2023-09-13 14:38:00	Contact Method:	
Contact Time:	02:38 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/13/2023
Completed date:	09/13/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2023 02:58 PM Entered By: [redacted]

CM [redacted] called Ms. [redacted] (Social Worker at [redacted] Children's Hospital) on 9/13/2023 at 2:38 PM to get an update on the brain death scan and the full skeletal. Ms. [redacted] reported the skeletal is pending, but what they are showing so far is a healing fracture of a rib from the left side. Ms. [redacted] also reported that brain death scan was confirmed, and the time of death was pronounced at 2:23 PM. Ms. [redacted] provided a medical examiner case number ([redacted]). CM [redacted] thanked Ms. [redacted] for the information and ended the call.

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:	2023-09-13 10:21:00	Contact Method:	
Contact Time:	10:21 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/13/2023
Completed date:	09/13/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2023 10:47 AM Entered By: [redacted]

CM [redacted] received a call from Ms. [redacted] (Social Worker at [redacted] Children's Hospital) on 9/13/2023 at 10:21 AM. Also present on the call was Ms. [redacted]. Ms. [redacted] and Ms. [redacted] reported the family is wanting to donate [redacted] organs. CM [redacted] also had TL [redacted] on the phone with her for guidance. Ms. [redacted] reported that the organ donation wouldn't affect the autopsy. Ms. [redacted] reported they are familiar with doing a donation when an autopsy is needed. CM [redacted] advised we would need to confirm with law enforcement that it wouldn't affect their investigation. Ms. [redacted] provided her supervisor's phone number as well ([redacted]).

CM [redacted] called Detective [redacted] with the [redacted] Police Department on 9/13/2023 at 10:27 AM. CM [redacted] asked if the donor process would affect their investigation. Det. [redacted] reported they would just need somebody to observe to ensure that if there was injury it was due to the harvest or it was due to trauma. Det. [redacted] reported he would follow up with his command and CM [redacted] provided Det. [redacted] with Ms. [redacted] and Ms. [redacted] phone numbers.

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:	2023-09-13 09:45:00	Contact Method:	Face To Face
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/13/2023
Completed date:	09/13/2023	Completed By:	[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]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2023 10:16 AM Entered By: [redacted]

CM [redacted] met with Mr. [redacted] at the DCS office on 9/13/2023 at 9:45 AM.

CM [redacted] explained we have a reasonable suspicion for drug use with Mr. [redacted] and wanted to rule it out due to the concerns for [redacted] CM [redacted] asked Mr. [redacted] if he would be willing to submit to a random drug screen. Mr. [redacted] reported he would be willing to submit to a random drug screen. CM [redacted] was present for the drug screen. Mr. [redacted] tested positive for THC only.

CM [redacted] asked Mr. [redacted] where he currently staying. Mr. [redacted] reported he is staying with his father ([redacted] at [redacted], KY [redacted]

CM [redacted] asked Mr. [redacted] if he has any other children. Mr. [redacted] reported he has two daughters, but they are adults. Mr. [redacted] reported his two daughters are [redacted] (28) and [redacted] (23).

CM [redacted] asked Mr. [redacted] if he is working currently. Mr. [redacted] reported his boss doesn't want him to come back to work until this is all figured out. Mr. [redacted] reported his boss would call him if he is really needed.

CM [redacted] explained to Mr. [redacted] to be mindful of following the rules of the IPA. Mr. [redacted] understood and expressed he just wants this to be over with and for [redacted] to get well again. CM [redacted] understood and thanked Mr. [redacted] for coming into the office today for a meeting.

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:	2023-09-13 08:45:00	Contact Method:	Face To Face
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	09/13/2023
Completed date:	09/13/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2023 09:35 AM Entered By: [redacted]

CM [redacted] conducted a walk thru of the family home on 9/13/2023 at 8:45 AM. The home is located at [redacted] TN [redacted] CM [redacted] knocked on the door and received permission to enter the home from Ms. [redacted]

Ms. [redacted] walked CM [redacted] through the home. CM [redacted] captured photos of the home residence. CM [redacted] observed the home as clean and well maintained. CM [redacted] observed the living room, kitchen, and two bedrooms. The home had one and half baths. CM [redacted] observed running utilities and plenty of food in the home. CM [redacted] observed [redacted] and [redacted] room with two twin beds. CM [redacted] observed Ms. [redacted] room and safe sleep practices (bassinet) for [redacted] CM [redacted] observed two small holes in the wall at the bottom of the stairs.

Ms. [redacted] reported [redacted] and [redacted] threw a couple of their toys down the stairs which caused the holes.

CM [redacted] asked Ms. [redacted] where Mr. [redacted] was staying throughout the case. Ms. [redacted] reported Mr. [redacted] is staying somewhere in [redacted] KY, but she doesn't specifically know the address. Ms. [redacted] reported Mr. [redacted] is still requesting that he be able to see [redacted] Ms. [redacted] reported she is not allowing Mr. [redacted] to be around because she doesn't want to mess anything up. CM [redacted] reiterated to Ms. [redacted] how important it is to follow the rules of the IPA. Ms. [redacted] stated she would. CM [redacted] thanked Ms. [redacted] and left the residence.

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:	2023-09-13 08:00:00	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/13/2023
Completed date:	09/13/2023	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: 09/13/2023 09:20 AM Entered By: [redacted]

CM [redacted] met with Ms. [redacted] at the DCS office on 9/13/2023 at 8:00 AM. CM [redacted] explained we needed to put eyes on [redacted] siblings [redacted] (3) and [redacted] (4).

