



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 09/21/2014 05:25 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 09/21/2014

Investigation

Investigation ID: [REDACTED]
 First County: [REDACTED]
 Date/Time Assigned : 09/22/2014 08:25 AM
 First Team Leader Assigned: [REDACTED] Date/Time 09/21/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 09/21/2014 12:00 AM

Allegations

| Alleged Victim | Age | Allegation | Severe ? | Alleged Perpetrator | Relationship to Alleged Victim |
|----------------|----------|---------------|----------|---|--------------------------------|
| [REDACTED] | 2 Yrs 10 | Neglect Death | Yes | [REDACTED] | [REDACTED] |
| [REDACTED] | 2 Yrs 10 | Neglect Death | Yes | [REDACTED] | [REDACTED] |
| [REDACTED] | 2 Yrs 10 | Neglect Death | Yes | Unknown Participant [REDACTED] Unknown | [REDACTED] |

Referent(s)

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

Narrative: ***** CHILD IS NOT IN DCS CUSTODY*****

TFACTS: YES [REDACTED]
 Open Court Custody/FSS/FCIP None
 Closed Court Custody None
 Open CPS - None



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

Substantiated YES

3-30-13 [REDACTED]

Fatality None

Screened out YES/4

History (not listed above):

**7-22-14 [REDACTED] PHA, ENN [REDACTED] and [REDACTED] Unable to Complete and No Services Needed

**1-9-13 [REDACTED] SEE/UNK [REDACTED] and [REDACTED] Unsubstantiated

**4-30-12 [REDACTED] DEC and DEI [REDACTED] /Services Recommended and Accepted

**3-16-11 [REDACTED] DEC [REDACTED] No Services Needed

**9-23-10 [REDACTED] LOS [REDACTED] No Services Needed

**9-21-07 [REDACTED] SEE [REDACTED] Unsubstantiated

County: [REDACTED]

Notification: Email

School/ Daycare: UNK

Native American Descent: None

Directions: Law enforcement [REDACTED] [REDACTED] [REDACTED] have determined that the address is a [REDACTED] [REDACTED] Address and will be investigated by [REDACTED] [REDACTED]

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

Reporter states:

[REDACTED] (1) is the child of [REDACTED]. The father of [REDACTED] is unknown. [REDACTED] has 4 other children in her custody and their names are [REDACTED] (10), [REDACTED] (14), [REDACTED] (7), and [REDACTED] (2). [REDACTED] had no special needs or disabilities. It is unknown if the other children have any special needs or disabilities. There are several adults residing in the home with [REDACTED] and her children. It is unknown if the family has history with the Tennessee Department of Children's Services. There are no known safety concerns for a case worker going out to the home or a history of domestic violence.

On September 21, 2014 at around 4:25 p.m. [REDACTED] law enforcement responded to a call in reference to a child being run over by a vehicle. When officers responded to the scene the child was determined to be [REDACTED]. Prior to officers arrival, a cousin, [REDACTED] had picked [REDACTED] out of the drive way and placed him in a chair inside the home. By the time officers had arrived [REDACTED] was nonresponsive. EMTs were called to the scene and are still present at this time. [REDACTED] is believed to be deceased.

According to the family, [REDACTED] was at work and [REDACTED] was left in the care of the grandparents and other family members. The grandparents are [REDACTED] and [REDACTED]. While [REDACTED] was at work, [REDACTED] went outside to move the tractor and a truck was in the way. [REDACTED] got another family member, [REDACTED] (17) to move the truck. [REDACTED] was supposed to be on the front porch of the home, but apparently had gotten off the porch. The porch is noted to have been gated. There was no one on the front porch with [REDACTED]. Each family member thought another family member was watching the child. When [REDACTED] went to back the truck up he did not see [REDACTED] and hit him with truck. Once [REDACTED] realized he had hit the child 911 was called and officers made the scene.

The injuries that were sustained by [REDACTED] were to his head. The injuries appear to be consistent with the child being hit by the truck and his head being back over at the time. [REDACTED] is going to be transported to the hospital and it is likely going to be [REDACTED] [REDACTED]

Both [REDACTED] [REDACTED] and [REDACTED] [REDACTED] officers have made the scene as well as Tennessee Highway Patrol. It has been determined that the scene is in [REDACTED] [REDACTED]. [REDACTED] [REDACTED] officers initially responded, but [REDACTED] [REDACTED] officers will be the ones investigating the matter. It is likely that the investigation will moved towards the hospital.



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It is noted that there is approximately 30 family members present on scene at this time.

This is all the information given at this time.

Per [REDACTED] Investigation Track P 1-Child Fatality-[REDACTED] CM 3 @6:33pm on 9-21-14

| Recipients | Time Issued | Response Received | Devices | Responses |
|------------|----------------------|-------------------|----------------------|----------------------------------|
| [REDACTED] | 09-21-14 06:46:31 PM | [REDACTED] | --- | + [REDACTED] Voicemail |
| [REDACTED] | 09-21-14 06:46:31 PM | [REDACTED] | 09-21-14 06:46:57 PM | [REDACTED] + [REDACTED] Received |
| [REDACTED] | 09-21-14 06:46:32 PM | [REDACTED] | --- | [REDACTED] |

Automated Email Response

[REDACTED] notified@ 7:20 p.m. on 9-21-14

[REDACTED] Regional Administrator [REDACTED] was also notified



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Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 2 Yrs 10 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 33 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 64 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 64 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 8 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 11 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 19 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 15 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 09/21/2014

Assignment Date: 09/21/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

| # | Children's Name | DOB | Specific Allegation for Each Child | Alleged Perpetrator's Name | DOB | Classification | Severe Abuse | Classified By |
|---|-----------------|------------|------------------------------------|-----------------------------------|------------|--|--------------|--------------------------|
| | | SSN | | | SSN | | | |
| 1 | [REDACTED] | [REDACTED] | Neglect Death | [REDACTED] | [REDACTED] | Allegation Unsubstantiated / Perpetrator Unsubstantiated | Yes | [REDACTED] 06/24/2015 |
| 2 | [REDACTED] | [REDACTED] | Neglect Death | [REDACTED] | [REDACTED] | Allegation Unsubstantiated / Perpetrator Unsubstantiated | Yes | [REDACTED] 06/24/2015 |
| 3 | [REDACTED] | [REDACTED] | Neglect Death | Unknown Participant [REDACTED] | [REDACTED] | Allegation Unsubstantiated / Perpetrator Unsubstantiated | Yes | [REDACTED] 06/24/2015 |

C. Disposition Decision

Disposition Decision:

Comments: This case was presented to the [REDACTED] Child Protective Investigative Team (CPIT) on 03/02/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death. There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death. The case will be closed and Classified as Allegation Unsubstantiated and Perpetrator Unsubstantiated for the allegation of Child Neglect Death.

