



Tennessee Department of Children's Services  
**Notice of Child Death/Near Death**

Case # 2014.080

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	05/19/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	5/21/2014 @ 11:13 am		
Child's Name:	[REDACTED]	DOB:	[REDACTED]	Person ID:	[REDACTED]	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African Amer	County/Region:	[REDACTED]
Parents' Names:	Mother: [REDACTED]	Father:	[REDACTED]			
Alleged Perpetrator's Name:	[REDACTED]	Relationship to Victim:	none			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					

**Describe (in detail) circumstances surrounding death/near death:**

Investigator [REDACTED] responded to P1 referral for the child, [REDACTED] (1). It was reported that [REDACTED] lives with his mother [REDACTED] (23). The father is [REDACTED] (36) who has contact with [REDACTED]. It is unknown about the parenting plan or custody at this time. [REDACTED] was watching [REDACTED] at [REDACTED] home, while she was at work. [REDACTED] was placed on the counter top by [REDACTED] and he stated that he turned for a few seconds and [REDACTED] fell onto his face from the counter top in the kitchen. [REDACTED] fell on his nose and eye area; it is unknown what side the injuries occurred on at this time. [REDACTED] stated "[REDACTED] was crying so he took [REDACTED] to a room and laid him down." [REDACTED] said that he panicked and waited a few hours before telling [REDACTED] what happened when she got home from work because he was afraid to tell her what happened. [REDACTED] has a head trauma which occurred "hours" before being transported to [REDACTED] hospital (about 4.5 hours earlier) by [REDACTED] and [REDACTED] EMS nor Law Enforcement were contacted by the parents. [REDACTED] wanted to call an ambulance, but [REDACTED] wanted to bring [REDACTED] in, so they drove him to the hospital; it is unknown why he did not want to call EMS. [REDACTED] stated that he knew [REDACTED] needed immediate medical care but says that he panicked after the incident happened. [REDACTED] told the doctor the incident happened about 30 minutes before arriving at the hospital. The doctor did not believe this timeframe. [REDACTED] told the referent when the incident actually occurred. When the doctor learned the actual time of the incident, he stated that "it made a lot more sense." [REDACTED] had to be intubated at the hospital. It is unknown what is broken or what specific injuries there are at this time. The referent stated that it appears that [REDACTED] has some obvious head trauma but no information is known about it at this time. [REDACTED] is currently undergoing tests to determine the extent of his injuries. The doctor told the referent that "if [REDACTED] does survive, there will be some long-term damage to his head due to the severity of the injury." In addition, there are injuries on [REDACTED] body that do not appear fresh and have started to heal up (specifics unknown currently) per the doctor's observation. Both parents are at the hospital currently. Law enforcement is being called to the hospital to respond to this incident currently and the family is aware of LE and DCS being contacted. Note: According to the reporter, it is unknown if there are any other children in the home. However, according to TFACTS there are two other children in the home a 5-year-old male with special needs and a 1-year-old male twin brother also.

**If this is a near death certified by a physician, identify physician by name and provide contact information:**

Name of Physician:	Dr. [REDACTED]	Telephone #	[REDACTED]
Street Address:	[REDACTED]	City/State/Zip:	[REDACTED]

**Describe (in detail) interview with family:**

Investigator [REDACTED] arrived at [REDACTED] Children's Hospital at 11:00p.m on 5/19/2014. When investigator arrived at the hospital the mother, [REDACTED] was very hysterical and was unable to provide any information at the time. Investigator informed the mother who she was and that it was important that she calmed down because she needed to obtain a lot of information from her. The mother took a minute to calm down. Once the mother was at a state to talk to the investigator the mother was asked to give her side of the story of what she know happened. The mother stated that her boyfriend [REDACTED] (38) keeps her children for her while she goes to work. The mother stated that she and her boyfriend have been dating for about seven months. The mother stated that she got off work at about 7:15p.m, but she didn't call for him to pick her up until about 7:45p.m the mother stated that he came to get her at about 8:20pm or 8:30pm.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

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The mother stated that the children were in the car but she really didn't pay attention to the children when she got in the car she just got in and laid back. The mother stated that they arrived at home at about 8:45p.m and as they were getting ready to walk through the door her boyfriend [REDACTED] told her what happened with [REDACTED]. The mother stated that she asked why didn't he just take him to the hospital and he stated that he was scared, the mother stated that she was getting ready to call an ambulance but he told her that it would be best to just drive him in which they did. Investigator asked the mother what did her boyfriend tell what happen and the mother stated that he told her that he was fixing cereal and the twin [REDACTED] was playing on the floor and he was holding [REDACTED] and sat him on the counter while he was fixing the cereal and when he turned around to put the cereal back up the child had fallen on the floor. The mother stated that she asked him why didn't he take him to the hospital and she stated that he said that he didn't know he was scared. Investigator asked the mother where was Mr. [REDACTED] and she stated that he just left about five or ten minutes ago to get something to smoke. Investigator asked the mother how many other children did she have and she stated that she has three other children, [REDACTED] (1), [REDACTED] (6), and [REDACTED] (3). The mother stated that [REDACTED] is disabled and he cannot walk or talk due to him having bacterial meningitis when he was two years of age. The mother stated that [REDACTED] and [REDACTED] was with her cousin, [REDACTED]. The mother stated that the child [REDACTED] is with her paternal grandmother, Mrs. [REDACTED].

**If child was hospitalized, describe (in detail) DCS involvement during hospitalization:**

Investigator spoke with Dr. [REDACTED] about the condition of the baby and she stated that the baby, [REDACTED] did not respond to any of the two IV sticks that were given to the child. The child liver enzyme was elevated and the child eye pupils were currently at a two. The child was currently on a breathing machine. Dr. [REDACTED] stated that the child is in extreme critical conditions and the child condition had worsened within the last hour of him being fixed and dilated. Investigator spoke Dr. [REDACTED] and she stated that tests showed that the child has a skull fracture and bleeding in the brain. Investigator spoke with Dr. [REDACTED] about the condition of the child and he stated that the child has anoxic brain injury, which is no oxygen to the brain. Dr. [REDACTED] stated that the boyfriend initially reported that the accident happened about 30 minutes, but test result showed that the incident occurred hours prior to them coming to the hospital. Dr. [REDACTED] stated that the child had new and old Brain hemorrhage as well as retinal hemorrhage in which the retinal hemorrhage is a sign of shaken baby syndrome.

UPDATE: [REDACTED] died on 5/21/14 @ 1:13 PM [REDACTED].

**Describe disposition of body (Death):** At Medical Examiner's Office

**Name of Medical Examiner/Coroner:** [REDACTED] **Was autopsy requested?**  No  Yes

**Did CPS open an investigation on this Death/Near Death?**  No  Yes

**Was there DCS involvement at the time of Death/Near Death?**  No  Yes

**Type:** N/A **Case #:** N/A

**Describe law enforcement or court involvement, if applicable:**

Law enforcement was called to the scene; Officer [REDACTED]. There was no decision made by law enforcement due to the alleged [REDACTED], not returning to the hospital. Crime scene was called out to go the mother's home where the incident occurred.

**Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):**

Investigator [REDACTED] completed a safety plan with the mother, [REDACTED] and paternal grandmother, [REDACTED] which it stated that the child, [REDACTED] will remain with Mrs. [REDACTED] until other arrangements have been made and the children, [REDACTED] and [REDACTED] will remain with the mother and she is to be protected of the children. The safety plan stated that if the mother's boyfriend is to show up at her home that she is to call the police or she is leave and go to her great grandmother's home Ms. [REDACTED] address of [REDACTED]. The mother agreed to the safety plan in which she signed as well as Mrs. [REDACTED].