CM [redacted] tried to engage with [redacted] and [redacted] privately and individually at the DCS office. [redacted] and [redacted] began to cry for Ms. [redacted] due to not wanting to leave her and not wanting to speak with CM [redacted]

CM [redacted] observed [redacted] and [redacted] as well groomed, dressed appropriately, happy, healthy, and free from injury - no marks or bruises. CM [redacted] requested that Ms. [redacted] pull up the boy's shirts and pull down their pants to ensure injuries were not present. CM [redacted] was unable to capture photos of the boys due to them squirming and becoming shy and upset about the situation.

CM [redacted] explained we have a reasonable suspicion for drug use with Ms. [redacted] and wanted to rule it out due to the concerns for [redacted] CM [redacted] asked Ms. [redacted] if she would be willing to submit to a random drug screen. Ms. [redacted] reported she would be willing to submit to a random drug screen. Ms. [redacted] reported she may have THC in her system due to occasionally using Marijuana. Ms. [redacted] tested negative for all substances. CM [redacted] witnessed the drug screen.

CM [redacted] explained she needed to conduct a home walk thru of the home residence located at [redacted] TN [redacted] Ms. [redacted] reported she could do that. CM [redacted] advised she would follow Ms. [redacted] to the home residence.

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:	2023-09-12 16:15:00	Contact Method:	
Contact Time:	04:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/12/2023
Completed date:	09/12/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/12/2023 04:45 PM Entered By: [redacted]

CM [redacted] received a call from [redacted] (Social Worker at [redacted] Children's Hospital) on 9/12/2023 at 4:15 PM. Ms. [redacted] reported the first brain death test came back with no brain activity for [redacted] Ms. [redacted] reported the medical team will do a second brain death test either tonight at midnight or tomorrow morning. Ms. [redacted] reported if [redacted] fails that test they will remove him from the life support mechanisms and let him pass. Ms. [redacted] reported she would call CM [redacted] tomorrow with an update.
CM [redacted] thanked Ms. [redacted] for the information and ended the call.

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:	2023-09-11 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/11/2023
Completed date:	09/11/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2023 01:29 PM Entered By: Murphy, Rachael M.

Administrative Review
This immediate response referral was received on 9/9/23 with allegations of Severe Physical Abuse with a Preliminary Near Death indicator. The Alleged Child Victim is [redacted] (2 months) and Alleged Perpetrator is [redacted] birth father. The referral states that the ACV resides with the AP and birth mother. The mother has two other male children who are not biological children of Mr. [redacted] Referral states that the ACV originally been taken to [redacted] where he was unconscious upon arrival. He was life flighted to [redacted] Childrens Hospital. Upon arriving to [redacted] had to be intubated. There are concerns of bilateral subdural hematoma. His scans were pending at the time of the referral. The parents were briefly interviewed by medical staff to inquire what caused [redacted] condition. The mother reported she was at work and does not know what happened. The father reported he was bathing the child when he turned around for a second and heard a thump. He turned back around and states he observed the child unconscious. The father then drove the children to [redacted] and called the mother to meet him there. Case was assigned to Case Manager [redacted] CPIT was convened and Detective [redacted] was assigned, however, Detective [redacted] responded to the hospital to assist as Detective [redacted] was temporarily unavailable. CM [redacted] met Detective [redacted] at [redacted] and observed [redacted] to be intubated with several machines hooked up to him. He had some bruising to his leg and abdomen that were uncommon in shape as they appeared to look like veins. Medical staff were asked about the marks and they stated they were unsure of them as well. The parents were interviewed about the timeline leading up to the incident. The mother reported being at work all day until the father called her to meet him at [redacted] The father reports he had all three children as he had the day off. He reported taking them fishing that morning. He stated he put the two older children in the other room to watch television while he gave [redacted] a bath. He stated that he had [redacted] in an infant bathtub insert that goes inside of the standard bathtub. He stated [redacted] was in the infant bath and he turned around for a second when he heard a thump. He then observed the child unconscious. He struck his back several times and he became conscious again. He then went back unconscious and Mr. [redacted] struck his back again and reported seeing milk come out of [redacted] mouth. [redacted] went unconscious again and started turning blue. He then got all of the children in the car and went to [redacted] He called the mother to meet them there. It was explained that this story of events does not match the childs injuries. Mr. [redacted] continued to deny anything else occurred. This case was then staffed with Team Leader [redacted] as well as Team Coordinator [redacted]. TL [redacted] then contacted on call DCS Attorney [redacted]. The team agreed to complete an Immediate Protection Agreement with the family stating that Mr. [redacted] will have no contact with any of the

Tennessee Department of Children's Services

Case Recording Summary

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

minor children and will leave the home and hospital immediately. The parents agreed to sign and Mr. [redacted] left the hospital. On 9/10/23 TL [redacted] received a phone call from [redacted] PICU Social Worker [redacted] She states that the child continues to show no progress and very minimal brain activity. The CARE team has met and has indicated the injuries are ruled as Abusive Head Trauma. They do not feel his condition is survivable. They will soon begin talking about end of life decisions with the mother. TL [redacted] then received a call on 9/11/23 from [redacted] PICU Social Worker [redacted] She states the case will now be assigned to her. She states that the mother has signed a Do Not Resuscitate on the child. They will be conducting a brain death test on todays date and will likely test again before officially declaring [redacted] as brain dead. SW [redacted] states that they do not believe [redacted] will survive at this time. They have notified the assigned detective and state they believe homicide is getting involved. The legal referral was drafted by CM [redacted] and sent to DCS Attorney [redacted].

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:	2023-09-10 08:17:00	Contact Method:	
Contact Time:	08:17 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/11/2023
Completed date:	09/11/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2023 10:53 AM Entered By: [redacted]

COLLATERAL CONTACT:
CM [redacted] called Alyse (social worker) at [redacted] Children's Hospital on 9/10/2023 at 8:17 AM. [redacted] reported there is still very little brain activity. [redacted] reported there hasn't been end of life discussions with the family yet, but it's possible that may happen. [redacted] reported she would provide updates on [redacted] condition throughout the day. CM [redacted] thanked [redacted] for the information and ended the call.