D. Case Workers

Case Worker: [REDACTED]

Date: 09/14/2015

Team Leader: [REDACTED]

Date: 09/14/2015

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:



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

Case Name : ██████████

Investigation ID: ██████████

The Alleged Child Victim (ACV) ██████████ is deceased.

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

There is no autopsy being performed. The medical records indicate the death appears to be accidental.

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

██████████ maternal grandmother reported she, ██████████ and ██████████ was setting on the porch in a swing. ██████████ reported ██████████ is ██████████ mother and she is 89. ██████████ reported ██████████ does not know she "is in this world." ██████████ reported she had just finished feeding ██████████ a sucker. ██████████ reported she had to go use the bathroom and she got up to go to the bathroom. ██████████ reported she asked ██████████ who is 14 to watch out for ██████████ while she went to the bathroom. ██████████ reported before she finished using the bathroom she heard screaming. ██████████ reported she ran out of the bathroom and her grandson ██████████ yelled that ██████████ had been ran over. ██████████ reported ██████████ came running in with ██████████ and put him on the recliner. ██████████ reported the home health nurse heard the screaming and stepped in to try and help ██████████ but she did not get a pulse. ██████████ reported she was calling 911 while the nurse was with ██████████ reported the nurse said "he was gone." ██████████ reported ██████████ and ██████████ were at church when ██████████ was run over. ██████████ reported ██████████ was in the driving and ran over ██████████ reported the entire family is extremely upset.

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

██████████ (1) is the child of ██████████. The father of ██████████ is unknown. ██████████ has 4 other children in her custody and their names are ██████████ (10), ██████████ (14), ██████████ (7), and ██████████ (2). ██████████ had no special needs or disabilities. It is unknown if the other children have any special needs or disabilities. There are several adults residing in the home with ██████████ and her children. It is unknown if the family has history with the Tennessee Department of Children Services. There are no known safety concerns for a case worker going out to the home or a history of domestic violence.

On September 21, 2014 at around 4:25 p.m. ██████████ law enforcement responded to a call in reference to a child being run over by a vehicle. When officers responded to the scene the child was determined to be ██████████. Prior to officers arrival, a cousin, ██████████ had picked ██████████ out of the drive way and placed him in a chair inside the home. By the time officers had arrived ██████████ was nonresponsive. EMTs were called to the scene and are still present at this time. ██████████ is believed to be deceased.

According to the family, ██████████ was at work and ██████████ was left in the care of the grandparents and other family members. The grandparents are ██████████ and ██████████. While ██████████ was at work, ██████████ went outside to move the tractor and a truck was in the way. ██████████ got another family member, ██████████ (17) to move the truck. ██████████ was supposed to be on the front porch of the home, but apparently had gotten off the porch. The porch is noted to have been gated. There was no one on the front porch with ██████████. Each family member thought another family member was watching the child. When ██████████ went to back the truck up he did not see ██████████ and hit him with truck. Once ██████████ realized he had hit the child 911 was called and officers made the scene.

The injuries that were sustained by ██████████ were to his head. The injuries appear to be consistent with the child being hit by the truck and his head being back over at the time. ██████████ is going to be transported to the hospital and it is likely going to be ██████████ ██████████.

Both ██████████ ██████████ and ██████████ ██████████ officers have made the scene as well as Tennessee Highway Patrol. It has been determined that the scene is in ██████████ ██████████ ██████████. ██████████ ██████████ officers initially responded, but ██████████ ██████████ officers will be the ones investigating the matter. It is likely that the investigation will moved towards the hospital.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

It is noted that there is approximately 30 family members present on scene at this time.

This is all the information given at this time.

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

All adults and family member were cooperative during the entire investigation.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 11/05/2015 | Contact Method: | |
| Contact Time: | 10:50 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 11/09/2015 |
| Completed date: | 11/09/2015 | 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: 11/09/2015 11:02 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 11/05/2015 | Contact Method: | |
| Contact Time: | 10:50 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 11/09/2015 |
| Completed date: | 11/09/2015 | Completed By: | [REDACTED] |
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Case Recording Summary**

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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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

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

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Tennessee Department of Children's Services
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Case Status: Close

Organization: [REDACTED]

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| Contact Time: | 10:50 AM | Contact Duration: | |
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| Location: | | Created Date: | 11/09/2015 |
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Children Concerning**Participant(s)****Narrative Details**

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|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 11/05/2015 | Contact Method: | |
| Contact Time: | 10:50 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 11/09/2015 |
| Completed date: | 11/09/2015 | 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: 11/09/2015 11:02 AM Entered By: [REDACTED]
 This case has been reviewed by [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: | 11/05/2015 | Contact Method: | |
| Contact Time: | 10:50 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 11/09/2015 |
| Completed date: | 11/09/2015 | 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: 11/09/2015 11:02 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 11/05/2015 | Contact Method: | |
| Contact Time: | 10:50 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 11/09/2015 |
| Completed date: | 11/09/2015 | 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: 11/09/2015 11:02 AM Entered By: [REDACTED]
 This case has been reviewed by [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: | 11/05/2015 | Contact Method: | |
| Contact Time: | 10:50 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 11/09/2015 |
| Completed date: | 11/09/2015 | 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: 11/09/2015 11:02 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 11/05/2015 | Contact Method: | |
| Contact Time: | 10:50 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 11/09/2015 |
| Completed date: | 11/09/2015 | 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: 11/09/2015 11:02 AM Entered By: [REDACTED]
 This case has been reviewed by [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: | 11/05/2015 | Contact Method: | |
| Contact Time: | 10:50 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 11/09/2015 |
| Completed date: | 11/09/2015 | 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: 11/09/2015 11:02 AM Entered By: [REDACTED]

This case has been reviewed by [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: 11/05/2015

Contact Method:

Contact Time: 06:59 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/05/2015

Completed date: 11/05/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/05/2015 06:00 AM Entered By: [REDACTED]

This case has been reviewed and approved for closure by Lead Investigator (LI) [REDACTED]. Notice of the classification decision to the [REDACTED] Juvenile Court Judge will be provided by LI [REDACTED]. Notification of the classification to the district attorney will be provided by LI when applicable. Notice of the classification to the DCS Legal Attorney will be provided by LI [REDACTED]. All the appropriate paperwork has been reviewed and signed if applicable by LI [REDACTED].