Name: [REDACTED]	Age: (3) [REDACTED]
Name: [REDACTED]	Age: (6) [REDACTED]
Name: [REDACTED]	Age: (1) [REDACTED]
Name:	Age:
Name:	Age:

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	05/19/2014
Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):					
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
02/20/14	[REDACTED]	MDM, LOS	[REDACTED]	[REDACTED]	Unable to Complete
3/25/14	[REDACTED]	DEC, PHA	[REDACTED]	[REDACTED]	NSN (PHA); SRNA, SRNR ([REDACTED], Jr.)
6/17/13	[REDACTED]	ENN	[REDACTED]	[REDACTED]	NSN
/ /					
/ /					
/ /					
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person: [REDACTED]			Telephone Number: [REDACTED]		
Case Manager: [REDACTED]			Telephone Number: [REDACTED]		
Team Leader: [REDACTED]			Telephone Number: [REDACTED]		
Team Coordinator: [REDACTED]			Telephone Number: [REDACTED]		
ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, <i>Serious Incident Report</i> to this notice.					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><b>Email to: [REDACTED]</b></p> <p><b>within forty-eight (48) hours of notification</b></p> <p><b>Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</b></p>					



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 05/19/2014 10:03 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 05/20/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned: 05/20/2014 11:05 AM  
 First Team Leader Assigned: [REDACTED] Date/Time: 05/20/2014 12:00 AM  
 First Case Manager: [REDACTED] Date/Time: 05/20/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs	Lack of Supervision	Yes	[REDACTED]	Birth Father
[REDACTED]	2 Yrs	Medical Maltreatment	No	[REDACTED]	Birth Father
[REDACTED]	2 Yrs	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	None

**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: None

Narrative: THIS CHILD IS NOT IN CUSTODY

TFACTS: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS No

Death No





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

Perpetrator's location at this time: At the hospital

Any other safety concerns for the child(ren) or worker who may respond: Unknown

Per SDM: Investigative Track, P1 Immediate assistance is requested. [REDACTED], CM2 on 5/19/2014 at 10:38PM.

Received by [REDACTED] on 05/19/14 @ 11:14 PM.

Notified Child Death Group: [REDACTED]

RA [REDACTED] was also copied on the notification email.



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 37 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]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** Black/African      **Age:** 2 Yrs

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** UNKNOWN

**Contact Comments:** mom's

**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:** 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  
Tennessee Child Abuse Hotline Summary**

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

**Gender:**

**Date of Birth:**

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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/19/2014

Assignment Date: 05/22/2014

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 12/11/2014
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 12/11/2014
3	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 12/11/2014
4	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 12/11/2014
5	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED] Uknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 12/11/2014

Preliminary Near Death: [REDACTED]

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: On September 4, 2014 2014 Child Protective Investigation Team ([REDACTED] County) convened with Sergeant [REDACTED] Police Homicide), District Attorney General [REDACTED] and a member of the [REDACTED] County Child Protective Investigation Team, as required by DCS policy. Team members were in agreement that there is sufficient evidence to substantiate the allegations of Child Neglect Death. A warrant has been issued for the alleged perpetrator, [REDACTED].  
Team Decision: Allegations Substantiated and Perpetrator Substantiated  
Allegations: Neglect Death

**D. Case Workers**

Case Worker: [REDACTED]

Date: 12/11/2014

Team Leader: [REDACTED]

Date: 12/12/2014



**Tennessee Department of Children's Services**  
**Child Protective Service Investigation Summary**  
**and Classification Decision of Child Abuse/Neglect Referral**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

**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:**

Client is deceased.

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

8/25/2014 Autopsy

SUMMARY AND INTERPRETATION ACCORDING TO Dr. [REDACTED]

"At post mortem examination, there are contusions of the head, torso and extremities. The majority of these injuries are located on the scalp and head. Intracranial hemorrhage and ischemic brain injury are present. In Dr. [REDACTED] reports "In my opinion, this death resulted from inflicted traumatic head injury. The ischemic changes are secondary changes that occurred following blunt force injuries of the head. The manner of death is homicide."

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

The alleged perpetrator [REDACTED] has not been seen since the day of the alleged incident.

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

5/19/2014 Case initially assigned to CPSI [REDACTED]. The Department received case on 5/20/2014 alleging LOS and MDM of [REDACTED] (1) lives with his mother [REDACTED] (23). The father is [REDACTED] (36) who has contact with [REDACTED]. It is unknown about the parenting plan or custody at this time. [REDACTED] was watching [REDACTED] at [REDACTED] home, while she was at work. [REDACTED] was placed on the counter top by [REDACTED] and he stated that he turned for a few seconds and [REDACTED] fell onto his face from the counter top in the kitchen. [REDACTED] fell on his nose and eye area; it is unknown what side the injuries occurred on at this time. [REDACTED] stated "[REDACTED] was crying so he took [REDACTED] to a room and laid him down." [REDACTED] said that he panicked and waited a few hours before telling [REDACTED] what happened when she got home from work because he was afraid to tell her what happened. [REDACTED] has a head trauma which occurred "hours" before being transported to [REDACTED] hospital (about 4.5 hours earlier) by [REDACTED] and [REDACTED]. EMS nor Law Enforcement were contacted by the parents. [REDACTED] wanted to call an ambulance, but [REDACTED] wanted to bring [REDACTED] in, so they drove him to the hospital; it is unknown why he did not want to call EMS. [REDACTED] stated that he knew [REDACTED] needed immediate medical care but says that he panicked after the incident happened. [REDACTED] told the doctor the incident happened about 30 minutes before arriving at the hospital. The doctor did not believe this timeframe. [REDACTED] told the referent when the incident actually occurred. When the doctor learned the actual time of the incident, he stated that "it made a lot more sense." [REDACTED] had to be intubated at the hospital. It is unknown what is broken or what specific injuries there are at this time. The referent stated that it appears that [REDACTED] has some obvious head trauma but no information is known about it at this time. [REDACTED] is currently undergoing tests to determine the extent of his injuries. The doctor told the referent that "if [REDACTED] does survive, there will be some long-term damage to his head due to the severity of the injury." In addition, there are injuries on [REDACTED] body that do not appear fresh and have started to heal up (specifics unknown currently) per the doctor's observation. Both parents are at the hospital currently. Law enforcement is being called to the hospital to respond to this incident currently and the family is aware of LE and DCS being contacted.



**Tennessee Department of Children's Services  
Child Protective Service Investigation Summary  
and Classification Decision of Child Abuse/Neglect Referral**

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

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



**Tennessee Department of Children's Services**  
**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: 02/18/2015 Contact Method:  
 Contact Time: 11:33 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 02/18/2015  
 Completed date: 02/18/2015 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: 02/18/2015 11:35 AM Entered By: [REDACTED]

This CPS/CPIT investigation has been completed by CPSI [REDACTED]. I have completed my review of this case and all investigative tasks have been completed.

On 9/4/14, the case was presented to the CPIT Team and they made a collective decision and the allegation of Neglect Death was classified as substantiated. ADA [REDACTED] was present.

A warrant was issued for [REDACTED].

A classified CS-740 will be sent to Juvenile Court for notification to the Judge and the DA.