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:	2023-09-09 21:50:00	Contact Method:	Face To Face
Contact Time:	09:50 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	09/11/2023
Completed date:	09/11/2023	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,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: 09/11/2023 10:52 AM Entered By: [redacted]

CM [redacted] conducted an initial face-to-face at [redacted] Children's Hospital on 9/9/2023 at 9:50 PM.

In order to engage the family, CM [redacted] explained the current report made to the Tennessee Department of Childrens Services and the MRS/Assessment process. CM [redacted] also provided the family with a brochure describing the Multiple Response Approach. CM [redacted] explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, the Release of Information and completed a genogram. CM [redacted] obtained signed acknowledgements of such, and copies have been placed into the file.

NAME	DOB	RELATIONSHIP
[redacted]	[redacted]	ACV
[redacted]	[redacted]	AP - Biological Mother
[redacted]	[redacted]	AP - Biological Father
[redacted]	[redacted]	Half-Brother
[redacted]	[redacted]	Half-Brother

Mr. [redacted] is on the birth certificate for [redacted] Ms. [redacted] and Mr. [redacted] are not married.

FAMILY ADDRESS/PHONE NUMBER:
[redacted] TN [redacted]

NON-CUSTODIAL PARENTS (NAMES/ADDRESSES/PHONE NUMBER):

NAME	RELATIONSHIP	LOCATION	PHONE NUMBER
[redacted]	Punitive Father to [redacted]	Deceased	N/A

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

[redacted] Biological Father to [redacted] Deceased N/A

DCS HISTORY:
Ms. [redacted] reported she doesn't have any prior DCS history.

Mr. [redacted] reported he doesn't have any prior DCS history.

HISTORY WITH LAW ENFORCEMENT:
Ms. [redacted] reported she doesn't have a criminal history.

Mr. [redacted] reported he was arrested for shooting a man for almost raping his adult daughter. Mr. [redacted] reported that was approximately 12-13 year ago.

DOMESTIC VIOLENCE:
Ms. [redacted] reported there is no domestic violence within the home.

Mr. [redacted] reported there is no domestic violence within the home.

SUBSTANCE USE (PRESCRIPTION/ILLEGAL CURRENT/HISTORY):
Ms. [redacted] reported [redacted] was prescribed Vitamin D drops. Ms. [redacted] reported there is no illegal street drug or excessive alcohol use in the home.

Mr. [redacted] reported he takes medications for his heart. Mr. [redacted] reported he doesn't use any illegal street drug or excessive alcohol use in the home.

HOUSING SITUATION (RENT/OWN):
Ms. [redacted] and Mr. [redacted] reported they rent their home for $800/month.

TRANSPORTATION:
Ms. [redacted] reported she has reliable transportation.

Mr. [redacted] reported he has reliable transportation.

EMPLOYMENT/INCOME/CHILD SUPPORT/FOOD STAMPS:
Ms. [redacted] reported she is employed with [redacted] Service and brings home approximately $554/week. Ms. [redacted] reported she doesn't receive child support. Ms. [redacted] reported she doesn't receive SSI for the boys who's father's passed away. Ms. [redacted] reported she doesn't receive food stamps. Ms. [redacted] reported she receives WIC benefits for [redacted]

Mr. [redacted] reported he is employed with [redacted] Service and brings home approximately $645/week.

HEALTH INSURANCE/DOCTOR:
Ms. [redacted] reported [redacted] is covered under TennCare. Ms. [redacted] reported [redacted] goes to [redacted] Medical Group.

FOOD/CLOTHING NEEDS:
Ms. [redacted] reported all their food and clothing needs are being met.

Mr. [redacted] reported all their food and clothing needs are being met.

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

SCHOOL/DAYCARE:
Ms. [redacted] reported the boys go to [redacted] in Sango.

EDUCATIONAL LEVEL (PARENTS):
Ms. [redacted] reported she graduated high school.

Mr. [redacted] reported he completed the 11th grade.

BEHAVIORAL/SPECIAL NEEDS/DISABILITIES:
Ms. [redacted] reported there are no behavioral issues, special needs, or disabilities for anybody in the home.

Mr. [redacted] reported there are no behavioral issues, special needs, or disabilities.

EMOTIONAL/PHYSICAL HEALTH CONCERNS:
Ms. [redacted] reported [redacted] has Asthma.

Mr. [redacted] reported he had heart surgery in 2022.

PARENTING STYLE/DISCIPLINE:
Ms. [redacted] reported if the boys get into trouble she will use timeout or send the boys to their room.

Mr. [redacted] reported he doesn't discipline the children. Mr. [redacted] reported he allows Ms. [redacted] to parent the children.

FAMILY STRENGTHS/RESOURCES/SUPPORTS:
Ms. [redacted] reported she has local friends and family in the area.

Mr. [redacted] reported he has local friends and family in the area.

WEAPONS:
Ms. [redacted] reported there are no weapons in the home.

Mr. [redacted] reported there are no weapons in the home.

COLLATERAL CONTACTS:

NAME	PHONE NUMBER	RELATIONSHIP
[redacted]	[redacted]	Ms. [redacted] Mother
[redacted]	[redacted]	Ms. [redacted] Aunt

ALLEGATION STORY:
CM [redacted] explained the allegation(s) of physical abuse with Ms. [redacted] and Mr. [redacted] privately and individually.

