



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 08/20/2014 12:01 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/20/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 08/20/2014 09:27 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 08/20/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 08/20/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 7 Mos	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: E-mail

Narrative: TFACTS:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated No,

Death No



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Screened out No

History (not listed above): No

DUPLICATE REFERRAL: (No)

County: [REDACTED]  
 Notification: (Email)  
 School/ Daycare: (Unknown)  
 Native American Descent: (None)  
 Directions: (None)

Reporter's name/relationship: [REDACTED] [REDACTED] [REDACTED]

The family's address is listed under the oldest child victim.

Reporter states [REDACTED] (1yr 5 months) is not in DCS custody.

[REDACTED] and [REDACTED] [REDACTED] 2 years old brother, live with [REDACTED], their mother and [REDACTED] their maternal grandmother.

[REDACTED] is currently at [REDACTED] Hospital with her mother and grandmother. [REDACTED] is at the hospital for a traumatic head injury. [REDACTED] arrived at the hospital by ambulance at 10:33 p.m. on August 19, 2014. The mother and the grandmother said [REDACTED] was at home all day with the grandmother while the mother was at school. The grandmother said [REDACTED] was fine and acted normal all day. It was reported [REDACTED] laid down sometime before 7:30 p.m. on August 19, 2014. The grandmother said [REDACTED] woke up and vomited. The grandmother said she cleaned up [REDACTED] and she went back to sleep. There were no reports of [REDACTED] having any type of fall prior to her vomiting.

The grandmother said she left home with both children while they picked up the mother from school at about 9:00 p.m. The grandmother said they returned home and the mother put [REDACTED] on the bed and went and got something to drink. Sometime between 9:10 p.m. and 9:15 p.m, the mother heard [REDACTED] cough so she checked on her. The mother said [REDACTED] had vomited and was unresponsive. It is believed the mother then called 911 and [REDACTED] was transported to the hospital.

[REDACTED] is not alert and is using a ventilator to help her breathe at this time [REDACTED] was examined and has a large acute right frontal/parietal/templesubdural hematoma with a severe mass effect. [REDACTED] also has a 1.4 centimeter leftward midline shift. There was no scalp swelling or fractures noted. [REDACTED] has a significant brain bleed and this injury can be considered a near death.

[REDACTED] is going to be transferred to [REDACTED] Hospital by [REDACTED]. The name of a contact person at the hospital is not available at this time.

Officer [REDACTED] with the [REDACTED] Police Department is currently at the hospital. Officer [REDACTED] has taken a police report and his report number is [REDACTED]

Special Needs or Disabilities: None.

Child's current location/is the child safe at this time: [REDACTED] is currently at [REDACTED] Hospital.

Perpetrator's location at this time: Unknown

Any other safety concerns for the child (ren) or worker who may respond: None known.

Per SDM: Investigative Track, P1. [REDACTED] CM2 on 8/20/14 @ 12:59 a.m.

Recipients	Time Issued	Response Received	Devices	Responses
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[REDACTED] 08-20-14 01:18:47 AM [REDACTED] --- [REDACTED]  
Automated Email Response  
08-20-14 01:18:47 AM [REDACTED] 08-20-14 01:19:37 AM [REDACTED] [REDACTED] Received  
Email notification sent to [REDACTED]  
Email notification sent to [REDACTED] 08-20-14 @ 01:22am, [REDACTED]



**Tennessee Department of Children's Services  
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**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 48 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:**

**Date of Birth:**

**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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:**

**Race:** Black/African

**Age:** 2 Yrs 7 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:**

**Participant ID:** [REDACTED]

**SSN:**

**Race:** Black/African

**Age:** 3 Yrs (Est)

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

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]  
 Referral Date: 08/20/2014  
 Street Address: [REDACTED]  
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]  
 Assignment Date: 08/20/2014

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	*Allegation Substantiated / Perpetrator Unknown	Yes	[REDACTED]
	[REDACTED]	[REDACTED]			[REDACTED]			[REDACTED]
2	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Unknown	Yes	[REDACTED]
	[REDACTED]	[REDACTED]			[REDACTED]			[REDACTED]

Preliminary Near Death: [REDACTED]

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: On September 26, 2014, CPSI [REDACTED] convened with CPIT. All participants agreed to substantiate the case due to the physician's report, which stated that it is possible homicide; plus, the mother's statement was inconsistent with the initial interview. This case will be closed as Allegation Substantiated / Perpetrator Substantiated.  
 On February 13, 2015, CPSI, [REDACTED] convened with CPIT for the second time concerning possible prosecution on the mother, [REDACTED]. Because the case continues to be worked by [REDACTED] it has not been decided by the DA to prosecute the mother. Also, CPIT is waiting for autopsy on [REDACTED].  
 On May 22, 2015, CPSI, [REDACTED] convened with CPSI for the third time. Continue to wait on pending autopsy for possible prosecution on the mother, [REDACTED].

**D. Case Workers**

Case Worker: [REDACTED]  
 Team Leader: [REDACTED]

Date: 10/28/2015  
 Date: 10/28/2015

**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:**

Due to the child's age and cognitive level, she was unable to be interviewed. However, the child was viewed on a ventilator at [REDACTED] Hospital. Later the child died.



**Tennessee Department of Children's Services**  
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Case Name : ██████████

Investigation ID: ██████████

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

CPSI, ██████████ drove to ██████████ ██████████ of ██████████ Office to obtain autopsy report on ██████████.

Pathological diagnoses:

1. Abrasions and contusions of head and face.
2. Subgaleal, subdural, and subarachnoid hemorrhages:
  - A. Status post right craniectomy, recent.
  - B. Hypoxic-ischemic encephalopathy.
    - 1) Status post organ donation
3. No congenital anomalies.
4. Length and weight appropriate for age.
5. Head circumference greater than 95th percentile of age

Cause of death: Blunt force injuries to head

Manner of Death: Homicide

Circumstances of death: Assaulted by other (s)

This is the subsequent test in ██████████ dual testing protocol for cessation of all brain function indicating brain death.

██████████ meets criteria for death by neurologic criteria, and the time of completion of this exam series, 8/22/14 at 20:25, is the official time of death recorded in the patient's chart.

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

According to the mother, after attending school at ██████████ from 6 p.m. to 9 p.m., the grandmother, ██████████, age 47 years old, transported the mother home. The children were also in the vehicle. After returning home, the grandmother informed her that while the mother was at school, at 7:30 p.m., the daughter vomited at home. After the discussion, the mother laid ██████████ in the bed and left the room to drink a Sprite Soda. The mother stated that she heard ██████████ cough and returned to the bedroom to check on her. The mother stated that she observed ██████████ vomiting on her blanket. She stated that she also observed ██████████ eyes to be partially open and her body was limp. The mother stated that she turned ██████████ over; pat her on the back to release the vomit and to wake her. She stated that she was unsuccessful; ██████████ continued to be unresponsive. After a few tries, at 10:00 p.m., the mother called 911. The mother also stated that she has a son, ██████████ age 2 years old, who has been diagnosed with autism. She stated that ██████████ has been violent towards ██████████ in the past. She stated that on several occasions, he has pushed her down and into the wall. In fact, yesterday, ██████████ ran to the mother crying after ██████████ and ██████████ were playing.

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

On August 20, 2014, CPSI, ██████████ received a P-1 referral pertaining allegations of physical abuse. According to the referent, ██████████ is currently at ██████████ Hospital with her mother and grandmother. ██████████ is at the hospital for a traumatic head injury. ██████████ arrived at the hospital by ambulance at 10:33 p.m. on August 19, 2014. The mother and the grandmother said ██████████ was at home all day with the grandmother while the mother was at school. The grandmother said ██████████ was fine and acted normal all day. It was reported ██████████ laid down sometime before 7:30 p.m. on August 19, 2014. The grandmother said ██████████ woke up and vomited. The grandmother said she cleaned up ██████████ and she went back to sleep. There were no reports of ██████████ having any type of fall prior to her vomiting.