This case has been read and approved by Deputy Director of Investigations, [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: 10/23/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/26/2014

Completed date: 10/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/26/2014 08:21 AM      Entered By: [REDACTED]

The case of [REDACTED] was with CPSI [REDACTED] today. It was determined the case would continue to remain open to enable CPSI to complete additional 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: 09/25/2014	Contact Method:
Contact Time: 09:00 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 12/17/2014
Completed date: 12/17/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/17/2014 03:12 PM      Entered By: [REDACTED]

**Closing Summary:**

On May 19, 2014 at 10:03pm The Department of Children's Services received a Priority 1 referral with the allegations of Lack of supervision (severe), Medical Maltreatment and Physical Abuse (severe). The victim is reported as [REDACTED] a 13-months old African American Male.

CPSI [REDACTED] interviewed birth mother [REDACTED] at 11:00pm at [REDACTED] Children's Hospital. Ms. [REDACTED] reported that her boyfriend [REDACTED] (boyfriend of 7-months) babysits her children while she goes to work. On 5/19/2014, the day in question Ms. [REDACTED] reported that she left for work around 1:45 pm the children were all fine and Mr. [REDACTED] and the children picked her up from work around 8:30p.m. And although the children were in the car she didn't pay much attention to them because she was tired therefore she laid back in her seat and rested until they arrived home around 8:45p.m. Ms. [REDACTED] reported that Mr. [REDACTED] told her that he had something to tell her reporting a few minute before he picked her up from work he'd sat [REDACTED] on the counter while he fixed a bowl of cereal but when he turned around to put the cereal back in the cabinet [REDACTED] had fallen off the counter on to his face. Mr. [REDACTED] reported that [REDACTED] (twin to victim) was playing on the floor when the incident occurred. Ms. [REDACTED] questioned why he didn't take [REDACTED] to the hospital; Mr. [REDACTED] stated that he was scared. Ms. [REDACTED] went on to report that she attempted to call 911 but Mr. [REDACTED] stopped her by telling her that they would be able to transport [REDACTED] to hospital much quicker than it would take for the ambulance to arrive.

Mr. [REDACTED] was initially present at the hospital to report the incident to hospital officials but left several minutes after arriving to get something to smoke but never returned and hasn't been seen since that time.

Investigator [REDACTED] spoke with Dr. [REDACTED] about the condition of the baby and she stated that the baby, [REDACTED] did not respond to any of the two IV sticks that were given to the child. The child liver enzyme was elevated and the child eye pupils were currently at a two. The child was currently on a breathing machine. Dr. [REDACTED] stated that the child is in extreme critical conditions and the child condition had worsened within in the last hour of him being fixed and dilated. Investigator [REDACTED] spoke Dr. [REDACTED] and she stated that tests showed that the child has a skull fracture and bleeding in the brain.

Investigator spoke with Dr. [REDACTED] about the condition of the child and he stated that the child anoxic brain injury which is no oxygen to the brain. Dr. [REDACTED] stated that boyfriend initially reported that accident happened about 30



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

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

minutes, but test result showed that the incident occurred hours prior to them coming to the hospital. Dr. [REDACTED] stated that the child had new and old Brain hemorrhage as well as retinal hemorrhage in which the retinal hemorrhage is a sign of shaken baby syndrome.

5/19/2014 2:45 am Investigator [REDACTED] observed the three remaining siblings [REDACTED] (6), [REDACTED] Jr (13 months old twin to the deceased) and [REDACTED] (3) at different family members home and they were dressed appropriately with no visible signs of abuse or neglect.

Investigator [REDACTED] completed a safety plan with the mother, [REDACTED] that if the alleged perpetrator came to her home Ms. [REDACTED] is to call the police or go to her great grandmother's home Ms. [REDACTED] at the home address of [REDACTED]. The mother agreed to the safety plan in which she signed.

**DEATH/NEAR DEATH:**

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

**NEGLECT DEATH:**

DCS Policy defines any child death that is the result of the caretaker's failure to meet childcare responsibilities.

**MEDICAL MALTREATMENT:**

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

**PHYSICAL ABUSE:**

DCS Policy defines non-accidental physical trauma or abuse inflicted by a parent or caretaker on a child. Physical abuse also includes but not limited to: A parent or caretaker's failure to protect a child from another person who perpetrated physical abuse on a child; When an injury goes beyond temporary redness, e.g., a bruise, broken bone, cut, burn; When injuries are received due to parental behavior, e.g., domestic violence; or When a child is allegedly struck on parts of the body in such a way that could result in internal injuries. Munchausen Syndrome by Proxy could be considered physical abuse or psychological abuse. On September 4, 2014 2014 Child Protective Investigation Team ([REDACTED] County) convened with Sergeant [REDACTED] ([REDACTED] Police Homicide), District Attorney General [REDACTED] and a member of the [REDACTED] County Child Protective Investigation Team, as required by DCS policy. Team members were in agreement that there is sufficient evidence to substantiate the allegations of Child Neglect Death.

A warrant has been issued for the alleged perpetrator, [REDACTED].

Team Decision: Allegations Substantiated and Perpetrator Substantiated

Allegations: Neglect Death

Perpetrator: [REDACTED]

ACV: [REDACTED]

The alleged perpetrator has not been interviewed due to whereabouts have been unknown since the night of the incident. According to the initial medical consult from Dr. [REDACTED] Assessment: This is a 13-month who presents in critical condition and unresponsive with subdural subarachnoid hemorrhages, significant cerebral edema, bruising, elevated liver enzymes, amylase and bilateral retinal hemorrhages. These injuries are much more severe than what would be expected from a fall. An incident of shaking aroused the patient would not be expected to cause this significant amount of injury either. These injuries are consistent with non-accidental trauma and specifically abusive head trauma. In addition, there appears to have been some delay of care in regards to the significant amount of finding of cerebral edema that was present, as well as the very low body temperature and development of coagulopathy at the time of presentation which would also indicate delay of care from the initial incident. According to the Autopsy submitted but the [REDACTED] County Medical Examiner "At post mortem examination, there are contusions of the head, torso and extremities. The majority of these injuries are located on the scalp and head. Intracranial hemorrhage and ischemic brain injury are present. In Dr. [REDACTED] reports "In my opinion, this death resulted from inflicted traumatic head injury. The ischemic changes are secondary changes that occurred following 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

The case will be closed and classified as Allegation Substantiated and Perpetrator Substantiated for Child Neglect Death, Lack of Supervision, Medial Maltreatment and Physical Abuse.

Narrative Type: Addendum 1    Entry Date/Time: 02/10/2015 09:48 AM    Entered By: [REDACTED]

[REDACTED] was pronounced dead on 5/21/14 at 11:13 AM.

**Alleged Perpetrator**

Initially the alleged perpetrator for the allegation of Physical Abuse was listed as Unknown. However, it was later learned Mr. [REDACTED] was the perpetrator. Mr. [REDACTED] was identified as the perpetrator due to the inconsistency of Mr. [REDACTED] statement that the injury occurred approximately 30 minutes prior to their arrival at the hospital and the medical report which reported the injury had to have occurred hours prior to their arrival. As well as the fact, Mr. [REDACTED] left the hospital to go smoke a cigarette, took Ms. [REDACTED] car and never returned. He has still never been located. Therefore, Mr. [REDACTED] was not interviewed.

**Investigators Involved**

[REDACTED] Child Protective Services' Investigator  
 [REDACTED], Child Protective Services' Investigator

Sgt. [REDACTED] Homicide Detective

**Child Protective Investigative Team**

On 9/4/2014, the [REDACTED] County Child Protective Investigation Team convened with Sergeant [REDACTED] ([REDACTED] Police Homicide), Assistant District Attorney General, [REDACTED] and a member of the [REDACTED] County Child Protective Investigation Team, as required by DCS policy. A warrant has been issued for the alleged perpetrator, [REDACTED]. Mr. [REDACTED] will be charged with Aggravated Child Abuse and First Degree Murder.