Ms. [redacted] reported she was at work from 8:00 AM to 3:00 PM. Ms. [redacted] reported she left home around 7:40 AM. Ms. [redacted] reported Mr. [redacted] was giving [redacted] a bath and wiping down and he turned around to get a towel and he slipped in the water. Ms. [redacted] reported Mr. [redacted] told her that [redacted] stopped breathing and he started to hit him on the back to get him to start breathing and he spit up milk. Ms. [redacted] reported Mr. [redacted] took [redacted] to the hospital and she left work to meet them at [redacted] Hospital. Ms. [redacted] reported [redacted] was transported via life flight to [redacted] Children's Hospital. Ms. [redacted] reported she and Mr. [redacted] drove down to [redacted] Children's Hospital. Ms. [redacted] reported [redacted] and [redacted] are with her sister ([redacted] [redacted] Ms. [redacted] reported she doesn't believe anybody was

Tennessee Department of Children's Services

Case Recording Summary

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

around [redacted] other than the boys and Mr. [redacted] Ms. [redacted] reported all her children were asleep when she left for work. Ms. [redacted] reported if we call her employer they can vouch for her being there. Ms. [redacted] reported Mr. [redacted] has never shown any type of aggression towards the children. Ms. [redacted] reported she has not questioned Mr. [redacted] story about what happened.

Mr. [redacted] reported he got up around 7:00 AM. Mr. [redacted] reported the children all got up around 8:30 AM. Mr. [redacted] reported he fed the children breakfast and got them ready to go fishing. Mr. [redacted] reported he took the children and went fishing around 10:45 AM. Mr. [redacted] reported he went to [redacted] Co. ([redacted] to go fishing. Mr. [redacted] reported he got back home around 1:30 PM. Mr. [redacted] reported he got the children in the home and put the TV on for [redacted] and [redacted] Mr. [redacted] reported he went upstairs to give [redacted] a bath. Mr. [redacted] reported he was giving [redacted] a bath and rinsed him off. Mr. [redacted] reported when he turned around to get the towel he heard a thump in the baby tub. Mr. [redacted] reported he turned around and snatched him out of the tub. Mr. [redacted] reported when he pulled him from the tub he started hitting him on the back and he started to breathe. Mr. [redacted] reported [redacted] stopped breathing and then he started hitting him on his back again and milk came out of his nose and mouth. Mr. [redacted] reported [redacted] stopped breathing and started to turn purple. Mr. [redacted] reported he then took [redacted] and the other boys to [redacted] Hospital. Mr. [redacted] reported Ms. [redacted] was at work. Mr. [redacted] reported he was the only one around the boys. Mr. [redacted] reported he called Ms. [redacted] on the way to the hospital and she met them at [redacted] Mr. [redacted] reported [redacted] was then life flighted to [redacted] Children's Hospital. Mr. [redacted] denied ever doing anything to [redacted] Mr. [redacted] reported he has never lost his temper with any of the children. Mr. [redacted] reported [redacted] and [redacted] was never left with [redacted] by themselves.

CM [redacted] spoke with Ms. [redacted] and Mr. [redacted] together and asked if they would voluntarily enter into an Immediate Protection Agreement (IPA) where it would restrict Mr. [redacted] access to the children and Mr. [redacted] would not be able to stay at the home residence. Ms. [redacted] and Mr. [redacted] agreed to the IPA and CM [redacted] explained the steps of the NCPP that would need to be completed. Ms. [redacted] and Mr. [redacted] agreed and signed the NCPP.

OBSERVATION OF THE ACV:
CM [redacted] observed [redacted] at [redacted] Children's Hospital on life support. CM [redacted] observed [redacted] as well groomed. CM [redacted] observed bruising to [redacted] torso and right leg. CM [redacted] observed [redacted] at a healthy weight. CM [redacted] captured photos of [redacted] for the case file.

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:	2023-09-09 21:42:00	Contact Method:	
Contact Time:	09:42 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	09/11/2023
Completed date:	09/11/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2023 10:50 AM Entered By: [redacted]

COLLATERAL CONTACT:
CM [redacted] spoke with the [redacted] (RN) on 9/9/2023 at 9:42 PM. It was reported the [redacted] is in critical condition and he is stable at the moment. [redacted] is expected to make it through the evening, but it's unknown if he is still expected to survive. It was reported multiple inter cranial hemorrhages. It was reported Neurology was just in and the EEG isn't looking good due to not having a lot of brain activity if any at all. It was reported the injuries are not consistent with the story that was provided.

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:	2023-09-09 19:43:00	Contact Method:	Phone Call
Contact Time:	07:43 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/11/2023
Completed date:	09/11/2023	Completed By:	[redacted]

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

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2023 10:49 AM Entered By: [redacted]

CM [redacted] called the referent on 9/9/2023 at 7:43 PM to get additional information. It was reported there was no new information to add to the referral. It was reported [redacted] condition has not changed. It was reported the [redacted] is now in the PICU in room number [redacted] There wasn't any new information to add to the referral. CM [redacted] thanks the referent for the information and ended the call.

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:	2023-09-09 19:42:00	Contact Method:	Correspondence
Contact Time:	07:42 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/11/2023
Completed date:	09/11/2023	Completed By:	[redacted]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2023 10:48 AM Entered By: [redacted]

CM [redacted] emailed [redacted] PD and the CPIT team to convene CPIT on 9/9/2023 at 7:42 PM. CM [redacted] received an email from Sgt. [redacted] stated that Detective [redacted] will be assigned to this case.

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:	2023-09-09 19:41:00	Contact Method:	
Contact Time:	07:41 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/11/2023
Completed date:	09/11/2023	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2023 10:47 AM Entered By: [redacted]

OPENING CASE SUMMARY
This case was assigned to [redacted] County Child Protective Services with allegations of Physical Abuse against alleged perpetrator (AP) [redacted] and [redacted] The alleged child victim(s) (ACV) is/are [redacted] It is unknown at this time if the child(ren) are of Native American decent. The local Juvenile Court and the District Attorneys Office are notified of referrals per local protocol. Notification of case assignment to the referent is automatically generated through the DCS CARAT System as requested.