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: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/24/2015 | Contact Method: | |
| Contact Time: | 01:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 09/25/2015 |
| Completed date: | 09/25/2015 | 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: 09/25/2015 08:59 AM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/24/2015

Contact Method:

Contact Time: 01:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/25/2015

Completed date: 09/25/2015

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: 09/25/2015 08:59 AM Entered By: [REDACTED]

This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]

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

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]

This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]

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

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]

This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/04/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | [REDACTED] |
| Location: | | Created Date: | 08/24/2015 |
| Completed date: | 08/24/2015 | 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: 08/24/2015 03:08 PM Entered By: [REDACTED]
 This case has been reviewed by [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]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/04/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 08/24/2015

Completed date: 08/24/2015

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: 08/24/2015 03:08 PM Entered By: [REDACTED]

This case has been reviewed by [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]

Case Recording Details

| | | | |
|-------------------|---|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 06/23/2015 | Contact Method: | |
| Contact Time: | 03:00 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/24/2015 |
| Completed date: | 06/24/2015 | 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: 06/24/2015 02:37 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Child Protective Service Investigator (CPSI) [REDACTED] received a referral on 09/21/2014 with an allegation of Neglect Death regarding Alleged Child Victim (ACV) [REDACTED]. On 09/21/2014, the Grandfather [REDACTED] and Cousin [REDACTED] were outside working on the tractor for most part of the day. [REDACTED] and [REDACTED] reported the ACV [REDACTED] was on the porch with the grandmother and she walked inside the home to use the bathroom and the child got off the porch. Family reported no one seen ACV [REDACTED] leave the porch. [REDACTED] asked [REDACTED] to pull the truck up and this is when he ran over the child. [REDACTED] reported he did not feel that he ran over the child and didn't know it until the grandfather screamed. Then at this time the child was carried in by a cousin named [REDACTED] [REDACTED] was in the door way of the home when ACV [REDACTED] was struck by the truck. CPSI [REDACTED] was informed the child was taken to [REDACTED] and from [REDACTED] [REDACTED] would be transported to [REDACTED] hospital for an autopsy; however it was decided the events were an accident and the autopsy was not performed.

The beginning of the investigation started out with [REDACTED] investigators and the later was transferred to [REDACTED] due to the property location. The investigation into this accident was conducted by the [REDACTED] Detective [REDACTED] and Tennessee Department of Children Services (DCS) Child Protective Service Investigator (CPSI) [REDACTED] and CPSI [REDACTED].

The report to DCS listed Grandfather [REDACTED], Grandmother [REDACTED] and Unknown Participant as the alleged perpetrator of Child Neglect Death.

As part of the investigation all family members and a home health professional that is present with the family for 12 hours a day were interviewed. During the interviews there was no indication of any of the family being inappropriate.

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

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

This case was presented to the [REDACTED] Child Protective Investigative Team (CPIT) on 03/02/2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

Family members appear to have been supervising [REDACTED] appropriately, however in a matter of a few seconds he was gone. And another family member was operating a vehicle which the [REDACTED] collided with. The family member appeared to be protective by having a gate and latch. All family were members were visibly shaken and heavily grief stricken.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.
The case will be closed and Classified as Allegation Unsubstantiated and Perpetrator Unsubstantiated 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]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/13/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/13/2015

Completed date: 04/13/2015

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: 04/13/2015 09:13 AM Entered By: [REDACTED]

This case continues to await to be reviewed for closure. This case is not awaiting an autopsy, for one was not completed. The family had continued to make adjustments to the fatality and the mother had improved to be able to return to work.



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: 03/18/2015

Contact Method: Face To Face

Contact Time: 02:55 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/18/2015

Completed date: 03/18/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/18/2015 01:56 PM Entered By: [REDACTED]

On 02/27/2015 Child Protective Service Investigator (CPSI) [REDACTED] went the family home to meet with [REDACTED] and [REDACTED] who are siblings of Alleged Child Victim [REDACTED]. The children reported they are doing fine and have been out of school for the last couple of weeks due to the snow. CPSI observed [REDACTED] brother of ACV [REDACTED]. [REDACTED] was observed with his home health nurse was feeding [REDACTED] while CPSI [REDACTED] was there. CPSI [REDACTED] did not observe any markings of bruising on the children.

Narrative Type: Addendum 1 Entry Date/Time: 04/13/2015 09:10 AM Entered By: [REDACTED]

This case was seen on 2/27/15 not 3/18/15.



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: 03/03/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/13/2015

Completed date: 04/13/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/13/2015 09:09 AM Entered By: [REDACTED]

On this date CPSI [REDACTED] presented the case to CPIT in [REDACTED] [REDACTED]. The team reviewed the findings of the case and allegations of the fatality.



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: 03/02/2015 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/18/2015
 Completed date: 03/18/2015 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: 03/18/2015 01:58 PM Entered By: [REDACTED]

On 03/02/2015 Child Protective Investigative Team (CPIT), present for the meeting were Child Protective Service Investigator (CPSI) [REDACTED] of [REDACTED] [REDACTED] Assistant District Attorney (ADA), Detective [REDACTED] with [REDACTED] [REDACTED]. The team agreed that this case can be Unsubstantiated this case was or was not referred for prosecution.



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: 02/02/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/23/2015

Completed date: 02/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 02:37 PM Entered By: [REDACTED]

CPSI [REDACTED] completed her monthly face to face with all of the siblings. CPSI [REDACTED] had no concerns or reported no signs of risk. CPSI [REDACTED] reports that the mother is now working and it is helping her with not thinking about her son she has loss. CPSI [REDACTED] will complete her March face to face for next month until the case is closed.



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: 01/30/2015

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/19/2015

Completed date: 02/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/19/2015 10:58 AM Entered By: [REDACTED]

On 1/30/2015 Child Protective Service Investigator (CPSI) [REDACTED] met with [REDACTED] reported he has been riding his bike. [REDACTED] reported he also play video games. [REDACTED] reported his mother may be signing him up for an after school program that he wants to attend. CPSI [REDACTED] did not observe any markings or bruising on [REDACTED] was wearing a long sleeve shirt with jeans.