Team Decision: Allegations Substantiated and Perpetrator Substantiated

Allegations: Neglect Death

Perpetrator: [REDACTED]

ACV: [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: 09/15/2014

Contact Method: Face To Face

Contact Time: 04:22 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/11/2014 01:03 PM Entered By: [REDACTED]

9/15/2014 CPSI observed [REDACTED] and [REDACTED] at their home located at [REDACTED] Response was made on new investigation # [REDACTED] Ms. [REDACTED] provided a new telephone number of [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 12/12/2014 01:49 PM Entered By: [REDACTED]

Face to Face contact occurred monthly. Updates are in current open investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2014

Contact Method: Correspondence

Contact Time: 02:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/11/2014 11:53 AM Entered By: [REDACTED]

9/4/2014 Child Protective Investigation Team convened with Sergeant [REDACTED] (Police Homicide), District Attorney General [REDACTED] and a member of the [REDACTED] County Child Protective Investigation Team, as required by DCS policy. A warrant has been issued for the alleged perpetrator [REDACTED].

Team Decision: Allegations Substantiated and Perpetrator Substantiated

Allegations: Neglect Death

Perpetrator [REDACTED]

ACV: [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: 09/02/2014	Contact Method:
Contact Time: 01:45 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 12/11/2014
Completed date: 12/11/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:48 AM      Entered By: [REDACTED]

9/2/2014 [REDACTED] paternal grandmother to [REDACTED] reported that she's taken care of [REDACTED] since she was born reporting that Ms. [REDACTED] doesn't have to give her anything she perfectly capable of caring for [REDACTED]. Ms. [REDACTED] reported that Ms. [REDACTED] is a good mother to her children and knows that it can be overwhelming for such a young mother with three children (one being handicapped) which is why she keeps [REDACTED] without any complaints. Ms. [REDACTED] reported that she knows that Ms. [REDACTED] number is disconnected but she usually will have the number back on within a few says.



**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: 09/02/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/11/2014 11:52 AM Entered By: [REDACTED]

9/2/2014 CPSI spoke with [REDACTED] (MGM) who stated that she knows that her granddaughter [REDACTED] has had some financial difficulties and is aware that her telephone number is disconnected. She reports that Ms. [REDACTED] calls her from time to time and would let her know to contact this CPSI.



**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: 09/02/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:51 AM      Entered By: [REDACTED]

9/2/201 CPSI made unsuccessful telephone contact with [REDACTED] (MGM) at [REDACTED] as this number is disconnected.



**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: 08/29/2014

Contact Method: Attempted Face To Face

Contact Time: 04:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:48 AM      Entered By: [REDACTED]

8/29/2014 CPSI 4:45 pm made unsuccessful face to face with family at [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: 08/29/2014

Contact Method:

Contact Time: 04:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:47 AM      Entered By: [REDACTED]

8/29/2014 4:15 pm CPSI made unsuccessful telephone contact with family at [REDACTED]. This number is reported to be disconnected



**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:	08/29/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/11/2014
Completed date:	12/11/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:46 AM      Entered By: [REDACTED]

8/29/2014 AUTOPSY REPORT

CPSI received the Report of Investigation from the Office Of The Medical Examiner [REDACTED] Regional Forensic Center.

[REDACTED] County Examiner: [REDACTED] M.D. Pathologist

State Number: [REDACTED]

Case Number: [REDACTED]

District Attorney: [REDACTED]

Name of Decedent: [REDACTED]

Date of Autopsy: 5/23/2014 9:00 am

According to Dr. [REDACTED]

CAUSE OF DEATH: Traumatic Head Injury

MANNER OF DEATH: Homicide

PATHOLOGICAL DIAGNOSIS:

- Multiple contusions of face and scalp
- Acute subdural hemorrhage, right and left cerebral hemispheres.
- Acute subarachnoid hemorrhage of cerebrum
- Multiple retinal hemorrhages, right and left eyes
- Hemorrhage of retro-orbital optic nerve sheaths.
- Contusions of the torso and extremities.

SUMMARY AND INTERPRETATION ACCORDING TO Dr. [REDACTED]

"At post mortem examination, there are contusions of the head, torso and extremities. The majority of these injuries are located on the scalp and head. Intracranial hemorrhage and ischemic brain injury are present. In Dr. [REDACTED] reports "In my opinion, this death resulted from inflicted traumatic head injury. The ischemic changes are secondary changes that occurred following 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

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2014

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/26/2014 08:50 AM      Entered By: [REDACTED]

The case of [REDACTED] has been reviewed. It is currently 38 days past due. However, the autopsy report for [REDACTED] has not been completed. Therefore, this case will remain open until the autopsy report has been completed and the case is staffed in CPIT.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/25/2014

Contact Method:

Contact Time: 04:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/11/2014 01:01 PM Entered By: [REDACTED]

8/25/2014 CPSI spoke with [REDACTED] with [REDACTED] stating that the counselor was not able to make contact with Ms. [REDACTED] due to the telephone being disconnected.



**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: 08/13/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/11/2014 11:46 AM Entered By: [REDACTED]

8/13/2014 CPSI received shot records from the [REDACTED] Health Center for twins [REDACTED] and [REDACTED] [REDACTED] Copy in case file. No previous health concerns reported.



**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: 08/01/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:45 AM      Entered By: [REDACTED]

8/1/2014 CPSI submitted referral to [REDACTED] for Grief Counseling.



**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: 07/21/2014	Contact Method: Face To Face
Contact Time: 11:45 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/11/2014
Completed date: 12/11/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:43 AM      Entered By: [REDACTED]

7/21/2014 CPSI observed [REDACTED] and [REDACTED] to be dressed appropriately (very neatly) with no visible signs of abuse or neglect. Ms. [REDACTED] explained that she did in fact receive this CPSI message about making face to face contact with [REDACTED] therefore she had his aunt dropped him off her at her home so that this CPSI could see him. This CPSI thanked Ms. [REDACTED]. Ms. [REDACTED] went on to report that [REDACTED] is wheelchair bound due to having Cerebral Palsy which was a result of him contracting meningitis when he was 2-years old. Ms. [REDACTED] reports that he's non-verbal developmentally delayed and will attend [REDACTED] Elementary in the fall. Ms. [REDACTED] reports that [REDACTED] neurologist is Dr. [REDACTED] at [REDACTED] Children's Hospital. Ms. [REDACTED] went on to report that she hadn't heard from the alleged perpetrator Mr. [REDACTED] emotionally asking this CPSI why he hasn't been caught yet. This is CPSI stated that she would need to speak with the officer assigned to her case. CPSI observed parent child interaction to be appropriate. Although Ms. [REDACTED] refuses counseling this CPSI will submit referral.



**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: 07/21/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:44 AM      Entered By: [REDACTED]

7/21/2014 CPSI contacted the [REDACTED] Regional Forensic Center Office of Medical Examiner requesting a copy of the autopsy report. CPSI informed by [REDACTED] that the report is incomplete and when the report is complete their office will notify the Department.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/07/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:39 AM      Entered By: [REDACTED]

7/7/2014 CPSI left message for Ms. [REDACTED] requesting to make face to face with [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: 07/07/2014

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/11/2014

Completed date: 12/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:38 AM      Entered By: [REDACTED]

7/7/2014 CPSI made unsuccessful telephone contact with [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: 06/20/2014	Contact Method: Face To Face
Contact Time: 04:15 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/11/2014
Completed date: 12/11/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/11/2014 11:35 AM      Entered By: [REDACTED]

6/20/2014 4:15 pm CPSI observed [REDACTED] to be dressed appropriately with no visible signs of abuse or neglect. CPSI attempted to engage and speak with child regarding allegations but client held on to her mother's leg hiding behind her not wanting her to leave the room.