HOUSEHOLD COMPOSITION
The ACV(s) primary household is comprised of the following individuals:
-- ACV: [redacted]
-- Mother (AP): [redacted]
-- Father (AP): [redacted]

BACKGROUND CHECKS
A TFACTS search was performed on 9/9/2023 for DCS history on the family members and other involved individuals and the following results were found:
-- 9/30/2020, # [redacted] - SIU: Restricted

-- 7/14/2017, # [redacted] - ACV: [redacted] - AP: Unknown Participant
Classification: SEE ASPU

A search of the following websites was performed on the family members and other involved individuals and the following results were found:
-- National Sex Offender Public Website: No results found based on information provided.
-- TN Felony Offender Information: No results found based on information provided.
-- Department of Health Abuse Registry: No results found based on information provided.

Tennessee Department of Children's Services

Case Recording Summary

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

-- Drug Offender Registry Database: No results found based on information provided.
-- [redacted] County Criminal County Clerk Website:
[redacted]:
#6[redacted]
Fugitive from Justice Felony Dismissal/[redacted]

Department of Children's Services

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

A. Investigation

Case Name: [redacted]

Investigation ID: [redacted]

Referral Date: 09/09/2023

Assignment Date: 09/15/2023

Street Adress: [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 / CSEM	Classified By / Classified
1	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 12/27/2023
2	[redacted]	[redacted]	Physical Abuse	[redacted]	[redacted], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] 01/11/2024
3	[redacted]	[redacted]	Physical Abuse	[redacted]	[redacted] 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] 01/11/2024
4	[redacted]	[redacted]	Physical Abuse	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 12/27/2023

Preliminary Near Death: [redacted]

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments: This case was presented at CPIT and classified as ASPS for the allegations of abuse death and physical abuse against the father, [redacted] Work Aid 1 A states: 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. Work Aid 1 G states: 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 reported, 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.

An autopsy was completed on the child. The cause of death is blunt force injuries of the head and the manner of death is homicide.

D. Case Workers

Case Worker: [redacted]

Date: 01/11/2024

Team Leader: [redacted]

Date: 01/11/2024

E. Investigation Summary

Department of Children's Services

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

Case Name : [redacted] **Investigation ID:** [redacted]

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:

ACV [redacted] was not observed due to being deceased at the time.

The home was observed to be clean and well maintained.

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

An autopsy was completed on September 13,2023 by Dr. [redacted] with the [redacted] County Medical Examiner. The autopsy stated: "The decedent was a 2-month-old male who admitted to [redacted] Medical Center on 09/09/2023 after the decedent's father witnessed the decedent fall and go unresponsive in the bathtub. The decedent was diagnosed with external bruising to the abdomen and right leg, bilateral retinal hemorrhages, bilateral subdural hematoma, intraparenchymal hemorrhage, and rib fractures. The cause of death is blunt force injuries of the head. The manner of death is homicide."

Registered Nurse, [redacted] from [redacted] Children's Hospital, reported that when [redacted] was life flighted to [redacted] he was in critical condition and it was unknown if he would survive. RN [redacted] reported that [redacted] had multiple intercranial hemorrhages and did not have a lot of brain activity if any at all.

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

The father reported that he got up around 7:00 AM and the children got up around 8:30 AM. The father reported that he fed the children breakfast and took them fishing around 10:45 AM. The father reported that they returned home around 1:30 PM. The father reported he was giving [redacted] a bath upstairs while the other two children were downstairs watching TV. The father reported that he turned around to get a town and heard a thump in the baby tub. The father reported that he turned around and "snatched him out of the tub". The father reported that he started hitting [redacted] on the back and [redacted] started to breathe. The father reported that [redacted] stopped breathing and the father started hitting [redacted] on his back again and milk came out of [redacted] nose and mouth. The father reported that [redacted] stopped breathing and started to turn purple. The father reported that he took [redacted] and the other children to [redacted] Hospital [redacted] The father reported that the mother was at work, and he called her on the way to [redacted] The father reported the mother met him at [redacted] and then [redacted] was life-flighted to [redacted] Children's Hospital. The father denied ever doing anything to [redacted] The father reported he had never lost his temper with any of the children. The father reported that [redacted] was never left alone with the other children.

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

No witnesses to the alleged abuse.

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

An autopsy was completed on the child. The cause of death is blunt force injuries of the head and the manner of death is homicide.

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

Event Type: CPS Case	**Assessment Date: 09/11/2023**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** [redacted] Children's Hospital
Risk Level: High Need/Risk	
Event Start Date: 02/29/2024	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 09/11/2023	**Approver:** [redacted]