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: 01/30/2015

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/19/2015

Completed date: 02/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/19/2015 02:23 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] observed [REDACTED] brother of Alleged Child Victim (ACV) [REDACTED] was observed to be in the living room on a couch. [REDACTED] was seated next to his home health nurse. CPSI [REDACTED] observed [REDACTED] to be connected to his G-tube feeds. [REDACTED] was observed to be wearing a shirt, hooded jacket, with pants. [REDACTED] was holding a book and pressing his hand down on the pages. CPSI [REDACTED] did not observe any markings or bruising on [REDACTED]



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: 01/30/2015

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/19/2015

Completed date: 02/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/19/2015 02:25 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] interviewed [REDACTED] brother of Alleged Child Victim (ACV) [REDACTED] [REDACTED] was observed in his bedroom playing video games. [REDACTED] reported he is attending school regularly and is not having any problems. [REDACTED] was observed wearing a black t-shirt with jeans. CPSI [REDACTED] did not observe any markings or bruising on [REDACTED]



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: 01/30/2015 Contact Method: Attempted Face To Face
 Contact Time: 03:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/19/2015
 Completed date: 02/19/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/19/2015 02:28 PM Entered By [REDACTED]

On 1/30/2015 Child Protective Service Investigator (CPSI) [REDACTED] did not see [REDACTED] is reported to be at an after school activity and would not be home until 7 PM.



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: 01/30/2015

Contact Method: Phone Call

Contact Time: 10:41 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/19/2015

Completed date: 02/19/2015

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: 02/19/2015 10:56 AM Entered By: [REDACTED]

On 1/30/2015 Child Protective Service Investigator (CPSI) [REDACTED] spoke with [REDACTED] mother of Alleged Child Victim (ACV) [REDACTED] reported she is still working and going to work helps her not think about losing her son.



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: 12/26/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:09 PM Entered By: [REDACTED]

CPSI [REDACTED] reported on the services received from several churches and community support groups for the [REDACTED] family. CPSI [REDACTED] delivered multiple packages and food for the family for Christmas from the agencies. CPSI [REDACTED] reported that the mother had returned to work and was doing better reported by the mother. CPSI [REDACTED] saw the children and reported no signs of risk or safety at this time.



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: 12/24/2014 Contact Method: Face To Face
 Contact Time: 03:30 PM 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): Other Child Living in the Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/30/2014 10:11 AM Entered By: [REDACTED]

On 12/24/2014 Child Protective Service Investigator (CPSI) [REDACTED] interviewed [REDACTED] brother of Alleged Child Victim (ACV) [REDACTED] was observed wearing a white t-shirt and jeans. [REDACTED] reported he had been up most of the night playing video games since school has been out. [REDACTED] reported his mother [REDACTED] and him will play video games together. [REDACTED] reported he has been riding his bicycle that he got as an early Christmas present. CPSI did not observe any markings or bruising on [REDACTED]



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: 12/24/2014 Contact Method: Face To Face
 Contact Time: 03:30 PM Contact Duration: Less than 30
 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): Other Child Living in the Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/30/2014 10:12 AM Entered By: [REDACTED]

On 12/24/2014 Child Protective Service Investigator (CPSI) [REDACTED] interviewed [REDACTED] sister of Alleged Child Victim (ACV) [REDACTED] at the family home. [REDACTED] reported she had been sick about a week ago but she is better now. [REDACTED] reported she has been active in cheer-leading and basketball. [REDACTED] showed CPSI [REDACTED] her new bicycle that she had received as an early Christmas gift. CPSI [REDACTED] observed [REDACTED] riding her bicycle. [REDACTED] was wearing a white shirt with pants and a hooded jacket. [REDACTED] had her hair pulled back in a ponytail. CPSI [REDACTED] did not observe any markings or bruising on [REDACTED]



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: 12/24/2014

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 30

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): Other Child Living in the Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/30/2014 10:14 AM Entered By: [REDACTED]

On 12/24/14 Child Protective Service Investigator (CPSI) [REDACTED] interviewed [REDACTED] brother of Alleged Child Victim (ACV) [REDACTED] showed CPSI [REDACTED] his bicycle he had got as an early Christmas present. [REDACTED] was observed riding his bike. [REDACTED] was dressed in jeans and a sleeveless shirt. CPSI [REDACTED] did not observe any markings or bruising on [REDACTED]



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: | 12/24/2014 | Contact Method: | Face To Face |
| Contact Time: | 03:30 PM | Contact Duration: | Less than 30 |
| 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): | Other Child Living in the Home Interview/Observation | | |
| Contact Sub Type: | | | |

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

Narrative Type: Original Entry Date/Time: 12/30/2014 10:16 AM Entered By: [REDACTED]

On 12/24/2014 Child Protective Service Investigator (CPSI) [REDACTED] went to the home of [REDACTED] brother of Alleged Child Victim (ACV) [REDACTED] (CPSI) [REDACTED] observed [REDACTED] on the couch asleep. [REDACTED] was wearing a clean diaper a green onesie and pants. [REDACTED] was connected to his G-tube feedings. [REDACTED] was holding his toy Elmo while he slept. [REDACTED] reported [REDACTED] had recently been to the GI doctor and is doing well. [REDACTED] in home nurse was observed to be in the home assisting in caring for him.



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: | 12/24/2014 | Contact Method: | Face To Face |
| Contact Time: | 03:30 PM | Contact Duration: | Less than 30 |
| 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 12/30/2014 10:17 AM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] made a home visit to the family home on 12/24/2014. CPSI [REDACTED] delivered 3 food packages for the family, gift cards to Wal-Mart for the family, and Christmas gifts to the family. [REDACTED] reported she is very grateful for the support the Department of Children Services has offered her and her family. [REDACTED] showed CPSI [REDACTED] a wall picture collage she had made of [REDACTED] reported she was able to get [REDACTED] a grave marker and showed CPSI [REDACTED] a picture of the grave marker on [REDACTED] burial place. [REDACTED] reported she has had the strength to go back to work and she is even picking up extra shifts.



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: 12/01/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/20/2014

Completed date: 12/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/20/2014 07:06 AM Entered By: [REDACTED]

Child Protective Service Investigator [REDACTED] and Lead Investigator [REDACTED] staffed on this date of her home visit and interviews with the family. CPSI [REDACTED] stated there continued to be no risk or harm noted at the home. CPSI [REDACTED] saw each child and had no concerns. CPSI [REDACTED] interviewed the mother and she has not returned to work and has not engaged in any grief therapy at this time. The risk of the gate continues to be in place. CPSI [REDACTED] reports the family is functioning well and has their daily needs meet.



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: 11/25/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 04:46 PM Entered By: [REDACTED]

On 11/25/2014 Child Protective Service Investigator (CPSI) [REDACTED] interviewed [REDACTED] brother of Alleged Child Victim (ACV [REDACTED] reported he had also been helping his papaw stack fire wood. [REDACTED] reported his family is going to start preparing for their Thanksgiving meal tonight because they are having their celebration tomorrow evening. [REDACTED] reported he is doing well. [REDACTED] was observed wearing a white t-shirt with jeans. [REDACTED] was not observed with any markings or bruising.