This CPSI requested permission to enter the family home. Birth mother [REDACTED] allowed this CPSI to enter the home. Ms. [REDACTED] reported that since her son died [REDACTED] has been with her paternal grandmother [REDACTED] family reporting that on the night in question 6/18/2014 [REDACTED] spent the night with her. Ms. [REDACTED] reports that on the night before [REDACTED] was with his father [REDACTED] and [REDACTED] has been with paternal grandmother [REDACTED] since school ended. Ms. [REDACTED] reports that she and [REDACTED] fell asleep in her bed while watching television reporting that her sister [REDACTED] (doesn't reside in the home) had already fell asleep on the couch. She reports that her sister left the home early without having a key to lock the security door or letting someone know that she was leaving so that someone could lock the security door behind her. She reported that [REDACTED] was in the bed with her and no one was aware that she'd gotten out of the bed and walked out the front door reporting that she can open the door on her own. Ms. [REDACTED] went on to explain that the front door locks are low but the locks on the steel security doors are usually locked but her sister must have forgotten to let someone know to come lock the security doors when she left. Ms. [REDACTED] reports she woke up a few minutes before 8 am because [REDACTED] was bringing [REDACTED] back home after spending the night with him when Mr. [REDACTED] saw that the police were outside (same building) with [REDACTED] Ms. [REDACTED] reports that [REDACTED] was returned to her safe and sound immediately. She reports that the neighbor that contacted the police reported that [REDACTED] was standing on the sidewalk alone for several minutes before he contacted the police. Ms. [REDACTED] reports that this has never happened before and will ensure that everyone that enters or exit the home is aware that the security/screen door is to be locked at all times. Ms. [REDACTED] reports that [REDACTED] will be returning to [REDACTED] (PGM) home on today. Ms. [REDACTED] went on to report that she and [REDACTED]. (father to [REDACTED] and [REDACTED]) relationship has always been rocky and both reported that they have decided not to reside in the home same home reporting that he was in the home mostly for support after [REDACTED] passed. Ms. [REDACTED] would not speak with this CPSI and did not provide a new address. Mr. [REDACTED] dropped [REDACTED] off and left the home.

CPSI observed the home to have a front and back exit to the home, both having white wood doors with door knobs and locks placed lower than the average door. CPSI observed a steel gate with locks (average height) on both entrances that are currently working.

CPSI observed [REDACTED] to be dressed appropriately with no visible signs of abuse or neglect. CPSI attempted to engage



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] but [REDACTED] would not get close to CPSI at all staying close to his mother.

## Home Composition:

[REDACTED] aka [REDACTED] birth mother

[REDACTED], sibling

[REDACTED] is currently residing with paternal grandmother [REDACTED].

[REDACTED] is currently residing with paternal grandmother [REDACTED] for the summer.

CPSI observed the home to be somewhat cluttered with clothing and children's toys but furnished appropriately with no visible safety concerns.

Witness [REDACTED] reported that on the day in question he has to be at work 8 am and saw [REDACTED] on the front porch alone around 7:15 am. He reports that he didn't see any adults outside and [REDACTED] didn't respond to his question. Mr. [REDACTED] reported that he was pressed for time therefore he contact the police and the family were located immediately. Ms. [REDACTED] reported that he hadn't seen [REDACTED] in the apartment complex before today.

[REDACTED] reported on the day in question she fell asleep on her sister's couch and though she was leaving before waking anyone in the home up. She reports that she forgot to tell her sister that she was leaving and wasn't awake enough to notice that [REDACTED] was walking behind her. She reports that she resides in the same apartment complex. Ms. [REDACTED] reported that it was an isolated incident and would not happen again.



**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: 06/20/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/10/2015

Completed date: 02/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/10/2015 09:44 AM      Entered By: [REDACTED]

CPSI completed a referral for [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: System Completed

Contact Date: 06/19/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2014

Completed date: 08/15/2014

Completed By: System Completed

Purpose(s):

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/14/2014 04:06 PM      Entered By: [REDACTED]

6/19/2014 4pm CPSI made unsuccessful telephone contact with referent.



**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: 06/19/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2014

Completed date: 08/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2014 04:03 PM Entered By: [REDACTED]

6/19/2014 CPSI received Correspondence via email as reported: Reporter states: [REDACTED] (4 years) lives with her mother [REDACTED] and father [REDACTED].

On June 18, 2014 at 7:43 am, the [REDACTED] Police Department was dispatched due to the child wondering around the apartment complex. The complainant [REDACTED] /neighbor/ apartment [REDACTED] called the police after the child [REDACTED] wandered up to his door. [REDACTED] had walked out of an unsecured door.

[REDACTED] was missing for about an hour and 15 minutes. It took police approximately 30 minutes to locate the parents. The parents were unaware that [REDACTED] had left the home. The parents were sleeping when [REDACTED] left the home. The parents were not under the influence of any substance to the reporter's knowledge. [REDACTED] had no apparent injuries from today's incident. She is being checked out by EMS for safety precautions.

No arrests will be made at this time. There will be further investigation



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/17/2014

Contact Method:

Contact Time: 03:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/11/2014

Completed date: 08/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 10:07 AM Entered By: [REDACTED]

6/17/2014 Aunt, [REDACTED] reported that she observes the family regularly reporting that she didn't know Mr. [REDACTED] very well but knows that Ms. [REDACTED] works very hard to care for her children and that she's a good mother. Ms. [REDACTED] reported that there are no concerns regarding the children safety or wellbeing.



**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: 06/17/2014	Contact Method: Face To Face
Contact Time: 01:00 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/10/2014
Completed date: 08/10/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Sibling Interview/Observation,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 08/10/2014 11:15 PM      Entered By: [REDACTED]

6/17/2014 CPSI observed sibling [REDACTED] and [REDACTED] at the DCS Office located [REDACTED]. CPSI observed siblings to be dressed appropriately with no visible signs of abuse or neglect. [REDACTED] being held by his father and not wanting to get down. [REDACTED] played with the toys in the play room while this CPSI spoke with her mother privately.

This CPSI explained to Ms. [REDACTED] the results from the medical consult from Dr. [REDACTED] on 5/20/2014 stating that [REDACTED] had a closed fracture of distal end of radius (healing broken arm bone). Ms. [REDACTED] denied having any knowledge of [REDACTED] arm being broken several weeks ago. She reports that she noticed no change in his physical activities that would suggest he was in pain or suffered from an injury.

Appearance of Children: Children appeared to be healthy and normal in terms of development. There were no indications of developmental delays or any other problems that would benefit from intervention.

Ms. [REDACTED] reported that she hasn't had any contact from the alleged perpetrator [REDACTED]. She reports that she wished that the police could find him. Ms. [REDACTED] became emotional speaking about [REDACTED]. She reports that she feels like [REDACTED] twin [REDACTED] feels his brother's absence reporting that he was home with the alleged perpetrator when the alleged incident occurred and maybe he saw what happened to his brother but because he can't speak they'll never know. This CPSI questioned if she had any contact information on the family of the alleged perpetrator or if he had any children of his own. Ms. [REDACTED] reported that she believes he has children of his own but didn't have any information on them at this moment but would contact a few people to find out what she could. Ms. [REDACTED] reported that the children's father [REDACTED] has been staying in the home since the passing of [REDACTED] to assist her with their remaining children reporting that she's afraid to leave the children with anyone besides their father and her mother. This CPSI questioned if a referral could be submitted for her and her family to receive grief counselling she declined.