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

Case Name : ██████████

Investigation ID: ██████████

The grandmother said she left home with both children while they picked up the mother from school at about 9:00 p.m. The grandmother said they returned home and the mother put ██████████ on the bed and went and got something to drink. Sometime between 9:10 p.m. and 9:15 p.m, the mother heard ██████████ cough so she checked on her. The mother said ██████████ had vomited and was unresponsive. It is believed the mother then called 911 and ██████████ was transported to the hospital.

██████████ is not alert and is using a ventilator to help her breathe at this time. ██████████ was examined and has a large acute right frontal/parietal/templesubdural hematoma with a severe mass effect. ██████████ also has a 1.4 centimeter leftward midline shift. There was no scalp swelling or fractures noted. ██████████ has a significant brain bleed and this injury can be considered a near death.

██████████ is going to be transferred to ██████████ Hospital by life flight.

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

Based on the evidence, the only possible perpetrators are ██████████ or ██████████ who had access to ██████████. It is more likely that the mother is the perpetrator, but DCS does not presently have a preponderance of evidence to say this is so. This case will be closed and Classified as Allegation Substantiated, Perpetrator Unknown.

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



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/28/2015	Contact Method:	
Contact Time:	11:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/03/2015
Completed date:	11/03/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 11/03/2015 01:57 PM      Entered By: [REDACTED]  
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/28/2015	Contact Method:	
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Entered By:	[REDACTED]	Recorded For:	[REDACTED]
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Case Status: Close

Organization: [REDACTED] Region

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Organization: [REDACTED] Region

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**Participant(s)**

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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/28/2015

Contact Method:

Contact Time: 11:50 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/03/2015

Completed date: 11/03/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/03/2015 01:57 PM      Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 10/19/2015

Contact Method:

Contact Time: 05:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/19/2015

Completed date: 10/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 10/19/2015 05:05 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Investigations United received a referral on 08/20/2014 with [REDACTED] allegations of Child Neglect Death regarding non-custodial child [REDACTED]

[REDACTED] an infant was found in the mother's home unresponsive. According to the mother, after attending school at [REDACTED] from 6 p.m. to 9 p.m., the grandmother, [REDACTED] age 47 years old, transported the mother home.

The children were also in the vehicle. After returning home, the grandmother informed her that while the mother was at school, at 7:30 p.m., the daughter vomited at home. After the discussion, the mother laid [REDACTED] in the bed and left the room to drink a Sprite Soda. The mother stated that she heard [REDACTED] cough and returned to the bedroom to check on her. The mother stated that she observed [REDACTED] vomiting on her blanket. She stated that she also observed [REDACTED] eyes to be partially open and her body was limp. The mother stated that she turned [REDACTED] over; patted her on the back to release the vomit and to wake her. She stated that she was unsuccessful; [REDACTED] continued to be unresponsive. After a few tries, at 10:00 p.m., the mother called 911.

The mother also stated that she has a son, [REDACTED] age 2 years old, who has been diagnosed with autism. She stated that [REDACTED] has been violent towards [REDACTED] in the past. She stated that on several occasions, he has pushed her down and into the wall. In fact, yesterday, [REDACTED] ran to the mother crying after [REDACTED] and [REDACTED] were playing. [REDACTED] was pronounced deceased on 8/22/14 at 8:25 p.m.

The investigation into this incident was conducted by The Tennessee Bureau of Investigation Agent; [REDACTED] Police Sgt. [REDACTED] and DCS Investigator Unit Lead Investigator, [REDACTED] and Investigator, [REDACTED]

The report to DCS listed "Unknown" as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted by medical staff and law enforcement.

As part of the investigation, past medical records from [REDACTED] Hospital concerning [REDACTED] were obtained. The medical records indicated that she was well, no health issues.

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

child's caretaker's failure to stop another person's direct

3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the to [REDACTED] County (CPIT) Child Protective Investigation Team on 9-26-14 and finally reconvened on 9-18-15.

There is a preponderance of evidence to substantiate the allegation of Child Neglect Death.

When the incident occurred, there were four individuals residing in the home; the mother, [REDACTED] grandmother, [REDACTED] [REDACTED], age 18 months old and [REDACTED] 2 years old.

On August 20, 2014, the mother provided a statement to [REDACTED]  
 "I go to [REDACTED] College from 6 p.m. to 9 p.m. all day. Today, while I was at home, my daughter [REDACTED] was playing and doing fine. My mom told me when I got home that [REDACTED] threw up around 7:30 p.m. When I got home, I checked on her and she was fine. My mom picked me up from school and both my kids were in the car seats. My son, [REDACTED] was not sleep. He's 2 and autistic [REDACTED] has been violent toward [REDACTED] before. He will push her down and things He pushed her once before and she hit the wall. Earlier today, [REDACTED] came running to me crying and I picked her up. She was playing with [REDACTED] before she ran to me. [REDACTED] is 18 months old. Tonight when I first got home, I went to check on her. I noticed she had thrown up on her blanket and I turned her over so she could get the throw up out of her and I tried to wake her but she wouldn't respond. I tickled her and she still didn't respond. I called 911 after that. It was around 9:10 p.m. that [REDACTED] started throwing up after I got home. Her eyes were partially open and her body was limp. I kept patting her back and trying to get her to wake her up. But I couldn't get her up."

On August 21, 2014, grandmother, [REDACTED] provided a statement to CPSI, [REDACTED] She informed the investigator that earlier on the day of the incident, she was at the doctor's office and [REDACTED] was left alone with her children, [REDACTED] and [REDACTED]. (CPSI, [REDACTED] obtained medical records from Dr. [REDACTED] that confirmed that the grandmother was present at the doctor's office on August 19th at 8:45 a.m. Dr. [REDACTED] signed the medical report at 2:00 p.m.) On the same day, CPSI, [REDACTED] interviewed [REDACTED] Physician [REDACTED] concerning [REDACTED] prognoses. She stated that [REDACTED] injuries were symptoms pertaining to "Shaken Baby Syndrome".

On September 2, 2014, [REDACTED] submitted a polygraph. During the polygraph test, the mother was asked several questions.

Q: "Did you hit [REDACTED] head that day?"

A: "No."

Question: "Are you the person that hit [REDACTED] head that day?"

A: "No."

Following the test it was determined by TBI agent, [REDACTED] that [REDACTED] showed deception in her test. [REDACTED] admitted that prior to her going to school, around lunchtime, that [REDACTED] was crying for her cup and she went to the bedroom to get it for her. [REDACTED] went on to say that [REDACTED] allowed her into the bedroom and she [REDACTED] did not realize that she had. As [REDACTED] was turning around, she stated that [REDACTED] was at her legs trying to grab her legs and she spun around quickly knocking [REDACTED] into the wood door frame of her closet. [REDACTED] also stated that following that, [REDACTED] tripped over some shoes and hit her head again on the right side. When asked why [REDACTED] did not tell anyone about this earlier, she advised that she was afraid and did not want anyone to look at her differently.  
 The autopsy reported:

Summary: Pertinent findings at autopsy include a well-nourished, well-developed black female toddler with weight and length appropriate for age; no congenital anomalies; a recent craniotomy; diffuse ischemic changes and edema throughout the brain and spinal cord with herniation of the right cerebral uncus and cerebellar tonsil; subgaleal, subdural, and subarachnoid hemorrhages; a clot in the left sigmoid sinus and the result of sustained increased intracranial pressures (as high as 110 mmHg); abrasions and contusions of the head and face, and a head circumference at greater than 95th percentile for age. A toddler or young child does not have the strength and coordination to cause these injuries. The cause of death is blunt force injuries to the head. Absent a plausible accidental mechanism for injury, the manner of death of homicide.