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: 11/25/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 04:43 PM Entered By: [REDACTED]

On 11/25/2014 Child Protective Service Investigator observed [REDACTED] in the arms of his home health nurse. [REDACTED] is 2 years old and is the brother of Alleged Child Victim (ACV) [REDACTED]. [REDACTED] was observed to be in his bed with his home health nurse at his side. [REDACTED] was taking a nap, and when he heard CPSI [REDACTED] voice he raised his head and sat up. [REDACTED] was observed wearing a green and gray shirt with navy knit pants. CPSI did not observe any markings or bruising on [REDACTED] was hooked up to his G-Tube feeding when CPSI was present.



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: 11/25/2014 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/25/2014
 Completed date: 11/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 04:45 PM Entered By: [REDACTED]

On 11/25/2014 Child Protective Service Investigator (CPSI) [REDACTED] interviewed [REDACTED] sister of Alleged Child Victim (ACV) [REDACTED] at the family home. CPSI interviewed [REDACTED] was wearing a white t-shirt with silver writing and jeans. [REDACTED] reported she is excited about Thanksgiving and the "big meal they will have." [REDACTED] reported she is doing well but misses her brother [REDACTED] was not observed with any markings or bruising.



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: 11/25/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/25/2014

Completed date: 11/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2014 04:47 PM Entered By: [REDACTED]

On 11/25/14 Child Protective Service Investigator (CPSI) [REDACTED] interviewed [REDACTED] brother of Alleged Child Victim (ACV) [REDACTED] was wearing a blue t-shirt with jeans. [REDACTED] was helping his papaw stack fire wood. [REDACTED] reported he had gotten his hair cut. [REDACTED] reported he is out of school for the Thanksgiving Holiday. [REDACTED] did not report any problems at home. [REDACTED] was not observed with any markings or bruising on him.



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: 10/28/2014

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/22/2014

Completed date: 11/22/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/22/2014 09:41 AM Entered By: [REDACTED]

On this date Child Protective Service Investigator (CPSI) [REDACTED] made her monthly home visit with this family. CPSI [REDACTED] reports that the mother is not back to work at this time however, her boss is holding her job open. CPSI [REDACTED] observed the new locks that have been implemented to the gate on the porch. CPSI [REDACTED] discussed counseling with the mother on this date and she stated they are not looking to do counseling at this time. CPSI [REDACTED] reported that the 17 year is now receiving counseling at [REDACTED]. CPSI [REDACTED] reports the home is functioning under the circumstance and they have their needs meet at this time. CPSI [REDACTED] had no immediate Safety or Risk to report.



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: 10/28/2014

Contact Method: Face To Face

Contact Time: 04:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/04/2014

Completed date: 11/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2014 04:29 PM Entered By: [REDACTED]

On 10/28/2014 at 4:50PM Child Protective Service Investigator (CPSI) [REDACTED] interviewed [REDACTED] brother of Alleged Child Victim (ACV) [REDACTED]. CPSI observed a reddish mark extending from the left side of the neck to the right side of the neck on [REDACTED]. CPSI asked [REDACTED] what happened to his neck. [REDACTED] reported he decided to pull his bike by his neck. [REDACTED] reported he tied a rope to his bike and his neck and was dragging his bike around. [REDACTED] reported his mother was mad at him and yelled at him to take the rope off of his neck. [REDACTED] was not observed with any other marks or bruising. [REDACTED] was observed wearing a striped shirt with jeans. [REDACTED] reported he feels safe at home.



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: 10/28/2014

Contact Method: Face To Face

Contact Time: 04:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/04/2014

Completed date: 11/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2014 04:27 PM Entered By: [REDACTED]

On 10/28/2014 at 4:40PM Child Protective Service Investigator (CPSI) [REDACTED] interviewed [REDACTED] brother of Alleged Child Victim (ACV) [REDACTED] reported he feels he is doing fine with handling his brother's death. [REDACTED] reported his family has come together to support each other. [REDACTED] was observed wearing a t-shirt, jeans, and boots. [REDACTED] did not have any markings or bruising on him. [REDACTED] reported he feels safe in his home.



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: | 10/28/2014 | Contact Method: | Face To Face |
| Contact Time: | 04:30 PM | Contact Duration: | Less than 15 |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | Family Home | Created Date: | 11/04/2014 |
| Completed date: | 11/04/2014 | Completed By: | [REDACTED] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Sibling Interview/Observation | | |
| Contact Sub Type: | | | |

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

Narrative Type: Original Entry Date/Time: 11/04/2014 04:25 PM Entered By: [REDACTED]

On 10/28/2014 4:30PM Child Protective Service Investigator (CPSI) [REDACTED] interviewed [REDACTED] sister of Alleged Child Victim (ACV) [REDACTED] at the family home. CPSI interviewed [REDACTED] outside next to the home alone. CPSI observed [REDACTED] had written on the top of her left hand with a black marker [REDACTED] reported she had been thinking about her brother and decided to write his name. [REDACTED] reported she has still been attending church. [REDACTED] reported she is doing well in school. [REDACTED] reported her brother [REDACTED] had put a rope around his neck and tied it to his bike and was pulling his bike by his neck. [REDACTED] reported her mother yelled at [REDACTED] to take the rope off of his neck or he was going to be in trouble. CPSI observed [REDACTED] to be wearing a pink shirt and jeans. CPSI did not observe any markings or bruising on [REDACTED] reported she feels safe at home.



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: 10/28/2014

Contact Method: Face To Face

Contact Time: 04:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/04/2014

Completed date: 11/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2014 04:24 PM Entered By: [REDACTED]

10/28/2014 4:20PM Child Protective Service Investigator observed [REDACTED] in the arms of his home health nurse. [REDACTED] is 2 years old and is the brother of Alleged Child Victim (ACV) [REDACTED] could not be interviewed due to his age. CPSI [REDACTED] observed [REDACTED] to be wearing a long sleeved shirt with jeans. CPSI [REDACTED] did not observe any markings or bruising on [REDACTED]