Mr. [REDACTED] reported that he's been residing in the home since the passing of his son [REDACTED]. He reports that he doesn't know anything about the alleged incident and that he'd only met the alleged perpetrator reporting that he didn't know anything about him. Mr. [REDACTED] stated that he just wants the police to find him. This CPSI spoke with Mr. [REDACTED] regarding the medical report on [REDACTED] and he is consistent with Ms. [REDACTED] in reporting that there was no indication that his arm was hurting or injured. This CPSI offered services to Mr. [REDACTED] and he declined.

This CPSI observed parent child interaction to be appropriate. The children hugged and smiled with parents during this visit. Both parents appear to be protective and supportive of children. Ms. [REDACTED] was observed to be emotional throughout the interview. Mr. [REDACTED] was somewhat distant and vague in speaking about Mr. [REDACTED] and the family emotional health since the incident occurred possibly due to lack of knowledge.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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Narrative Type: Addendum 2    Entry Date/Time: 02/10/2015 09:44 AM    Entered By: [REDACTED]

CPSI suggested daycare for [REDACTED] however birth parents stated that they wanted to keep [REDACTED] within their sights therefore they'll be keeping him to ensure his safety.

Narrative Type: Addendum 1    Entry Date/Time: 08/11/2014 09:52 AM    Entered By: [REDACTED]

Ms. [REDACTED] denies that there is any substance abuse or domestic violence concerns within the home. Ms. [REDACTED] denies that anyone in the home has any mental health concerns as well.



**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:	06/17/2014	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/21/2014
Completed date:	10/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 10/21/2014 12:28 PM      Entered By: [REDACTED]

6/17/2014

Background check on [REDACTED] [REDACTED]

Vulnerable Persons Registry: No Match

TBI Felony Offender check: OMIS ID# [REDACTED]

-Birth Date: [REDACTED]-Supervision Status: Parole- Sentenced Begin 2/18/2013- Sentenced End Date: 3/10/2016

TBI Meth Offender background check: No Match

TBI Sex Offender background check: No Match

JSSI: 4/19/2012 Theft of Property \$500-\$1000/HTS Waived Prelim Hear

3/17/2009 Aggravated Cruelty To Animals /HTS Waived Prelim Hear

8/27/2001 Cruelty to Animals /Found Guilty

10/11/2001 Aggravated Robbery /Held to State Prob Cau

Criminal Attempt Felony/Held to State Cau

Aggravated Robbery/ Criminal Court Indict

8/27/1999 Possession of Controlled Substance /Found Guilty

9/16/1999 Assault/Found Guilty

6/28/1997 Criminal Assault/Released without Charge

6/28/1997 Aggravated Assault/ Released without Charge

Over 20 Misdemeanor Driving and Vehicle Violations

TFACTS Background on [REDACTED] (AP):

\*Date: 10/15/2009

Investigation: [REDACTED]

Client [REDACTED], [REDACTED] and [REDACTED]

Allegation: PSY and DEC

Perpetrator: [REDACTED], birth father

Classification: Services Recommended and Accepted



**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: 06/17/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/11/2014

Completed date: 08/11/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/11/2014 10:09 AM      Entered By: [REDACTED]

6/17/2014 CPSI contacted the [REDACTED] Regional Forensic Center Office of Medical Examiner requesting a copy of the autopsy report. CPSI informed by [REDACTED] that the report is incomplete and when the report is complete their office will notify the Department.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/16/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 06:17 PM Entered By: [REDACTED]

6/16/2014 CPSI was able to speak with Ms. [REDACTED] CPSI apologized because it sounded as if Ms. [REDACTED] was asleep. Ms. [REDACTED] reported that she'd forgotten about her appointment but it's been too many things going and she was really exhausted. Ms. [REDACTED] reported that she and her family could come to the DCS Office Building located at [REDACTED] to speak with this CPSI on 6/17/2014 at 1pm. All parties agreed.



**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: 06/03/2014

Contact Method: Attempted Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 06:13 PM      Entered By: [REDACTED]

6/3/2014 Ms. [REDACTED] was a no show for the scheduled appointment. CPSI made unsuccessful telephone contact with Ms. [REDACTED] CPSI left a message.



**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: 05/30/2014

Contact Method:

Contact Time: 03:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 06:10 PM      Entered By: [REDACTED]

5/30/2014 Ms. [REDACTED] scheduled appointment with this CPSI for June 3 at 9 am.



**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: 05/27/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 06:04 PM Entered By: [REDACTED]

5/27/2014 CPSI made unsuccessful telephone contact with Ms. [REDACTED] Ms. [REDACTED] apologized stating that things have been really hectic and she forgot to give Ms. [REDACTED] my message.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/23/2014

Contact Method: Attempted Face To Face

Contact Time: 05:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 05:55 PM      Entered By: [REDACTED]

5/23/2014 5:45 pm CPS made unsuccessful face to face with family at [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: 05/23/2014

Contact Method:

Contact Time: 03:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 05:54 PM      Entered By: [REDACTED]

5/23/2014 CPSI made unsuccessful telephone contact with Ms. [REDACTED]. Ms. [REDACTED] (MGM) reported that Ms. [REDACTED] was at the hospital because they were in the process of obtaining [REDACTED] organs. Ms. [REDACTED] reported that she'd have her daughter contact this CPSI.



**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: 05/23/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 05:50 PM Entered By: [REDACTED]

5/23/2014 CPSI staffed case with Program Coordinator [REDACTED]. CPSI was given directive to get a statement from the birth mother regarding the healing broken arm bone of the twin [REDACTED] as medical reports have stated.

Narrative Type: Addendum 1 Entry Date/Time: 07/02/2014 06:13 PM Entered By: [REDACTED]

PC [REDACTED] explained that Dr [REDACTED] reported that the broken arm was in a healing state reporting that it would not need medical attention for it.



**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: 05/23/2014	Contact Method:
Contact Time: 01:00 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/02/2014
Completed date: 07/02/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 05:45 PM      Entered By: [REDACTED]

5/23/2014 CPSI received medical consult date 5/20/2014 from [REDACTED] Children's Hospital on the two remaining siblings in the home at the time of the alleged incident: [REDACTED] (twin to the deceased) DOB [REDACTED] and [REDACTED] DOB: [REDACTED].

[REDACTED]: 13-month old with twin in PICU with abusive head trauma. No obvious bony abnormalities. Small bruise on left cheek. Osseous survey and LFT's pending. PT neurologically intact. No history of altered mental status, vomiting. Incidental finding of reactive lymph nodes. Diagnosis: Closed fracture of distal end of radius.

[REDACTED] Summary: Patient is a 6-year old with cerebral palsy and developmental delay whose sibling is currently in the PICU with abusive head trauma. Patient does not have any obvious indications of Non Accidental Trauma. He does have linear scars on his face of unknown etiology.