During this investigation, [REDACTED] stated that she did not cause injury to [REDACTED] and then later, she provided a different



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

statement. She admitted that on that day, when she was turning around [REDACTED] was at her legs trying to grab her legs and she spun around quickly knocking [REDACTED] into the wood door frame of her closet. [REDACTED] also stated that following that [REDACTED] tripped over some shoes and hit her head again on the right side. Both statements are contradictory of each other. In the initial interview, she also stated that her 2 year old autistic son, [REDACTED] could have caused the injuries. However, according to Medical Examiner, [REDACTED], M.D.; "A toddler or young child does not have the strength and coordination to cause these injuries". (The cause of death is blunt force injuries to the head.)

Next, the grandmother [REDACTED] who also resides in the home, stated that earlier that day, she was at the doctor's office. It was confirmed by Dr [REDACTED] that on that day, she was at the doctor's office. However, the time she left is unknown.

As stated about, there were four people, mother, [REDACTED] grandmother, [REDACTED] children, [REDACTED] and [REDACTED] in the home during the incident. The mother, [REDACTED] statements were inconsistent; the grandmother's physician confirmed that she was present on the day of the incident; but no time leaving; and according to the medical examiner, [REDACTED] is not strong enough to cause those types of injuries.

Based on the evidence, the only possible perpetrators are [REDACTED] or [REDACTED] who had access to [REDACTED]. It is more likely that the mother is the perpetrator, but DCS does not presently have a preponderance of evidence to say this is so. This case will be closed and classified as Allegation Substantiated Perpetrator Unknown.



**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: 10/05/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/05/2015

Completed date: 10/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/05/2015 02:41 PM      Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and feedback has been given to the team via email.



**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: 09/21/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 09/21/2015
Completed date: 09/21/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 09/21/2015 09:57 AM      Entered By: [REDACTED]

**Closing Summary**

The Department of Children's Services (DCS) Investigations United received a referral on 08/20/2014 with the allegations of Child Neglect Death regarding non-custodial child [REDACTED]. [REDACTED] an infant was found in the mother's home unresponsive. According to the mother, after attending school at [REDACTED] from 6 p.m. to 9 p.m., the grandmother, [REDACTED] age 47 years old, transported the mother home. The children were also in the vehicle. After returning home, the grandmother informed her that while the mother was at school, at 7:30 p.m., the daughter vomited at home. After the discussion, the mother laid [REDACTED] in the bed and left the room to drink a Sprite Soda. The mother stated that she heard [REDACTED] cough and returned to the bedroom to check on her. The mother stated that she observed [REDACTED] vomiting on her blanket. She stated that she also observed [REDACTED] eyes to be partially open and her body was limp. The mother stated that she turned [REDACTED] over; patted her on the back to release the vomit and to wake her. She stated that she was unsuccessful; [REDACTED] continued to be unresponsive. After a few tries, at 10:00 p.m., the mother called 911.

The mother also stated that she has a son, [REDACTED] age 2 years old, who has been diagnosed with autism. She stated that [REDACTED] has been violent towards [REDACTED] in the past. She stated that on several occasions, he has pushed her down and into the wall. In fact, yesterday, [REDACTED] ran to the mother crying after [REDACTED] and [REDACTED] were playing. [REDACTED] was pronounced deceased on 8/22/14 at 8:25 p.m.

The investigation into this incident was conducted by The Tennessee Bureau of Investigation Agent; [REDACTED] Police [REDACTED] and DCS Investigator Unit Lead Investigator, [REDACTED] and Investigator, [REDACTED]

The report to DCS listed "Unknown" as the alleged perpetrator of Child Neglect Death. Numerous interviews were conducted by medical staff and law enforcement.

As part of the investigation, past medical records from [REDACTED] Hospital concerning [REDACTED] were obtained. The medical records indicated that she was well, no health issues.

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.



**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

- 
2. 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
  3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the to [REDACTED] County (CPIT) Child Protective Investigation Team on 9-26-14 and finally reconvened on 9-18-15.

There is a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and Classified as Allegation substantiated Perpetrator substantiated for the allegation of Child Neglect Death.



**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: 09/11/2015

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/21/2015

Completed date: 09/21/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/21/2015 09:35 AM Entered By: [REDACTED]

On August 18, 2015, CPSI, [REDACTED] reconvened with CPIT after obtaining the autopsy. After [REDACTED] ssing the autopsy results pertaining to homicide, all participates agreed submit this case for prosecution.

Narrative Type: Addendum 1 Entry Date/Time: 09/21/2015 09:42 AM Entered By: [REDACTED]

Notification sent to DA  
 Notification sent to [REDACTED]  
 Notification sent to DCS Legal



**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: 09/03/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/21/2015

Completed date: 09/21/2015

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: 09/21/2015 09:30 AM Entered By: [REDACTED]

CPSI, [REDACTED] drove to [REDACTED] of [REDACTED] to [REDACTED] autopsy report on [REDACTED]

Pathological diagnoses:

1. Abrasions and contusions of head and face.
2. Subgaleal, subdural, and subarachnoid hemorrhages:
  - A. Status post right craniectomy, recent.
  - B. Hypoxic-ischemic encephalopathy.
    - 1) Status post organ donation
3. No congenital anomalies.
4. Length and weight appropriate for age.
5. Head circumference greater than 95th percentile of age

Cause of death: Blunt force injuries to head

Manner of Death: Homicide

Circumstances of death: Assaulted by other (s)

Full report located in case file and upload in TFACTS.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/10/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/10/2015

Completed date: 08/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/10/2015 03:14 PM Entered By: [REDACTED]

CPSI, [REDACTED] called [REDACTED] pertaining to [REDACTED] autopsy. She informed [REDACTED] investigator that she will call the examiner's office to obtain the autopsy.



**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: 08/07/2015

Contact Method:

Contact Time: 03:10 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/07/2015

Completed date: 08/07/2015

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: 08/07/2015 03:10 PM Entered By: [REDACTED]

When the incident occurred, four people resided in the home. The mother, [REDACTED] grandmother [REDACTED] and grandchildren, [REDACTED] and [REDACTED] age 3 y/o resided in the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/07/2015

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/17/2015

Completed date: 08/17/2015

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: 08/17/2015 02:59 PM

Entered By: [REDACTED]

Convened CPIT  
 Continue to wait on autopsy.

Narrative Type: Addendum 1

Entry Date/Time: 08/17/2015 03:00 PM

Entered By: [REDACTED]

Actually, August 14, 2015



**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: 07/02/2015

Contact Method:

Contact Time: 11:43 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2015

Completed date: 07/02/2015

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: 07/02/2015 11:43 AM      Entered By: [REDACTED]

Case was review on this date. We are still awaiting for autopsy.



**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: 06/12/2015

Contact Method:

Contact Time: 03:25 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/12/2015

Completed date: 06/12/2015

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: 06/12/2015 03:27 PM Entered By: [REDACTED]

Case review on this date. Autopsy has been requested, and is still not completed at this time. [REDACTED] has followed up to see when it will be ready, date is still unknown at this time.



**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: 06/08/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/17/2015

Completed date: 08/17/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/17/2015 11:32 AM      Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and feedback has been given to the team via email.



**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: 06/08/2015

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/08/2015

Completed date: 06/08/2015

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: 06/08/2015 09:38 AM      Entered By: [REDACTED]

Case reviewed on this date. Case will remain open until autopsy is received and findings noted. Final CPIT will be held upon receipt of the autopsy.