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: 10/28/2014 Contact Method: Face To Face
 Contact Time: 04:10 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/04/2014
 Completed date: 11/04/2014 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: 11/04/2014 04:21 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] made phone contact with mother [REDACTED] on 10/28/2014 at 4:10PM. [REDACTED] is the mother of Alleged Child Victim (ACV) [REDACTED]. CPSI [REDACTED], CPSI [REDACTED] and CPSI [REDACTED] went to the family home. [REDACTED] reported she is taking [REDACTED] death a day at a time. [REDACTED] reported she has good days and bad days. [REDACTED] reported she has not gone back to work. [REDACTED] reported her employer is holding her position open. [REDACTED] reported she has not sought out counseling for her or her other children. [REDACTED] reported if she feels the family is going to need counseling she knows what to do to get counseling. [REDACTED] reported her 2 year old [REDACTED] is preparing for his next heart surgery that will be coming up in 2015. [REDACTED] reported [REDACTED] the driver of the truck that accidentally ran over [REDACTED] has started counseling with [REDACTED]. [REDACTED] showed CPSI [REDACTED] the gate to the front porch. [REDACTED] and her family have put new lock on the gate. [REDACTED] showed CPSI [REDACTED] they put latches/ locks on both sides of the gate to the main porch. CPSI asked [REDACTED] is there anything she can think of the may need assistance with. [REDACTED] reported she is not in need of any assistance at this time. [REDACTED] reported her son [REDACTED] got in trouble the other day. [REDACTED] reported she seen her son pulling his bike with a rope tied around his neck. [REDACTED] reported she yelled at her son to take the rope off and asked him why he would put a rope around his neck after his brother had just died. [REDACTED] reported her son [REDACTED] told her he was just seeing if he could pull his bike around by his neck.



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: 10/27/2014

Contact Method: Face To Face

Contact Time: 02:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/27/2014

Completed date: 10/27/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/27/2014 02:35 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] went to [REDACTED] on 10/27/2014 at 2:45PM to obtain medical records on [REDACTED]. The medical records indicate the child [REDACTED] was dead on arrival when he arrived at [REDACTED]. The hospital records indicate [REDACTED] was struck by a slow moving vehicle in the head. CPSI is uploading the medical records from [REDACTED] in the documents section. The original medical records can be located in the hard file.



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: 10/08/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2014

Completed date: 10/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2014 05:45 PM Entered By: [REDACTED]

On this date Child Protective Service Investigator (CPSI) [REDACTED] discussed the current information with Lead Investigator (LI) [REDACTED] that there would be no autopsy and will be she be once receiving the police report from [REDACTED] LI [REDACTED] and CPSI [REDACTED] discussed that she will let her supervisor know when she completes her visit for October and staff the visit and if the family has any support with the grief.



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: 09/24/2014 Contact Method:

Contact Time: 03:31 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 11/05/2015

Completed date: 11/05/2015 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: 11/05/2015 05:58 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] scanned a copy of the incident/police report from the [REDACTED] [REDACTED] regarding the death of [REDACTED] into documents in TFACTS on this date and time.

Narrative Type: Addendum 1 Entry Date/Time: 11/05/2015 06:29 AM Entered By: [REDACTED]

Law enforcement recorded interviews with the mother [REDACTED] the maternal grandfather [REDACTED] and the cousin, [REDACTED] Written statements were also obtained from [REDACTED], and cousin [REDACTED] as well.



**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: | 09/23/2014 | Contact Method: | |
| Contact Time: | 05:42 PM | Contact Duration: | Less than 01 Hour |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 09/23/2014 |
| Completed date: | 09/23/2014 | 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)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/23/2014 04:42 PM Entered By: [REDACTED]

Case Assignment:
DATE: 09/21/14
TIME: 05:25PM [REDACTED]

This case was assigned to Child Protective Service Investigator (CPSI) [REDACTED] by Investigative Lead (LI) [REDACTED]. This case is assigned as a P1.

DCS History: 9/20/07-Investigation: [REDACTED] Sexual Abuse against [REDACTED] on [REDACTED] Allegation Unsubstantiated/Alleged Perpetrator Unsubstantiated

9/21/10-Assessment: [REDACTED] Lack of Supervision against [REDACTED] on [REDACTED] No Services Needed

3/15/11-Assessment: [REDACTED] Drug Exposed Child against [REDACTED] on [REDACTED] and [REDACTED] No Services Needed

4/26/12-Assessment: [REDACTED] Drug Exposed Infant against [REDACTED] on [REDACTED] Services Recommended and Accepted and Drug Exposed Child against [REDACTED] on [REDACTED] and [REDACTED] Services Recommended and Accepted

1/8/13-Investigation: [REDACTED] Sexual Abuse against [REDACTED] Unknown and [REDACTED] Unknown or [REDACTED] Allegation Unsubstantiated/Alleged Perpetrator Unsubstantiated

3/28/13-Investigation: [REDACTED] Drug Exposed Infant against [REDACTED] on [REDACTED] Allegation Substantiated/Alleged Perpetrator Substantiated and Drug Exposed Child against [REDACTED] on [REDACTED] and [REDACTED]

[REDACTED] Allegation Unsubstantiated/Alleged Perpetrator Unsubstantiated

7/21/14-Assessment: [REDACTED] transferred to [REDACTED] Environmental Neglect and Physical Abuse against [REDACTED] and [REDACTED] on an Unknown Alleged Child Victim (Unable to Complete) and on [REDACTED] [REDACTED] and [REDACTED] No Services Needed (case was closed on 8/1/14)

3/4/11-Assessment: [REDACTED] Drug Exposed Child against [REDACTED] on [REDACTED] Services Recommended and Accepted

6/28/12-Assessment: [REDACTED] Drug Exposed Child against [REDACTED] on [REDACTED] and [REDACTED] No Services Needed

Name of Family: [REDACTED]
Address [REDACTED]

Referent Notification: N/A

At the conclusion of this case, a 740 will be submitted to the supervisor to be reviewed and signed, and then



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

submitted to the Juvenile Court on a weekly basis as requested by the court.

Referral: [REDACTED] (1) is the child of [REDACTED]. The father of [REDACTED] is unknown. [REDACTED] has 4 other children in her custody and their names are [REDACTED] (10), [REDACTED] (14), [REDACTED] (7), and [REDACTED] (2). [REDACTED] had no special needs or disabilities. It is unknown if the other children have any special needs or disabilities. There are several adults residing in the home with [REDACTED] and her children. It is unknown if the family has history with the Tennessee Department of Children Services. There are no known safety concerns for a case worker going out to the home or a history of domestic violence.

On September 21, 2014 at around 4:25 p.m. [REDACTED] law enforcement responded to a call in reference to a child being run over by a vehicle. When officers responded to the scene the child was determined to be [REDACTED]. Prior to officers arrival, a cousin, [REDACTED] had picked [REDACTED] out of the drive way and placed him in a chair inside the home. By the time officers had arrived [REDACTED] was nonresponsive. EMTs were called to the scene and are still present at this time. [REDACTED] is believed to be deceased.