PARTICIPANTS

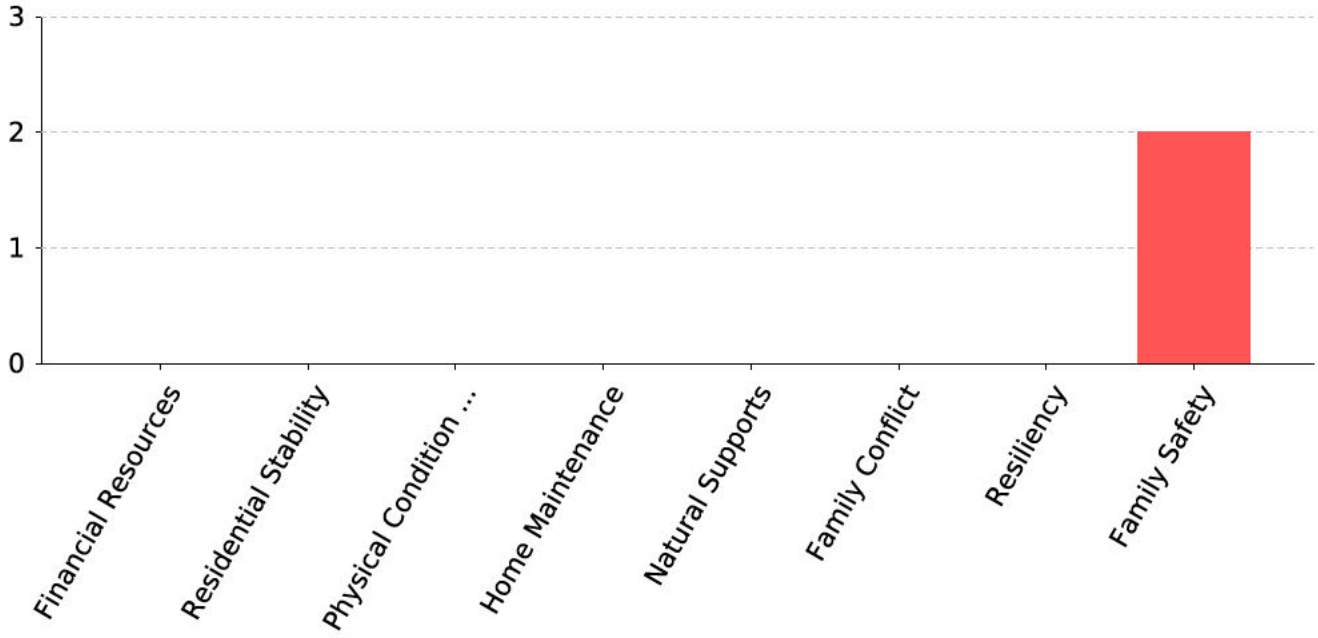
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (AP)	50 Yrs	Caregiver	M	[redacted]	N/A	N/A
[redacted]	23 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted]	Deceased	Youth	M	[redacted]	3	Low
[redacted] (ACV)	4 Yrs	Youth	M	[redacted]	0	Low
[redacted] (ACV)	3 Yrs	Youth	M	[redacted]	0	Low

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

Event Type: CPS Case	**Assessment Date:** 09/11/2023
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).

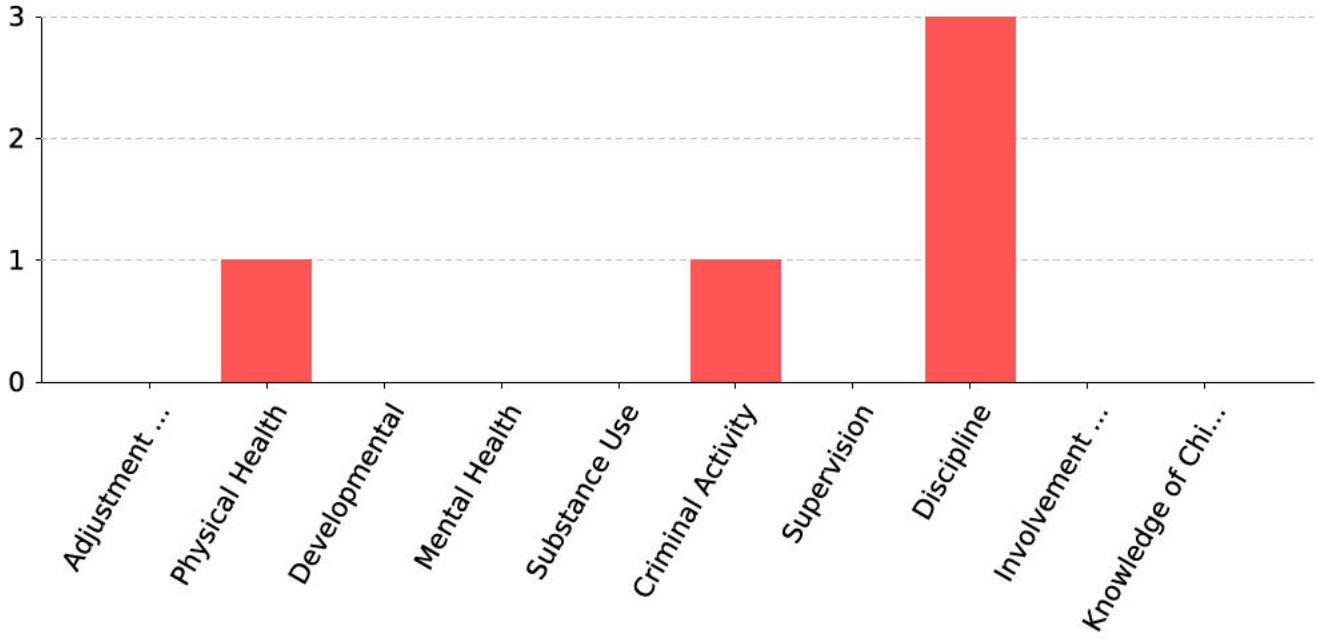


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	2	There are concerns for the safety of the children with Mr. [redacted] being present.