**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: 06/03/2015

Contact Method:

Contact Time: 12:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/10/2015

Completed date: 08/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/10/2015 03:57 PM      Entered By: [REDACTED]

MSN MBA RN, [REDACTED] informed CPSI, [REDACTED] that the autopsy is pending.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/02/2015 Contact Method:  
 Contact Time: 11:30 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 06/08/2015  
 Completed date: 06/08/2015 Completed By: [REDACTED]  
 Purpose(s): Service Planning  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/08/2015 01:03 PM Entered By: [REDACTED]  
 On June 2, 2015, CPSI, [REDACTED] drove to [REDACTED] to obtain t [REDACTED] psy report on [REDACTED]. The clerk informed the investigator that due to there being an investigation, the autopsy is pending.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/22/2015

Contact Method:

Contact Time: 04:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/22/2015

Completed date: 05/22/2015

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: 05/22/2015 04:04 PM Entered By: [REDACTED]

740 sent to Judge, by DCS Secretary

740 sent to Regional Supervising Attorney, by DCS Secretary

740 sent to DA, by DCS Secretary

Narrative Type: Addendum 1 Entry Date/Time: 08/17/2015 02:41 PM Entered By: [REDACTED]

Initial Safety Assessment completed results - (immediate harm factor) Death of a child due to abuse or neglect

Closing Safety Assessment completed - (immediate harm factor) Death of a child due to abuse or neglect

FAST completed - high risk

FFA initiated



**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: 05/22/2015

Contact Method: Correspondence

Contact Time: 03:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/22/2015

Completed date: 05/22/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/22/2015 03:47 PM      Entered By: [REDACTED]

Arrest record on [REDACTED], per, Police and Sheriff's Department  
(Counterfeit / forgery) 11-25-08

No arrest record on [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: 05/22/2015

Contact Method: Face To Face

Contact Time: 10:50 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/22/2015

Completed date: 05/22/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/22/2015 10:50 AM Entered By: [REDACTED]

On September 26, 2014, CPSI, [REDACTED] convened with CPIT. All participants agreed to sub [REDACTED] e the case due to the physician's report, which stated that it is possible homicide; plus, the mother's statement was inconsistent with the initial interview. This case will be closed as Allegation Substantiated / Perpetrator Substantiated.

On February 13, 2015, CPSI, [REDACTED] convened with CPIT for the second time concerning possible prosecution on the mother, [REDACTED]. Because the case continues to be worked by [REDACTED] it has not been decided by the DA to prosecute the mother. Also, CPIT is waiting for autopsy on [REDACTED]. This case will be closed as Allegation Substantiated / Perpetrator Substantiated.

On May 22, 2015, CPSI, [REDACTED] convened with CPSI for the third time. Continue to wait on pending autopsy for possible prosecution on the mother, [REDACTED]. This case will be closed as Allegation Substantiated / Perpetrator Substantiated.



**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: 05/20/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2015

Completed date: 05/21/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 05/21/2015 09:40 AM      Entered By: [REDACTED]

Case review for approval to close.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2015

Contact Method:

Contact Time: 12:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/28/2015

Completed date: 01/28/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/28/2015 11:57 AM      Entered By: [REDACTED]

On January 28, 2015, CPSI, [REDACTED] faxed a request for an autopsy on [REDACTED] pe [REDACTED] Examiner.



**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: 01/28/2015

Contact Method:

Contact Time: 09:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/28/2015

Completed date: 01/28/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/28/2015 09:55 AM Entered By: [REDACTED]

CPSI, [REDACTED] called [REDACTED] Hospital to obtain Autopsy report on [REDACTED] e investigator was transferred to medical examiner's office. No one answered the telephone. The investigator left a message for the medical examiner to contact the investigator.



**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: 01/22/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/28/2015

Completed date: 01/28/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/28/2015 09:58 AM Entered By: [REDACTED]

On January 22, 2015, CPSI, [REDACTED] called Police Sgt. [REDACTED] concerning [REDACTED] autopsy report. She stated that she requested it months ago; however, she had not received it. She informed the investigator that as soon as she receives the autopsy, she will notify the investigator. The investigator thanked the Sgt. and then hung up the telephone.



**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: 01/21/2015

Contact Method: Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/21/2015

Completed date: 01/28/2015

Completed By: [REDACTED]

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

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/21/2015 01:49 PM Entered By: [REDACTED]

On January 21, 2015, CPSI, [REDACTED] completed follow-up visit with [REDACTED] at [REDACTED]. Due to a person being shot and killed in the guardian, [REDACTED] driveway, the family relocated in to [REDACTED] until another home is located. When the investigator arrived at [REDACTED] the investigator knocked on door, [REDACTED] Ms. [REDACTED] opened the door and welcomed the investigator inside of the room. The investigator observed [REDACTED] walking around the room; he appeared to be dressed in clean clothes and well. The investigator asked [REDACTED] if her family is safe. She stated, yes. However, since the incident occurred, she does not want to return to the home. However, the landlord refused to end the lease to allow the family to relocate. He doesn't want to lose income. However, if another family is located to rent the house, he will end the lease. She stated that after a few days at the hotel, she will decided if she wants still relocate. The investigator asked Ms. [REDACTED] if the children were home when the incident occurred. She stated that her children were at school and she was getting ready to transport [REDACTED] to therapy when the incident occurred. She stated that her children are unaware of the incident. She stated that she does not plan to tell the children. The investigator asked Ms. [REDACTED] if she needs assistance from the investigator. She stated, no. The investigator informed Ms. [REDACTED] to call if she needed anything. She agreed. The investigator thanked the family and then left.



**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:	12/22/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/30/2014
Completed date:	12/30/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

[REDACTED]

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 12/30/2014 02:07 PM    Entered By: [REDACTED]

CPSI [REDACTED] interviewed the mother, [REDACTED] at home. The investigator asked t [REDACTED] er if she is originally from [REDACTED]. She stated, yes.

The investigator asked the mother to explain why she decided to give her child up for adoption. The mother stated that when her son was 8 months old, her boyfriend wanted her to have his baby. She stated that at first, she refused to have his baby. She stated that finally she agreed. She stated that he persuade her by telling her that he planned to be a part of her and the baby's life. She stated that after she became pregnant, he no longer spent time with her. She stated that the boyfriend's girlfriends were calling the mother. She stated that because she became stressed, she decided after birth, she would give her baby up for adoption. She stated that after giving birth, the adoptive parents were at the hospital waiting to take the baby home. She stated that after talking with the grandmother, she decided against the adoption and agreed to keep the baby. The investigator asked the mother, after the infant was born, if the father spent time with the baby. She stated that the only time the father spent time with the infant, was when the paternal grandmother transported the infant to her house. The investigator asked the mother how long they dated before she became pregnant. She stated that they dated for 5-6 months before she became pregnant. The investigator asked the mother if she received prenatal care. She stated, yes; she received prenatal care at the [REDACTED].

During the visit, the investigator asked the mother to show the investigator where the baby was sleeping. The mother directed the investigator to the bedroom. The investigator took pictures of the bedroom and pillow, where the baby's body fluids came from the baby's nose and mouth. The investigator asked the mother if the baby had mental or physical disabilities. She stated, no. The investigator asked the mother if the baby has a primary physician. She stated, yes; the baby attended [REDACTED] for his medical needs. Before leaving, the mother showed the investigator the dress she planned to bury her daughter in. The mother appeared to be calm. At the end of the interview, the investigator asked the mother if she had questions. She stated, no. The investigator thanked the mother and then left.

Narrative Type: Addendum 1    Entry Date/Time: 12/30/2014 03:07 PM    Entered By: [REDACTED]

Correct date: August 25, 2014



**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: 11/14/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 11/19/2014

Completed date: 11/19/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2014 03:45 PM Entered By: [REDACTED]

On November 14, 2014, CPSI, [REDACTED] conferenced the case with law enforcement, [REDACTED] at [REDACTED] Police Department. The investigator asked the Sgt. if obtained the autopsy. She stated, no. The investigator asked the [REDACTED] for a copy of the Polygraph examination of [REDACTED]. She complied.

Report: The investigation revealed on 8-22-14, (V) [REDACTED] presented to the hospital with suspicious head injury resulting in her subsequent death. (S) [REDACTED] was a caregiver to (V). [REDACTED] told law enforcement her two year old son hit (V) in the head potentially causing teh injury. [REDACTED] denies physically causing the injuries herself.

Beginning on 9-2-14 @ 11:06 a.m. [REDACTED] was administered a polygraph examination at the Tennessee Bureau of Investigation, [REDACTED]

Based on the polygraph examination, it was concluded that [REDACTED] was practicing deception when answering the relevant questions.

The relevent questions utilized during the polygraph examination were the following:

Q: Did you hit [REDACTED] head that day?