According to the family, [REDACTED] was at work and [REDACTED] was left in the care of the grandparents and other family members. The grandparents are [REDACTED] and [REDACTED]. While [REDACTED] was at work, [REDACTED] went outside to move the tractor and a truck was in the way. [REDACTED] got another family member, [REDACTED] (17) to move the truck. [REDACTED] was supposed to be on the front porch of the home, but apparently had gotten off the porch. The porch is noted to have been gated. There was no one on the front porch with [REDACTED]. Each family member thought another family member was watching the child. When [REDACTED] went to back the truck up he did not see [REDACTED] and hit him with truck. Once [REDACTED] realized he had hit the child 911 was called and officers made the scene.

The injuries that were sustained by [REDACTED] were to his head. The injuries appear to be consistent with the child being hit by the truck and his head being back over at the time. [REDACTED] is going to be transported to the hospital and it is likely going to be [REDACTED].

Both [REDACTED] and [REDACTED] officers have made the scene as well as Tennessee Highway Patrol. It has been determined that the scene is in [REDACTED]. [REDACTED] officers initially responded, but [REDACTED] officers will be the ones investigating the matter. It is likely that the investigation will move towards the 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: 09/23/2014

Contact Method:

Contact Time: 03:01 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/05/2015

Completed date: 11/05/2015

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: 11/05/2015 11:52 AM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] uploaded the medical records on [REDACTED] into the document section of TFACTS.



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: 09/22/2014

Contact Method:

Contact Time: 03:31 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/05/2015

Completed date: 11/05/2015

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: 11/05/2015 11:48 AM Entered By: [REDACTED]

Child Protective Investigator (CPSI) [REDACTED] uploaded the police report on Alleged Child Victim (ACV) [REDACTED] into the document section of TFACTS.



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: 09/22/2014 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/29/2014
 Completed date: 09/29/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/29/2014 02:10 PM Entered By: [REDACTED]

Case Manager for CPS Investigator (CPSI) [REDACTED] and Lead Investigator (LI) [REDACTED] interviewed the family on this date. [REDACTED] is the mother. [REDACTED] reported she is a recovering addict. [REDACTED] reported she is a suboxone treatment program. [REDACTED] report she attends [REDACTED] and gave a phone number of [REDACTED] reported she has an appointment on 9/24/14. [REDACTED] reported she is finally getting her life in order. [REDACTED] reported the more she does right she seems to be punished. [REDACTED] reported she doesn't even want to go back to work. [REDACTED] reported she is employed at the [REDACTED] in [REDACTED] CPSI [REDACTED] LI [REDACTED] explained to [REDACTED] to consult with her treatment program or her doctor about her recent circumstances to see if their needs to be an adjustment in her treatment program. CPSI [REDACTED] and LI [REDACTED] explained to [REDACTED] during this time of crisis it could easily trigger her into a relapse. [REDACTED] reported she knew. CPSI [REDACTED] and LI [REDACTED] went over the benefits of grief counseling, obtaining support from her family, and other ways to support her while she is grieving. [REDACTED] reported she received a phone call at work telling her that her son had been run over. [REDACTED] reported her boss took her home and that her family would not let her see her son [REDACTED] due to the condition of his body. [REDACTED] maternal grandmother reported she, [REDACTED] and [REDACTED] was setting on the porch in a swing. [REDACTED] reported [REDACTED] is [REDACTED] mother and she is 89. [REDACTED] reported [REDACTED] does not know she "is in this world." [REDACTED] reported she had just finished feeding [REDACTED] a sucker. [REDACTED] reported she had to go use the bathroom and she got up to go to the bathroom. [REDACTED] reported she asked [REDACTED] who is 14 to watch out of [REDACTED] while she went to the bathroom. [REDACTED] reported before she finished using the bathroom she heard screaming. [REDACTED] reported she ran out of the bathroom and her grandson [REDACTED] yelled that [REDACTED] had been ran over. [REDACTED] reported [REDACTED] came running in with [REDACTED] and put him on the recliner. [REDACTED] reported the home health nurse heard the screaming and stepped in to try and help [REDACTED] but she did not get a pulse. [REDACTED] reported she was calling 911 while the nurse was with [REDACTED] reported the nurse said "he was gone." [REDACTED] reported [REDACTED] and [REDACTED] both are siblings were at church when [REDACTED] was run over. [REDACTED] reported [REDACTED] was in the truck driving and ran over [REDACTED] reported the entire family is extremely upset. [REDACTED] maternal grandfather was visibly shaken while at the DCS office he broke down crying several times. [REDACTED] reported it was a terrible accident. [REDACTED] reported he and [REDACTED] were working on a tractor and he asked [REDACTED] to pull the truck forward so they could get the tractor out. [REDACTED] reported by time he seen [REDACTED] was already moving the truck and he began screaming but it was too late [REDACTED] had already been hit. [REDACTED] reported that the family was given a burial plot for [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

CPSI [REDACTED] and LI [REDACTED] discussed due to the nature of the case that DCS would have an open case for several months and that we would need to make monthly contact. CPSI [REDACTED] explained she will continue to assess any needs of the family during this time frame.

The family left the office at 3:30 pm to go to the funeral home to meet with the funeral director to view the body and make arrangements. CPSI [REDACTED] made sure to give her contact information to the family and provided them with her business card.



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: 09/22/2014 Contact Method: Correspondence
 Contact Time: 09:30 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/23/2014
 Completed date: 09/23/2014 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: 09/23/2014 12:26 PM Entered By: [REDACTED]

CPSI [REDACTED] was made aware there would be no autopsy once she received the police report from [REDACTED] on 9/22/14 . An Autopsy was originally discussed on 9/21/14.



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: 09/21/2014

Contact Method:

Contact Time: 10:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/05/2015

Completed date: 11/05/2015

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: 11/05/2015 11:44 AM Entered By: [REDACTED]

A safety assessment was completed with the family and siblings of Alleged Child Victim (ACV) [REDACTED]. The siblings of [REDACTED] did not disclose any abuse and reported they are taken care of by their family.



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: 09/21/2014 Contact Method:

Contact Time: 09:35 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 11/05/2015

Completed date: 11/05/2015 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: 11/05/2015 06:46 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] and CPSI [REDACTED] assessed safety and risk for the surviving siblings and juvenile family members at the family home on this date. All siblings and juvenile family members appeared to be safe and needs met on this date. The family has undergone a traumatic family event in the tragic loss of a family member and services will be offered to address the needs of this family surrounding grief and loss.