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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

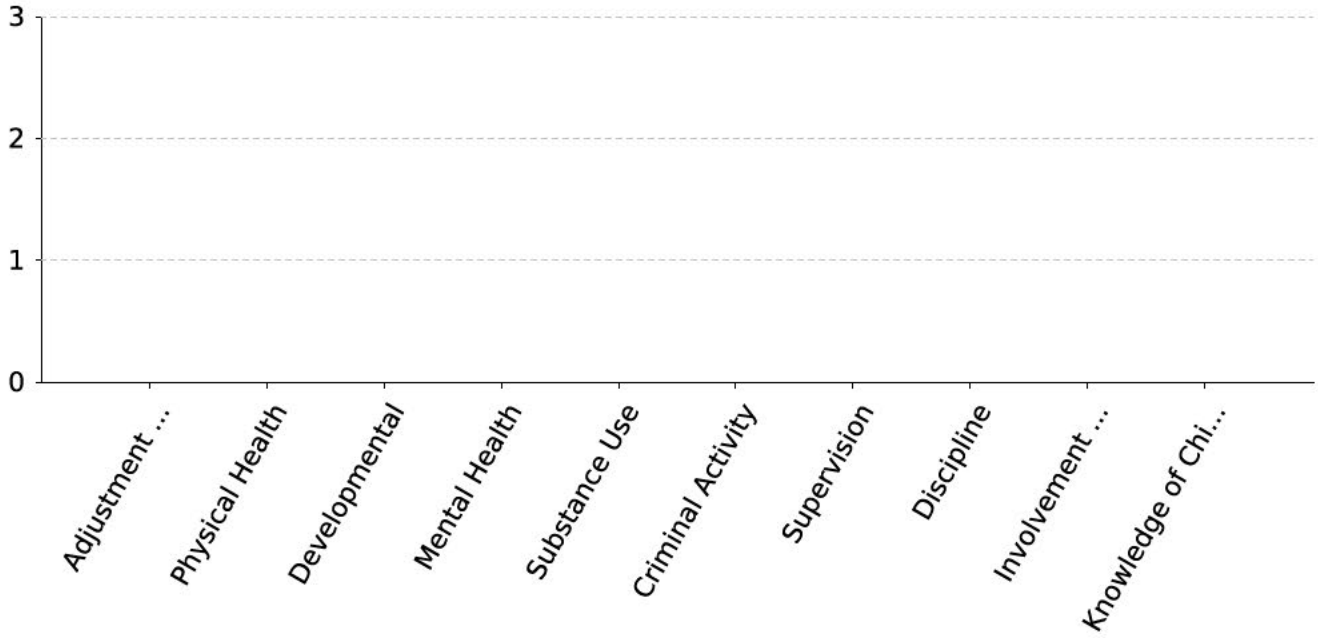


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	1	Mr. [redacted] reported he has heart issues.
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	1	Mr. [redacted] reported he has a criminal history.
Supervision	0	
Discipline	3	Mr. [redacted] was the only one present at the time of [redacted] injuries.
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	

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Event Type: CPS Case	**Assessment Date:** 09/11/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted]	Person ID: [redacted]	Role Primary Caregiver

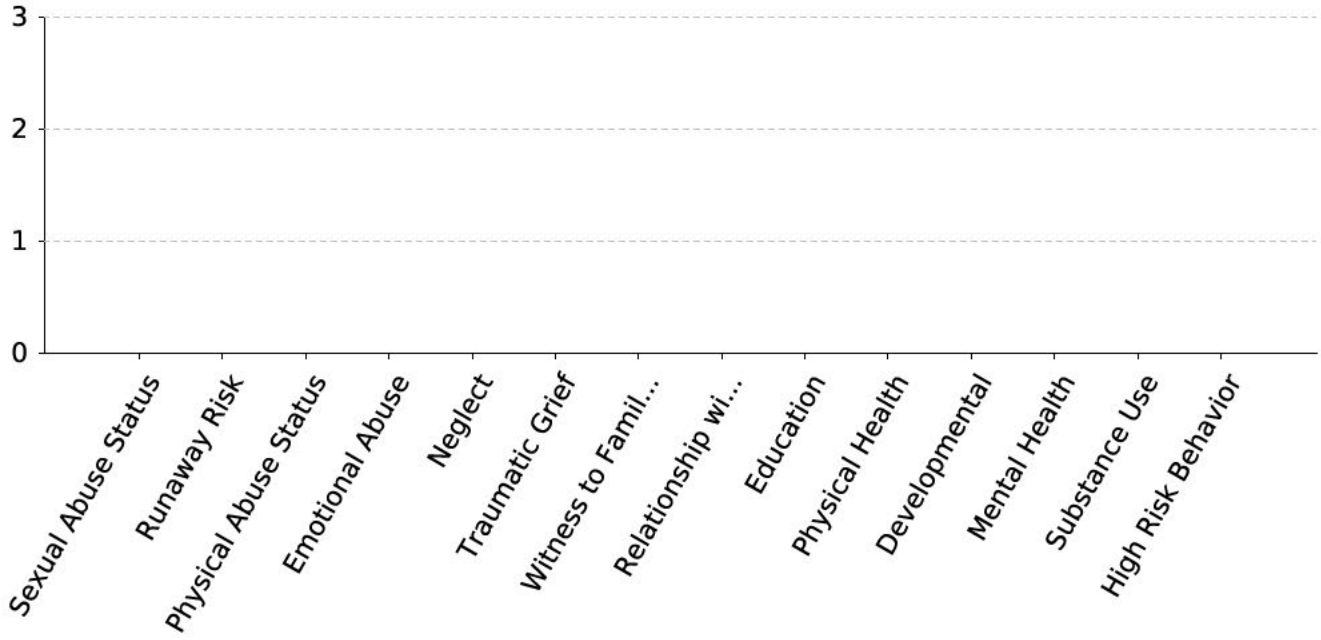


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	

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Event Type: CPS Case	**Assessment Date:** 09/11/2023
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]	Person ID: [redacted]	Age:3 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	[redacted] is too young to attend school.
Physical Health	0	
Developmental	0	