A: No

Question: Are you the person that hit [REDACTED] head that day?

A: No

Narrative Type: Addendum 2 Entry Date/Time: 09/29/2015 03:50 PM Entered By: [REDACTED]

On September 2, 2014, [REDACTED] came to the TBI office for polygraph in connection with this case. [REDACTED] voluntarily agreed to take the polygraph with [REDACTED]. Following the test it was determined that [REDACTED] showed deception in her test. After more questioning, [REDACTED] admitted that prior to her going to school, around lunchtime, that [REDACTED] was crying for her cup and she went to the bedroom to get it for her. [REDACTED] went on to say that [REDACTED] followed her into the bedroom and she [REDACTED] did not realize that she had. As [REDACTED] was turning around, she stated that [REDACTED] was at her legs trying to grab her legs and she spun around quickly knocking [REDACTED] into the wood door frame of her closet.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] also stated that following that, [REDACTED] tripped over some shoes and hit her head again on the right side. The polygraph was video and copy of the recording will remain in the case file. When asked why [REDACTED] did not tell anyone about this earlier, she advised that she was afraid and did not want anyone to look at her differently.

Narrative Type: Addendum 1    Entry Date/Time: 11/19/2014 03:57 PM    Entered By: [REDACTED]

During the discussion, [REDACTED] informed the investigator that Medical Examiner stated that the autopsy results may indicate homicide findings on the child victim. However, she is waiting for confirmation.



## 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: 11/12/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/19/2014

Completed date: 11/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2014 02:39 PM Entered By: [REDACTED]

On November 12, 2014, CPSI, [REDACTED] drove to the home [REDACTED] follow-up visit with [REDACTED]. He continues to reside with maternal aunt, [REDACTED]. When the investigator arrived at the home, the investigator knocked on the front door. [REDACTED] answered the door and welcomed the investigator inside the home. As the investigator entered the home, the investigator observed the mother, [REDACTED] sitting on the couch feeding [REDACTED] dinner. The investigator observed [REDACTED] to be appropriate dressed for the weather and the appropriate weight and size for his age. The investigator asked [REDACTED] if [REDACTED] was enrolled in school. She stated that December, he will start school. She stated that he will no longer receive educational services at home. The investigator asked the mother if she was residing in the home. She stated, no; she visits and assists the aunt with [REDACTED]. She stated that she would never stay the night. The investigator asked the mother if she is receiving counseling. She stated, yes. She stated that she is currently receiving counseling with [REDACTED] and she planned on returning to school in January. The investigator asked the aunt if the investigator could privately discuss the case with the mother. The aunt left the living room and walked to the rear of the home. The investigator informed the mother that the will not be approved for closure until the autopsy is obtained by DCS. The investigator informed the mother that she will be notified by the investigator. The investigator asked the mother if she had questions. She stated, no. The investigator thanked the mother. The mother yelled for the aunt to return to the living room. The investigator asked the aunt if she had questions. She stated, no. Before leaving, the mother asked the investigator will he son will be reunited with the mother. The investigator informed the mother that after it is deemed safe by DCS for the child to return home; the child will be reunited with the mother. The mother and the aunt acknowledged the investigator's statement in agreement. The investigator thanked the family and then left.



**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: 10/29/2014

Contact Method:

Contact Time: 10:38 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/29/2014

Completed date: 10/29/2014

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: 10/29/2014 10:39 AM      Entered By: [REDACTED]

Case was staffed on this date. All documentation needs to be entered and updated. Investigator is still working with LE on this case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/27/2014

Contact Method: Face To Face

Contact Time: 07:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/28/2014

Completed date: 10/28/2014

Completed By: [REDACTED]

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

Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/28/2014 10:17 AM Entered By: [REDACTED]

On October 27, 2014, [REDACTED] drove to the home, [REDACTED] for follow-up visit with [REDACTED]. He continues to reside with maternal aunt, [REDACTED]. When the investigator arrived at the home, the investigator knocked on the front door. [REDACTED] answered the door and welcomed the investigator inside the home. As the investigator entered the home, the investigator observed the mother, [REDACTED] sitting on the couch feeding [REDACTED] dinner. The investigator observed [REDACTED] to be appropriate dressed for the weather and the appropriate weight and size for his age. The investigator also observed other children in the home eating dinner at the kitchen table. The investigator asked [REDACTED] how things were going. She stated that things are going well. The investigator asked [REDACTED] if [REDACTED] started school. She stated that December 15th, he will start Pre-K. The investigator asked [REDACTED] if the department could assist her with services. She stated, no. She stated that [REDACTED] disability check started. It was over \$2000. During the visit, the investigator asked the mother [REDACTED] how she was doing. She stated that she was doing well. At the end of the visit, the investigator asked [REDACTED] and [REDACTED] if they had questions. They stated, no. The investigator thanked the family and then left.



**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: 10/14/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 10/15/2014

Completed date: 10/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2014 09:23 PM Entered By: [REDACTED]

On October 14, 2014, CPSI, [REDACTED] attended [REDACTED] Juvenile Court for merits [REDACTED]. The mother, [REDACTED] grandmother, [REDACTED] and aunt, [REDACTED] where present. After discussing the case, the judge ordered [REDACTED] to continue current placement; court reset due to pending criminal 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: 09/22/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/03/2014

Completed date: 10/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original    Entry Date/Time: 10/03/2014 10:24 AM    Entered By: [REDACTED]

Referent letter notification is through the [REDACTED]  
Judge's Letter Sent, via, DCS secretary.

DA notified, via, 680

Law enforcement notified, via, 680

CPIT notified, via, 680



**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: 09/10/2014	Contact Method: Face To Face
Contact Time: 01:00 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/15/2014
Completed date: 10/15/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 10/15/2014 09:42 PM      Entered By: [REDACTED]

On September 10, 2014, CPSI, [REDACTED] completed a follow-up visit with the legal guardian, [REDACTED] Aunt, [REDACTED] and [REDACTED]. When the investigator arrived at the home, the investigator knocked on the front door. The aunt opened the door and welcomed the investigator inside of the home. Once in the home, the investigator observed the home to be clean. The investigator asked the aunt how she was doing. She stated that she was doing well. The investigator asked the aunt how [REDACTED] was doing. She stated that he is doing well. She stated that he continues with education through the school system. The investigator asked the aunt about [REDACTED] whereabouts. She stated that [REDACTED] is asleep. The investigator asked the aunt if the investigator could observe [REDACTED]. She stated, yes. The aunt directed the investigator to [REDACTED] bedroom. The investigator observed the bedroom to be clean. As the investigator observed [REDACTED] to be asleep, the investigator decided not to wake him due to him being autistic. The aunt and the investigator returned to living room. The investigator asked the aunt if the mother visits [REDACTED]. She stated, yes. She stated that if [REDACTED] needs anything, the mother assist the aunt. She stated that the mother loves the mother. Before leaving, the investigator asked the aunt if she needed DCS assistance. She stated, no. The investigator informed the aunt that the investigator will follow-up with the family again before closing the case. The aunt agreed. The investigator thanked the aunt for the visit and then left.



**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: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/08/2015

Completed date: 06/08/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/08/2015 10:09 AM Entered By: [REDACTED]

On September 4, 2014, CPSI, [REDACTED] received confirmation from Dr. [REDACTED] that [REDACTED] al grandmother, [REDACTED] was present for a medical examination at her officer on August 19th @ 8:45 a.m.

A copy of the medical report is located in the case file.

Also, CPSI, [REDACTED] provided a copy of the medical report to Police Sgt. [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: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/08/2015

Completed date: 06/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/08/2015 10:00 AM Entered By: [REDACTED]

On September 2, 2014, CPSI, [REDACTED] was informed, via telephone, by Police [REDACTED] that the mother was present for the polygraph test.

Also, [REDACTED] informed the investigator that, due to the grandmother being present the day the incident occurred, possibly, she will need require a polygraph.

The investigator informed [REDACTED] that the investigator requested medical records from Dr [REDACTED] concerning the grandmother's doctor's appointment on the day of the incident.