**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: 05/23/2014 Contact Method:  
Contact Time: 10:00 AM Contact Duration: Less than 45  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 08/10/2014  
Completed date: 08/10/2014 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/10/2014 11:15 PM Entered By: [REDACTED]

5/23/2014 Background check on [REDACTED]  
Vulnerable Persons Registry: No Match  
TBI Felony Offender check: No Match  
TBI Meth Offender background check: No Match  
TBI Sex Offender background check: No Match  
JSSI background check: 10/25/2010 Theft of Property \$500 or less/Dismissed  
Background check on [REDACTED]:  
Vulnerable Persons Registry:  
TBI Felony Offender check:  
TBI Meth Offender background check:  
TBI Sex Offender background check:  
JSSI background check: 7/8/2011 Domestic Assault-Bodily Harm/Vandalism \$500 or less/Found Guilty  
10/2/2012 Possession Of Controlled Substance Marijuana [REDACTED]  
9/12/2013 Domestic Assault Bodily Harm/ [REDACTED]  
This CPSI will conduct background checks on the alleged the perpetrator Mr. [REDACTED] as there have been several name changes and possible dates of birth.  
TFACTS background check:  
\*Date: 6/19/2013  
Investigation: [REDACTED]  
Client: [REDACTED]  
Allegation: ENN  
Perpetrator: [REDACTED]  
Classification: No Services Needed  
\*Date: 3/27/2013  
Investigation: [REDACTED]  
Client: [REDACTED]  
Allegation: DEC and PHA  
Perpetrator: [REDACTED] and [REDACTED]  
Classification: Services Recommended and Accepted for [REDACTED] and [REDACTED] for DEC  
Services Recommended and Refused for [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

No Services Needed for the PHA ([REDACTED] AP).

\*Date: 3/28/2013

Investigation: [REDACTED]

Client: [REDACTED]

Allegation: DEC

Perpetrator: [REDACTED]

Classification: AUPU

Narrative Type: Addendum 1    Entry Date/Time: 08/11/2014 10:52 AM    Entered By: [REDACTED]

\*Date: 2/20/2014

Investigation: [REDACTED]

Client: [REDACTED]

Allegation: MDM and LOS

Perpetrator: [REDACTED]

Classification: Unable to Complete



**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:	05/23/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/14/2014
Completed date:	08/14/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 08/14/2014 04:01 PM      Entered By: [REDACTED]

\*5/23/2014 Background check on [REDACTED]  
 Vulnerable Persons Registry: No Match  
 TBI Felony Offender check: No Match  
 TBI Meth Offender background check: No Match  
 TBI Sex Offender background check: No Match  
 JSSI background check: 10/25/2010 Theft of Property \$500 or less/Dismissed  
 \*Background check on [REDACTED]: No Match  
 Vulnerable Persons Registry: No Match  
 TBI Felony Offender check: No Match  
 TBI Meth Offender background check: No Match  
 TBI Sex Offender background check: No Match  
 JSSI background check: 7/8/2011 Domestic Assault-Bodily Harm/Vandalism \$500 or less/Found Guilty  
 10/2/2012 Possession of Controlled Substance Marijuana/Nolle Proesqui  
 9/12/2013 Domestic Assault Bodily Harm/ Nolle Proesqui  
 \*This CPSI will conduct background checks on the alleged the perpetrator Mr. [REDACTED] as there have been several name changes and possible dates of birth.

TFACTS background check:

\*Date: 6/19/2013

Investigation: [REDACTED]

Client: [REDACTED]

Allegation: ENN

Perpetrator: [REDACTED]

Classification: No Services Needed

\*Date: 3/27/2013

Investigation: [REDACTED]

Client: [REDACTED]

Allegation: DEC and PHA

Perpetrator: [REDACTED]

Classification: Services Recommended and Accepted for [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Services Recommended and Refused for [REDACTED]  
No Services Needed for the PHA ([REDACTED] AP).

\*Date: 3/28/2013

Investigation: [REDACTED]

Client: [REDACTED]

Allegation: DEC

Perpetrator: [REDACTED]

Classification: AUPU

\*Date: 2/20/2014

Investigation: [REDACTED]

Client: [REDACTED]

Allegation: MDM and LOS

Perpetrator: [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: 05/21/2014

Contact Method:

Contact Time: 05:22 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 05:19 PM      Entered By: [REDACTED]

5/21/2014 Received confirmation that client [REDACTED] expired on 5/21/2014 at 11:13 am.



**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: 05/21/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 05:18 PM      Entered By: [REDACTED]

5/21/2014 Received confirmation that client [REDACTED] expired on 5/21/2014 at 11:13 am.



**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: 05/21/2014 Contact Method:  
 Contact Time: 12:20 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/02/2014  
 Completed date: 07/02/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 03:39 PM Entered By: [REDACTED]  
 LI called Central Intake and notified staff [REDACTED] (Investigation # [REDACTED] had passed away at 11:13 AM.



**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: 05/21/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 06:21 PM      Entered By: [REDACTED]

5/21/2014 CPIT convened. This case was reviewed by [REDACTED] at the Child Advocacy Center and was determined that the case will be coordinated with the [REDACTED] Police Department.



**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: 05/20/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: ██████████

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: ██████████

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 04:25 PM Entered By: ██████████

5/19/2014 Case initially assigned to CPSI ██████████ CPSI received case on 5/20/2014 alleging LOS and MDM of ██████████

██████████ (1) lives with his mother, ██████████ (23). The father is ██████████ (36) who has contact with

██████████. It is unknown about the parenting plan or custody at this time.

██████████ was watching ██████████ at ██████████ home, while she was at work. ██████████ was placed on the counter top by ██████████ and he stated that he turned for a few seconds and ██████████ fell onto his face from the counter top in the kitchen. ██████████ fell on his nose and eye area; it is unknown what side the injuries occurred on at this time. ██████████ stated "██████████ was crying so he took ██████████ to a room and laid him down." ██████████ said that he panicked and waited a few hours before telling ██████████ what happened when she got home from work because he was afraid to tell her what happened.

██████████ has a head trauma which occurred "hours" before being transported to ██████████ hospital (about 4.5 hours earlier) by ██████████ and ██████████ EMS nor Law Enforcement were contacted by the parents. ██████████ wanted to call an ambulance, but ██████████ wanted to bring ██████████ in, so they drove him to the hospital; it is unknown why he did not want to call EMS. ██████████ stated that he knew ██████████ needed immediate medical care but says that he panicked after the incident happened. ██████████ told the doctor the incident happened about 30 minutes before arriving at the hospital. The doctor did not believe this timeframe. ██████████ told the referent when the incident actually occurred. When the doctor learned the actual time of the incident, he stated that "it made a lot more sense."

██████████ had to be intubated at the hospital. It is unknown what is broken or what specific injuries there are at this time. The referent stated that it appears that ██████████ has some obvious head trauma but no information is known about it at this time. ██████████ is currently undergoing tests to determine the extent of his injuries. The doctor told the referent that "if ██████████ does survive, there will be some long-term damage to his head due to the severity of the injury." In addition, there are injuries on ██████████ body that do not appear fresh and have started to heal up (specifics unknown currently) per the doctor's observation. Both parents are at the hospital currently. Law enforcement is being called to the hospital to respond to this incident currently and the family is aware of LE and DCS being contacted.



**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: 05/20/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/02/2014 05:04 PM      Entered By: [REDACTED]

5/20/2014 Final Consult from Dr. [REDACTED]:

Assessment: This is a 13-month who presents in critical condition and unresponsive with subdural subarachnoid hemorrhages, significant cerebral edema, bruising, elevated liver enzymes, amylase and bilateral retinal hemorrhages. These injuries are much more severe than what would be expected from a fall. An incident of shaking aroused the patient would not be expected to cause this significant amount of injury either. These injuries are consistent with non-accidental trauma and specifically abusive head trauma. In addition, there appears to have been some delay of care in regards to the significant amount of finding of cerebral edema that was present, as well as the very low body temperature and development of coagulopathy at the time of presentation which would also indicate delay of care from the initial incident.