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

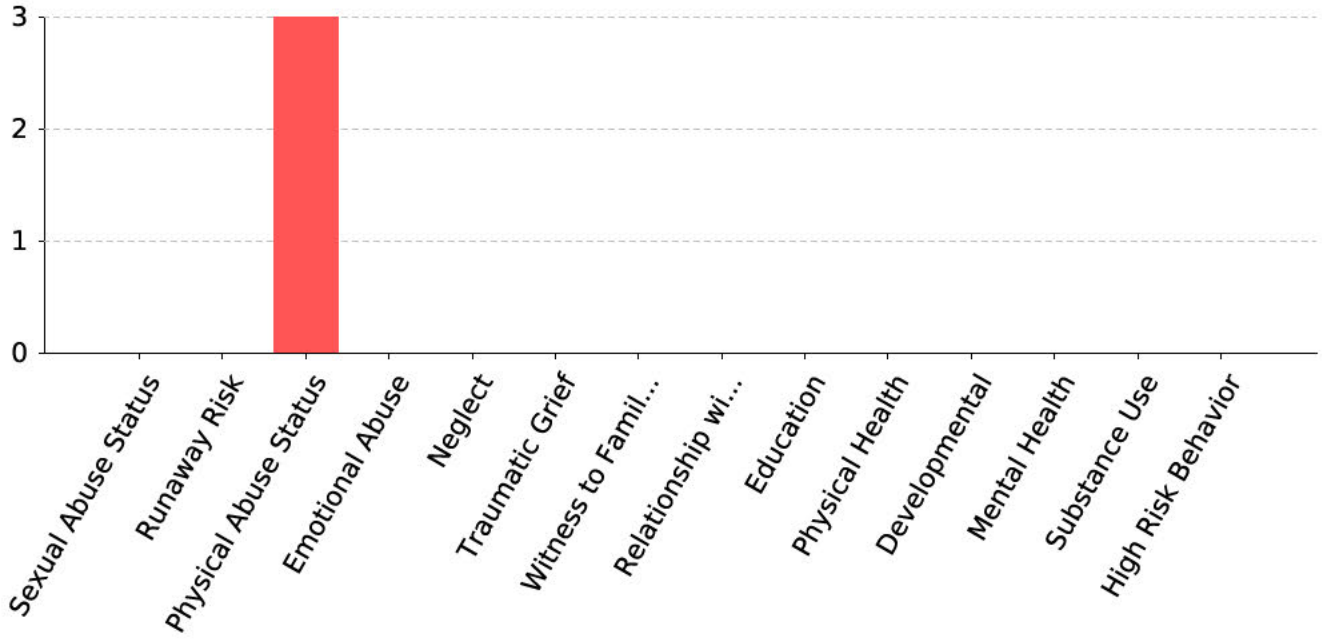
Event Type: CPS Case	**Assessment Date:** 09/11/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	

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

Event Type: CPS Case	**Assessment Date:** 09/11/2023
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]	Person ID: [redacted]	Age:Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	3	[redacted] is on life support and it's expected he will not survive the injuries.
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	[redacted] is too young to attend school.
Physical Health	0	
Developmental	0	

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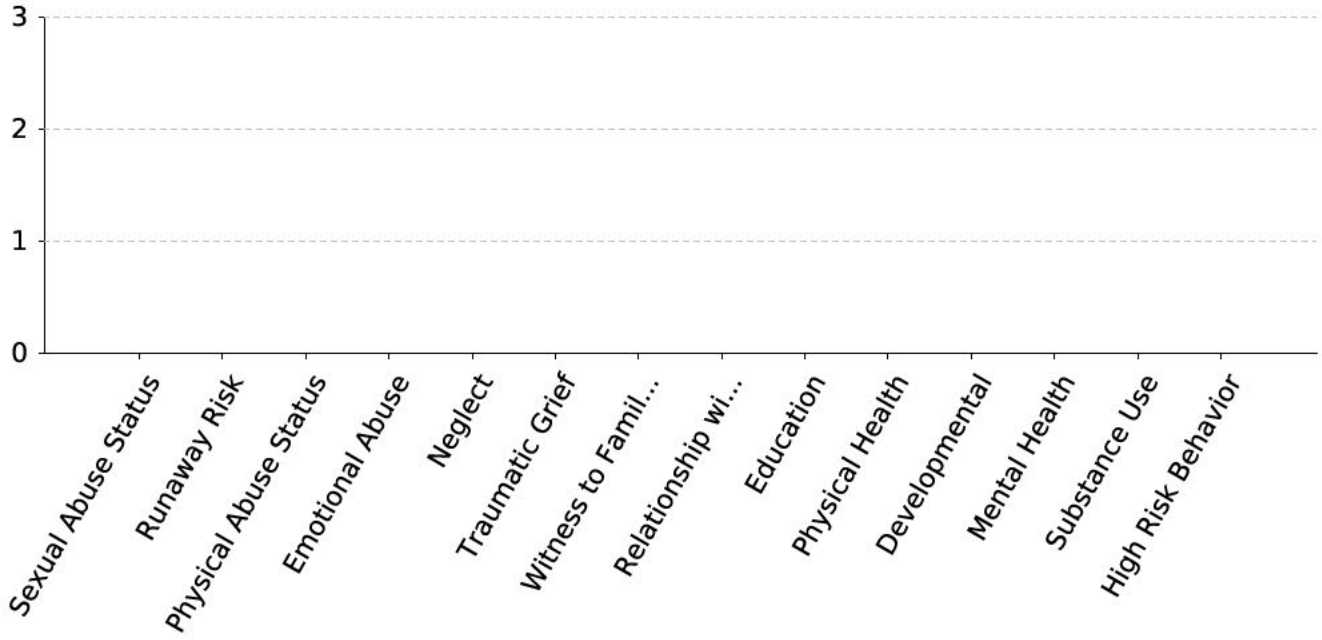
Event Type: CPS Case	**Assessment Date:** 09/11/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	

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FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 09/11/2023
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]	Person ID: [redacted]	Age:4 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	[redacted] is too young to attend school.
Physical Health	0	
Developmental	0	

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Event Type: CPS Case	**Assessment Date:** 09/11/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	