(At the time of the incident, the mother and the children resided with the grandmother.)



**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: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/03/2014

Completed date: 09/03/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/03/2014 01:12 PM Entered By: [REDACTED]

On August 29, 2014, CPSI, [REDACTED] attended [REDACTED] funeral at [REDACTED] Brother's [REDACTED] Home, per, mother's invitation. [REDACTED] was also present. During the service, the mother and the maternal grandmother appeared to be emotional and the birth father appeared to be slightly emotional. The investigator observed [REDACTED] at the funeral. The aunt, [REDACTED] was holding him. After the funeral, the mother thanked the investigator and the [REDACTED] for attending the services. She asked if the investigator and the [REDACTED] could follow the mother grave site. The investigator informed the mother that the investigator had to return to work. Again, the mother thanked the investigator for attending the funeral.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/28/2014 Contact Method: Phone Call  
 Contact Time: 09:54 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/28/2014  
 Completed date: 08/28/2014 Completed By: [REDACTED]  
 Purpose(s): Service Planning  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/28/2014 10:03 AM Entered By: [REDACTED]  
 On August 28, 2014, CSPI [REDACTED] called [REDACTED] to inform her that court was [REDACTED] led today at [REDACTED] Juvenile Court concerning the other child, [REDACTED] remaining with the aunt, [REDACTED] Also, [REDACTED] will exam [REDACTED] on September 2nd @ [REDACTED] Child Advocacy Center as a precaution. Furthermore, the child's funeral is scheduled for Friday @ 1:00 p.m. at [REDACTED] Funeral Home.

During the discussion, [REDACTED] informed the investigator that the mother agreed to the polygraph test. It is scheduled for September 2nd.



**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: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/25/2014

Completed date: 08/25/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Medical Exam

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/25/2014 02:45 PM Entered By: [REDACTED]

On August 25, 2014, CSPI, [REDACTED] obtained medical records from [REDACTED] pertaining to [REDACTED]

Admission Date: 8-19-14

1. Large mixed density acute right frontal / parietal / temporal
2. Complete loss of the gray-white matter differentiation midline shift.
3. Possible ischemic changes within the left frontal lobe as well.
4. No external signs of trauma. Consider nonaccidental trauma.

Full report located in case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2014

Contact Method: Face To Face

Contact Time: 10:38 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/25/2014

Completed date: 08/25/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Medical Exam

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/25/2014 01:14 PM      Entered By: [REDACTED]

Final Brain Examination:

Brain Death Exam Conclusions:

The patient meets inclusion criteria for brain death exam in age, temperature, pharmacology / toxicology, electrolyte balance, absence of ongoing hypotension, clinical history consistent with irreversible cause of coma and dual physician testing. Due to the patient's condition, collaborative testing was requested. EEG was consistent with lack of brain function.

The patient has met criteria consistent with cessation of brain function in testing Glasgow Coma Scale, cough / gag reflexes, corneal reflexes, doll's eyes response, response to supraorbital pressure, spontaneous movements, movements to painful stimulation and response to cold water caloric stimulation.

This is the subsequent test in [REDACTED] dual testing protocol for cessation of all brain function indicating brain death.

[REDACTED] meets criteria for death by neurologic criteria, and the time of completion of this exam series, 8/22/14 at 20:25, is the official time of death recorded in the patient's chart.

Full report located in case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2014

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/15/2014

Completed date: 10/15/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/15/2014 09:16 PM      Entered By: [REDACTED]

Referent letter notification is through the [REDACTED]  
Judge's Letter Sent, via, DCS secretary.

DA notified, via, 680

Law enforcement notified, via, 680

CPIT notified, via, 680



**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: 08/21/2014	Contact Method: Face To Face
Contact Time: 10:00 AM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 12/30/2014
Completed date: 12/30/2014	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): ACV Interview/Observation, Collateral Contact, Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/30/2014 05:25 PM      Entered By: [REDACTED]

CPSI, [REDACTED] drove to [REDACTED] to observe [REDACTED] age 2 years, 5 months. The investigator also interviewed the mother, the grandmother, the social worker and physician during the visit. When the investigator arrived at the hospital, the investigator observed the [REDACTED] lying unconscious in a hospital bed on a ventilator. The investigator asked the nurse for the mother's whereabouts. The nurse informed the investigator that the mother was signing forms in order for the mother to donate [REDACTED] organs. While the mother signed forms, the investigator interviewed the grandmother, [REDACTED] near the waiting room. The investigator approached the grandmother and made introductions. The investigator asked the grandmother for an interview. She agreed. The investigator asked the grandmother concerning the incident which caused [REDACTED] condition. She stated that she is unsure what occurred. She informed the investigator that on that particular day, that morning she went to the doctor to seek treatment. She stated that after she returned around noon, she observed [REDACTED] and [REDACTED] were playing in the house and getting ready to transport [REDACTED] to the developmental learning center. She stated that afterwards around 3 p.m., they returned home. She stated that next, they grandmother transported the mother to [REDACTED] around 5:00 p.m., because the mother's class started at 6:00 p.m. She stated that after transporting the mother to school, they returned home. She stated that [REDACTED] were playing. She stated that the children appeared to be normal; no health issues. A few minutes later, the grandmother observed [REDACTED] sleeping on the floor and she also observed fluids around [REDACTED] mouth. She stated that she cleaned her mouth and then placed her in [REDACTED] bed. She stated that when it was time to transport the mother home, she placed [REDACTED] in their care seats. [REDACTED] continued to be asleep. She stated that when they returned home, the mother placed [REDACTED] in the bed. She stated that a few minutes later, the grandmother heard her daughter, [REDACTED] calling for the mother. She stated that [REDACTED] informed her that [REDACTED] was not responding. She stated that she told [REDACTED] to call 911. She stated that she doesn't know what happened to [REDACTED]. She stated that she did not harm [REDACTED] and she doesn't believe [REDACTED] would harm [REDACTED]. The grandmother also informed the investigator [REDACTED] was in a car accident a few months ago. She asked the investigator if the accident could have caused the injury. The investigator informed the grandmother that the investigator is not in the medical profession; the answer is unknown. Finally, after the investigator interviewed the grandmother, the investigator privately interviewed the mother in an empty conference room where she signed the forms to donate [REDACTED] organs. The investigator observed the mother to be calm. The investigator asked the mother how she was doing. She stated that she was doing well. The investigator asked the mother which organs she planned



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

to donate. She stated that she planned to donate four major organs, liver, heart, kidney and lungs. The investigator asked the mother how the incident occurred. She stated that on that day, in the morning, the grandmother went to the doctor's office; the grandmother returned; then they transported [REDACTED] to the learning center; he is autistic. She stated that later they returned home until it was time to transport the mother to night school. She stated that after she returned home, she placed [REDACTED] in the bed. She stated that she walked in the kitchen to get a drink when she heard [REDACTED] coughing. She stated that she returned to bedroom and observed [REDACTED] not responsive. She stated that she observed fluids on the pillow and covers. She stated that she tried to remove the vomit by turning [REDACTED] on her back and hitting her back. She stated that [REDACTED] continued not to respond. She stated that she screamed for the grandmother to assist her. She stated that the grandmother walked in the bedroom, observed [REDACTED] and then told the mother to call 911; which she did. She stated that the ambulance arrived at the home, transported the [REDACTED] to the hospital while the grandmother transported [REDACTED] to the maternal aunt's house. The investigator asked the mother if [REDACTED] had medical issues. She stated, no. The mother stated that [REDACTED] has a younger brother [REDACTED] age 2 years old who could harm [REDACTED]. She stated that on occasions, he plays rough with her. The investigator asked the mother if anyone else was in the home. She stated, no. After the interview, the investigator asked the mother if she had questions. She stated, no. The investigator ended the interview; the mother needed to spend time with [REDACTED]. After interviewing the mother, the investigator interviewed Social Worker, [REDACTED] and the Physician, [REDACTED] privately in the doctor's office. The investigator asked the physician about [REDACTED] prognoses. She stated that [REDACTED] has symptoms pertaining to "Shaken Baby Syndrome". The investigator asked Dr. [REDACTED] if the injury could stem from a vehicle accident, which occurred months ago. She stated, no. She stated that [REDACTED] injuries are recent. She stated that if the incident occurred months ago, [REDACTED] would have had signs and symptoms. During the discussion, the investigator informed Dr. [REDACTED] that the mother has a son, [REDACTED] who resides in the home. The physician stated that she was aware of the other child. In fact, [REDACTED] was diagnosed with Autism by [REDACTED]. However, to assure that his condition is not the result of trauma, all parties agreed to allow Dr. [REDACTED] to exam [REDACTED]. Finally, the investigator asked the social worker and the physician if they had questions. They stated, no. The social worker informed the investigator that she will contact the investigator pertaining to [REDACTED] medical care. The investigator thanked them and then left.