**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: 05/20/2014	Contact Method:
Contact Time: 01:22 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/20/2014
Completed date: 05/20/2014	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: 05/20/2014 01:26 PM      Entered By: [REDACTED]

On May 19, 2014 at 10:03 PM [REDACTED] a P-1 referral was called into Central Intake. The referral was screened into [REDACTED] County @ 11:14 PM [REDACTED] with the allegations of Physical Abuse, Lack of Supervision, and Medical Maltreatment. The alleged victim is [REDACTED]. The alleged perpetrator is [REDACTED], non relative. The referral was assessed and assigned by Lead Investigator [REDACTED] on 5/20/14 to Investigator, [REDACTED]. Response time was met by Investigator [REDACTED]. It is unknown at this time if the child(ren) are of Native American descent. The referent letter was mailed on 5/20/14. Juvenile Court and the District Attorney are notified of referrals and classification within 7 days per local protocol and policy.



**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: 05/19/2014 Contact Method: Face To Face  
 Contact Time: 11:00 PM Contact Duration: Less than 04 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 05/22/2014  
 Completed date: 05/22/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face,Medical Exam,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/22/2014 05:47 PM Entered By: [REDACTED]

Investigator [REDACTED] responded to P1 referral for the child, [REDACTED] (1). It was reported that [REDACTED] lives with his mother, [REDACTED] (23). The father is [REDACTED] (36) who has contact with [REDACTED]. It is unknown about the parenting plan or custody at this time. [REDACTED] was watching [REDACTED] at [REDACTED] home, while she was at work. [REDACTED] was placed on the counter top by [REDACTED] and he stated that he turned for a few seconds and [REDACTED] fell onto his face from the counter top in the kitchen. [REDACTED] fell on his nose and eye area; it is unknown what side the injuries occurred on at this time. [REDACTED] stated "[REDACTED] was crying so he took [REDACTED] to a room and laid him down." [REDACTED] said that he panicked and waited a few hours before telling [REDACTED] what happened when she got home from work because he was afraid to tell her what happened. [REDACTED] has a head trauma which occurred "hours" before being transported to [REDACTED] hospital (about 4.5 hours earlier) by [REDACTED] and [REDACTED]. EMS nor Law Enforcement were contacted by the parents. [REDACTED] wanted to call an ambulance, but [REDACTED] wanted to bring [REDACTED] in, so they drove him to the hospital; it is unknown why he did not want to call EMS. [REDACTED] stated that he knew [REDACTED] needed immediate medical care but says that he panicked after the incident happened. [REDACTED] told the doctor the incident happened about 30 minutes before arriving at the hospital. The doctor did not believe this timeframe. [REDACTED] told the referent when the incident actually occurred. When the doctor learned the actual time of the incident, he stated that "it made a lot more sense." [REDACTED] had to be intubated at the hospital. It is unknown what is broken or what specific injuries there are at this time. The referent stated that it appears that [REDACTED] has some obvious head trauma but no information is known about it at this time. [REDACTED] is currently undergoing tests to determine the extent of his injuries. The doctor told the referent that "if [REDACTED] does survive, there will be some long-term damage to his head due to the severity of the injury." In addition, there are injuries on [REDACTED] body that do not appear fresh and have started to heal up (specifics unknown currently) per the doctor's observation. Both parents are at the hospital currently. Law enforcement is being called to the hospital to respond to this incident currently and the family is aware of LE and DCS being contacted. Note: According to the reporter, it is unknown if there are any other children in the home. However, according to TFACTS there are two other children in the home a 5-year-old male with special needs and a 1-year-old male twin brother also.

Investigator [REDACTED] arrived at [REDACTED] Children's hospital at 11:00p.m on 5/19/2014. When investigator



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

arrived at the hospital the mother, [REDACTED] was very hysterical and was unable to provide any information at the time. Investigator informed the mother who she was and that it was important that she claimed down because she needed to get a lot of information from her. The mother took a minute to claim down. Once the mother was at a state to talk to the investigator the mother was asked to give her side of the story of what she know happened. The mother stated that her boyfriend [REDACTED] (38) keeps her children for her while she goes to work. The mother stated that she and her boyfriend have been dating for about seven months. The mother stated that she got off work at about 7:15p.m, but she didn't call form him to pick her up until about 7:45p.m the mother stated that he made to get her at about 8:20p.m or 8:30p.m. The mother stated that the children were in the car but she really didn't pay attention to the children when she got in the car she just got in and laid back. The mother stated that they arrived at home at about 8:45p.m and as they were getting ready to walk through the door her boyfriend [REDACTED] told her what happened with [REDACTED]. The mother stated that she asked why didn't he just take him to the hospital and he stated that he was scared the mother stated that she was getting ready to call an ambulance but he told her that it would be best to just drive him in which they did. Investigator asked the mother what did her boyfriend tell what happen and the mother stated that he told that he was fixing cereal and the twin [REDACTED] was playing on the floor and he was hold [REDACTED] and sat him on the counter while he was fixing the cereal and when he turned around to put the cereal back up the child had fallen on the floor. The mother stated that she asked him why didn't he take him to the hospital and she stated that he said that he didn't know he was scared. Investigator asked the mother where was Mr. [REDACTED] and she stated that he just left about five or ten minutes ago to get something to smoke. Investigator asked the mother how many other children did she have and she stated that she three other children, [REDACTED] (1), [REDACTED] (6), and [REDACTED] (3). The mother stated that [REDACTED] is disabled and he cannot walk or talk due to him having bacterial meningitis when he was two years of age. The mother stated that [REDACTED] and [REDACTED] was with her cousin, [REDACTED]. The mother stated that the child [REDACTED] is with her maternal grandmother, Mrs. [REDACTED].

Investigator spoke with Dr. [REDACTED] about the condition of the baby and she stated that the baby, [REDACTED] did not respond to any of the two IV sticks that were given to the child. The child liver enzyme was elevated and the child eye pupils were currently at a two. The child was currently on a breathing machine. Dr. [REDACTED] stated that the child is in extreme critical conditions and the child condition had worsened within in the last hour of him being fixed and dilated. Investigator spoke Dr. [REDACTED] and she stated that tests showed that the child has a skull fracture and bleeding in the brain.

Investigator spoke with Dr. [REDACTED] about the condition of the child and he stated that the child anoxic brain injury which is no oxygen to the brain. Dr. [REDACTED] stated that boyfriend initially reported that accident happened about 30 minutes, but test result showed that the incident occurred hours prior to them coming to the hospital. Dr. [REDACTED] stated that the child had new and old Brain hemorrhage as well as retinal hemorrhage in which the retinal hemorrhage is a sign of shaken baby syndrome.

Investigator went to the home address of [REDACTED] the child [REDACTED] was observed to be clean and well groomed. The child was wearing a red shirt and blue jeans. The child was lying in the bed observed sleeping but he awoke when the investigator began to take a picture of him. The child, [REDACTED], was observed sleeping as well but he awoke and then sat up. The child was wearing a white shirt and khaki pants. There were no marks or bruises observed on the child's face, legs or arms.

Investigator went to the home address of [REDACTED] see the child [REDACTED]. The child was observed wearing a pink and white night gown. The child was observed to be clean and well groomed. The child was not very talkative due to it being 2:45 a.m.

Investigator [REDACTED] completed a safety plan with the mother [REDACTED] and paternal grandmother, [REDACTED] which it stated that the child, [REDACTED] will remain with Mrs [REDACTED] until other arrangements have been made and the children, [REDACTED] and [REDACTED], will remain with the mother and she is to be protected of the children. The safety plan stated that if the mother's boyfriend is to show up at her home that she is to call the police or she is leave and go to her great grandmother's home Ms. [REDACTED] at the home address of [REDACTED]. The mother agreed to the safety plan in which she signed as well as Mrs. [REDACTED].