**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: 08/20/2014 Contact Method: Face To Face  
Contact Time: 01:30 PM Contact Duration: Less than 01 Hour  
Entered By: [REDACTED] Recorded For:  
Location: Hospital Created Date: 08/25/2014  
Completed date: 08/25/2014 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Collateral Contact,Initial ACV Face To Face  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/25/2014 01:22 PM Entered By: [REDACTED]  
CPSI, [REDACTED] with [REDACTED] Department of Children's Services requested a court [REDACTED] rvation with [REDACTED] CM3 concerning [REDACTED] well-being. She informed CPSI, that she will submit the request to LCPSI, [REDACTED]. Then LCPSI, [REDACTED] informed the investigator that the Courtesy P1 was assigned to CPSI, [REDACTED].

On the same day, CPSI, [REDACTED] informed the investigator that the child was seen, pictures were taken and the mother and the grandmother were interviewed. She will provided the interview on a later date. The investigator thanked CPSI, [REDACTED] for her assistance.

Narrative Type: Addendum 2 Entry Date/Time: 09/21/2015 09:48 AM Entered By: [REDACTED]

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. 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
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the to [REDACTED] County (CPIT) Child Protective Investigation Team on 9-26-14.

There is a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and Classified as Allegation substantiated Perpetrator substantiated for the allegation of Child Neglect Death.

Narrative Type: Addendum 1 Entry Date/Time: 06/08/2015 12:58 PM Entered By: [REDACTED]

During the interview, CPSI, [REDACTED] explained and asked the mother to sign DCS forms, HIPPA Notice of Privacy Practices-Client Acknowledgment, Native American Heritage Veto Verification, Authorization for Release of Information to the Department of Children's Services and Notification of Release, Notification of Equal Access to Programs and Services and Grievance Procedures, and the Client's Rights Handbook. The mother agreed and signed the DCS forms. CPSI, [REDACTED] sent the signed forms to CPSI, [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: 08/20/2014

Contact Method:

Contact Time: 11:14 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/25/2014

Completed date: 08/25/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/25/2014 01:20 PM Entered By: [REDACTED]

Notice of Child Death / Near Death report completed by CPSI, [REDACTED] and sent to LCSP, [REDACTED] via, email.



**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: 08/20/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/24/2014

Completed date: 08/24/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 08/24/2014 11:00 AM

Entered By: [REDACTED]

CPIT notified.



**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: 08/20/2014

Contact Method:

Contact Time: 03:40 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/24/2014

Completed date: 08/24/2014

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: 08/24/2014 11:49 AM Entered By: [REDACTED]

DCS History:

CASE# [REDACTED]

On 12/14/2009, [REDACTED] got into a fight with her sister and threw a knife at her. During a detention hearing on 12/15/2009, [REDACTED] was charged with Aggravated Domestic Assault. Judge [REDACTED] ordered that [REDACTED] be placed in the home to help with providing services.

-Services with [REDACTED] and mentor 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: 08/20/2014 Contact Method: Face To Face  
 Contact Time: 03:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/24/2014  
 Completed date: 08/24/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/24/2014 11:45 AM Entered By: [REDACTED]

On August 20, 2014, CPSI, [REDACTED] drove to Aunt [REDACTED] home, [REDACTED] to interview her and observe [REDACTED] age 2 years old body for marks or bruises. When the investigator arrived at the home, the investigator knocked on the front door. [REDACTED] opened the door, introductions were made and then [REDACTED] welcomed the investigator inside of the home. Once inside, the investigator observed [REDACTED] asleep in a playpen with covers covering his body. The investigator informed [REDACTED] that the investigator needed to observe his body. [REDACTED] agreed and then turned on the living room and the kitchen light to allow the investigator to observe [REDACTED] body. The investigator pulled off the covers, pulled up his shirt, pulled down his pants, and felt his head for bruises. The investigator did not observe visible marks or bruises located on [REDACTED]. As the investigator observed [REDACTED] the investigator observed [REDACTED] to be moving around. After the observation, the investigator asked the aunt to explain why [REDACTED] was at her home. She stated that she received a telephone call from her sister, [REDACTED] asking her to care for [REDACTED] because [REDACTED] was being transported to [REDACTED] Hospital for unknown reason. [REDACTED] wanted [REDACTED] to care for [REDACTED] until she returns. She stated that she agreed. The investigator asked [REDACTED] if there had been other times with the children were rushed to the emergency room for injuries. She stated, yes. The investigator asked [REDACTED] if she ever witnessed anyone physically harming [REDACTED] children. She stated, no. The investigator asked [REDACTED] if she has safety concerns about the children. She stated, no. The investigator asked [REDACTED] for her personal information, SS# and DOB:: she agreed. The investigator informed [REDACTED] that the investigator planned to obtain verbal police records on the aunt to assess [REDACTED] safety. The aunt agreed and provided the information to the investigator. The investigator stepped outside and called the local police department for a verbal arrest record on [REDACTED]. Police and [REDACTED] Sheriff's Department dispatch department informed the investigator that [REDACTED] was arrest record is clear. The investigator returned to the home. The investigator asked [REDACTED] how long she planned on caring for [REDACTED]. She stated that she planned on caring for him as long as needed. She stated that she is not sure when the mother will return to [REDACTED]. The investigator provided the investigator's number to [REDACTED] if needed. The investigator informed [REDACTED] that the investigator will contact her on later date. [REDACTED] agreed. The investigator asked [REDACTED] if she had questions. She stated, no. The investigator thanked [REDACTED] and then left.

Narrative Type: Addendum 1 Entry Date/Time: 08/10/2015 03:36 PM Entered By: [REDACTED]

## Correction:

The investigator asked [REDACTED] if there had been other times with the children were rushed to the emergency room for



**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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injuries. She stated, no.



**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: 08/20/2014

Contact Method: Phone Call

Contact Time: 02:50 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/24/2014

Completed date: 08/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/24/2014 11:16 AM Entered By: [REDACTED]

On August 20, 2014, CPSI, [REDACTED] called the mother, [REDACTED] concerning the mo [REDACTED] d the other child in the home whereabouts. When the investigator called the phone, the mother answered the phone and introductions were made. The investigator asked the mother how she was doing. She stated that she was doing well. She stated that they, the mother and the grandmother were on their way to [REDACTED] Hospital to be with the child, [REDACTED]. The investigator asked the mother about the other child, [REDACTED]. She informed the investigator that [REDACTED] was with maternal Aunt, [REDACTED]. The investigator informed the mother that the investigator needed to assess [REDACTED] safety. The mother agreed. The investigator asked the mother for the aunt's address. The mother complied. The investigator informed the mother that the investigator will obtain further information concerning the incident with the mother on a later date. Before disconnecting the telephone, the investigator sympathized with the mother concerning the child, [REDACTED] being in critical condition and the investigator asked the mother if she needed assistant. She stated, no. The investigator asked the mother to safe driving to [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: 08/20/2014 Contact Method: Phone Call  
Contact Time: 02:37 AM Contact Duration: Less than 15  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 08/24/2014  
Completed date: 08/24/2014 Completed By: [REDACTED]  
Purpose(s): Safety - Child/Community, Service Planning, Well Being  
Contact Type(s): Collateral Contact  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/24/2014 10:47 AM Entered By: [REDACTED]

On August 20, 2014, CPSI, [REDACTED] drove called [REDACTED] to inform her concern [REDACTED] report. She informed the investigator that she was at the scene and obtained a report from the mother and spoke with the grandmother concerning the incident. The investigator asked [REDACTED] about the mother's whereabouts. She stated that the mother and grandmother were driving to [REDACTED] Hospital to be with the child. The investigator asked the [REDACTED] about the other's child's whereabouts. She stated that, according to the mother, the other child is with the maternal aunt. The investigator asked the [REDACTED] if she had the mother's contact number. She stated, yes; and she provided the mother's telephone number, [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 09/29/2015 04:49 PM Entered By: [REDACTED]

Statement obtained by Sgt [REDACTED] from mother, [REDACTED]  
"I go to [REDACTED] College from 6 p.m. to 9 p.m. all day. Today, while I was at home, my daughter [REDACTED] was playing and doing fine. My mom told me when I got home that [REDACTED] threw up around 7:30 a.m. When I got home, I checked on her and she was fine. My mom picked me up from school and both my kids were in the car seats. My son, [REDACTED] was not sleep. He's 2 and autistic. [REDACTED] has been violent toward [REDACTED] before. He will push her down and things He pushed her once before and she hit the wall. Earlier today, [REDACTED] came running to me crying and I picked her up. She was playing with [REDACTED] before she ran to me. [REDACTED] is 18 months old. Tonight when I first got home, I went to check on her. I noticed she had thrown up on her blanket and I turned her over so she could get the throw up out of her and I tried to wake her but she wouldn't respond. I tickled her and she still didn't respond. I called 911 after that. It was around 9:10 p.m. that [REDACTED] started throwing up after I got home. Her eyes were partially open and her body was limp. I kept patting her back and trying to get her to wake her up. But I couldn't get her up."



**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: 08/20/2014

Contact Method: Attempted Face To Face

Contact Time: 02:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/24/2014

Completed date: 08/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/24/2014 10:53 AM      Entered By: [REDACTED]

On August 20, 2014, CPSI, [REDACTED] drove to the home, [REDACTED] was home.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/20/2014

Contact Method: Face To Face

Contact Time: 02:15 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/20/2014

Completed date: 08/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/24/2014 10:27 AM Entered By: [REDACTED]

Officer's Report:

On August 19, 2014, Officer [REDACTED] responded to [REDACTED] Hospital regarding child abuse. Upon arrival, the officer spoke with Dr. [REDACTED] who stated that the 17 month old child, [REDACTED] had been transported to [REDACTED] by EMS, and was not responsive. Dr. [REDACTED] stated that the mother, [REDACTED] had informed him about 1900 hrs. While the child was in the care of her grandmother, [REDACTED] and sleeping, she began to cough and when [REDACTED] checked on her, noticed the child vomited. [REDACTED] cleaned the child as she returned to sleep. [REDACTED] returned home at about 2105 hrs. and at about 2110 hours heard the child' coughing' [REDACTED] then picked the child up, as she started to vomit again., in an attempt to help the child. At that time the child was unresponsive, and EMS was called about 2200 hrs. Dr. [REDACTED] stated that the child was non responsive and not breathing o her own. At which time she had to be placed her life support. Dr. [REDACTED] also stated that a CAT scan on the child's head revealed she had suffered some type of several traumas, and that three quarters of her brain had several internal injury and bleeding. Dr. [REDACTED] then added this type of injure appeared to be other than accidental.

Narrative Type: Addendum 1 Entry Date/Time: 08/24/2014 10:44 AM Entered By: [REDACTED]

After interviewing the doctor, CSPI [REDACTED] spoke with Officer [REDACTED] He provided the same statement above.



**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: 08/20/2014 Contact Method: Attempted Face To Face  
 Contact Time: 02:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 08/24/2014  
 Completed date: 08/24/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/24/2014 10:39 AM Entered By: [REDACTED]

On August 20, 2014, CPSI, [REDACTED] drove to [REDACTED] Hospital pertaining to the [REDACTED] facility report. When the investigator arrived, the investigator was informed by medical staff that the child was being transported to [REDACTED] Hospital, via, Air lift. The investigator spoke with the attending physician, Dr. [REDACTED] concerning the child's condition. He informed the investigator that the child did not have visible signs of physical abuse. He stated that he was unsure what occurred; however, after the CAT scan, it was revealed the child's brain was bleeding and has signs of possible "Shaken Baby Syndrome". He stated that [REDACTED] will complete further testing on the baby.

Due to the child being transported to [REDACTED] Hospital, CPSI [REDACTED] was unable to observe the child at [REDACTED] Hospital.



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

Case Id: [REDACTED]  
 Case Status: Close

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/20/2014 Contact Method: Face To Face  
 Contact Time: 01:30 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 08/25/2014  
 Completed date: 08/25/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/25/2014 01:53 PM Entered By: [REDACTED]

On August 20, 2014, CPSI, [REDACTED] drove to [REDACTED] Hospital pertaining to the Ch [REDACTED] r facility report. When the investigator arrived, the investigator was informed by medical staff that the child was being transported to [REDACTED] Hospital, via, Air lift. The investigator spoke with the attending physician, Dr. [REDACTED] concerning the child's condition. He informed the investigator that the child did not have visible signs of physical abuse. He stated that he was unsure what occurred; however, after the CAT scan, it was revealed the child's brain was bleeding and has signs of possible "Shaken Baby Syndrome". He stated that [REDACTED] will complete further testing on the baby.

Due to the child being transported to [REDACTED] Hospital, CPSI, [REDACTED] was unable to observe the child at [REDACTED] Hospital.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/20/2014

Contact Method:

Contact Time: 01:26 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/20/2014

Completed date: 08/20/2014

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: 08/20/2014 02:03 PM Entered By: [REDACTED]

On August 21, 2014, @ 1:26 a.m., CPSI, [REDACTED] received a telephone call from LCPSI, [REDACTED] concerning the 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: 08/20/2014

Contact Method:

Contact Time: 12:01 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/20/2014

Completed date: 08/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/20/2014 01:52 PM Entered By: [REDACTED]

On August 20, 2014, CPSI, [REDACTED] received a P-1 referral pertaining allegations of physical [REDACTED]. According to the referent, [REDACTED] is currently at [REDACTED] Hospital with her mother and grandmother. [REDACTED] is at the hospital for a traumatic head injury. [REDACTED] arrived at the hospital by ambulance at 10:33 p.m. on August 19, 2014. The mother and the grandmother said [REDACTED] was at home all day with the grandmother while the mother was at school. The grandmother said [REDACTED] was fine and acted normal all day. It was reported [REDACTED] laid down sometime before 7:30 p.m. on August 19, 2014. The grandmother said [REDACTED] woke up and vomited. The grandmother said she cleaned up [REDACTED] and she went back to sleep. There were no reports of [REDACTED] having any type of fall prior to her vomiting.

The grandmother said she left home with both children while they picked up the mother from school at about 9:00 p.m. The grandmother said they returned home and the mother put [REDACTED] on the bed and went and got something to drink. Sometime between 9:10 p.m. and 9:15 p.m, the mother heard [REDACTED] cough so she checked on her. The mother said [REDACTED] had vomited and was unresponsive. It is believed the mother then called 911 and [REDACTED] was transported to the hospital.

[REDACTED] is not alert and is using a ventilator to help her breathe at this time. [REDACTED] was examined and has a large acute right frontal/parietal/templesubdural hematoma with a severe mass effect. [REDACTED] also has a 1.4 centimeter leftward midline shift. There was no scalp swelling or fractures noted. [REDACTED] has a significant brain bleed and this injury can be considered a near death.

[REDACTED] is going to be transferred to [REDACTED] Hospital by [REDACTED]