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: 09/21/2014

Contact Method: Phone Call

Contact Time: 09:34 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

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: 09/23/2014 11:28 AM Entered By: [REDACTED]

9:34pm [REDACTED] CPSI spoke with Detective [REDACTED] Detective [REDACTED] reported the child is still currently at [REDACTED] [REDACTED] and would be transported to [REDACTED] for an autopsy. Detective [REDACTED] reported he would send CPSI information as he received it. Detective [REDACTED] asked for CPSI email which she provided to him. Detective [REDACTED] reported the death of [REDACTED] appears to be accidental.



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: 09/21/2014

Contact Method: Face To Face

Contact Time: 09:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 11:20 AM Entered By: [REDACTED]

CPSI observed [REDACTED] in his bed with his home health nurse at his side. [REDACTED] has a heart condition that is going to require surgery. [REDACTED] has a home health nurse from 7am until 11pm daily. [REDACTED] was hooked up to a feeding tube. [REDACTED] is reported to have another surgery in April of 2015. The home health nurse name is [REDACTED] reported she has no concerns for the family. [REDACTED] reported she has never seen anyone impaired at the home and has seen no drug use.



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: 09/21/2014

Contact Method: Face To Face

Contact Time: 09:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 10:54 AM Entered By: [REDACTED]

CPSI [REDACTED] then engaged [REDACTED]. He is 7 yrs old. He lives with mom, grandpa, grandma, and siblings. He sleeps with his grandparents most of the time. He reported he was at church today when this happened to his brother and his aunt told him what had happen. He reported no one takes medicine at his home besides his little brother [REDACTED]. He reported he doesn't know what drugs are at this time. He wants to be a cop when he grows up.



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: 09/21/2014

Contact Method: Phone Call

Contact Time: 09:13 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

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: 09/23/2014 11:26 AM Entered By: [REDACTED]

9:13pm [REDACTED] CPSI [REDACTED] staffed the case with LI [REDACTED] CPSI [REDACTED] informed LI [REDACTED] she had interviewed the children and let her know the mother of [REDACTED] is [REDACTED]. CPSI [REDACTED] reported LI [REDACTED] was working at the time of the accident. CPSI explained the LI [REDACTED] she had set up a meeting with the family on 9/22/14 at 2:30pm [REDACTED] at the DCS office in [REDACTED] [REDACTED]



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: 09/21/2014

Contact Method: Face To Face

Contact Time: 09:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 11:14 AM Entered By: [REDACTED]

CPSI [REDACTED] next interviewed [REDACTED] reported she was not at home when her brother became hurt. [REDACTED] reported she was at church. [REDACTED] reported she feels safe at home and has her own bed. [REDACTED] reported anytime she is hungry she can go get food from the fridge or cabinets in their kitchen. [REDACTED] reported her brother [REDACTED] has a nurse and his nurse gives him medicine. [REDACTED] was interviewed alone in the living room.



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: | 09/21/2014 | Contact Method: | Face To Face |
| Contact Time: | 09:00 PM | Contact Duration: | Less than 15 |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | Family Home | Created Date: | 09/23/2014 |
| Completed date: | 09/23/2014 | 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: 09/23/2014 11:24 AM Entered By: [REDACTED]

9:00pm [REDACTED] CPSI [REDACTED] spoke with the family and gave them grief counseling information. CPSI provided a resource guide and phone numbers to local counseling centers. CPSI scheduled a meeting with the family for 09/22/2014 at 2:30pm [REDACTED] at the [REDACTED] DCS office. Grief Counseling information was given to [REDACTED] mother and father by CPSI [REDACTED]. CPSI [REDACTED] provided grief counseling information to [REDACTED].



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: 09/21/2014

Contact Method: Face To Face

Contact Time: 08:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 10:58 AM Entered By: [REDACTED]

CPSI gave resource packets to CPSI [REDACTED] for her to give to the family. CPSI [REDACTED] had the mother sign a release on [REDACTED]



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: 09/21/2014

Contact Method: Face To Face

Contact Time: 08:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2014 11:10 AM Entered By: [REDACTED]

8:45 pm [REDACTED] CPSI [REDACTED] was engaged by CPSI [REDACTED] who reported LI [REDACTED] wanted the other children in the home to be interviewed. CPSI interviewed the children that live in the home. [REDACTED] is an older brother. [REDACTED] reported when the accident happened he was standing in the main door to the home putting on his boots and the next thing he knew his cousin ran in with his baby brother because he had been ran over. [REDACTED] reported he started crying uncontrollably. [REDACTED] reported he feels safe in the family home. [REDACTED] reported he does not see anyone who uses drugs around him. [REDACTED] reported his brother [REDACTED] has a nurse and that [REDACTED] gets medicine. [REDACTED] reported he is fed and does not go hungry.



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: 09/21/2014

Contact Method: Face To Face

Contact Time: 08:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

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: 09/23/2014 11:06 AM Entered By: [REDACTED]

8:30 pm [REDACTED] CPSI [REDACTED] arrived on the scene. CPSI was given Detective [REDACTED] phone number to be able to contact him with any questions and to obtain the police report. CPSI was informed the child was taken to [REDACTED] and from [REDACTED] [REDACTED] would be transported to [REDACTED] hospital for an autopsy.



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: System Completed
 Contact Date: 09/21/2014 Contact Method: Attempted Face To Face
 Contact Time: 08:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/24/2015
 Completed date: 06/25/2015 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/24/2015 02:49 PM Entered By: [REDACTED]

There was no an initial face to face due to the Alleged Child Victim was deceased and had been transported to [REDACTED]
 [REDACTED]



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: 09/21/2014

Contact Method: Face To Face

Contact Time: 08:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

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: 09/23/2014 10:52 AM Entered By: [REDACTED]

CPSI [REDACTED] engaged [REDACTED] and [REDACTED] who are the parents of [REDACTED] and explained grief counseling to them for [REDACTED]



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: | 09/21/2014 | Contact Method: | Face To Face |
| Contact Time: | 08:00 PM | Contact Duration: | Less than 01 Hour |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | Family Home | Created Date: | 09/23/2014 |
| Completed date: | 09/23/2014 | 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: 09/23/2014 10:50 AM Entered By: [REDACTED]

Detective [REDACTED] interviewed everyone at the family home at this time. Detective [REDACTED] reported the grandfather [REDACTED] and cousin [REDACTED] was outside working on the tractor about all day yesterday and had been driving the tractor up and down the driveway. They reported the child was on the porch with the grandmother and she walked in and the child got off the porch. No one seen that he got off the porch. The grandfather asked [REDACTED] to pull the truck up and this is when he ran over the child. [REDACTED] reported he did not feel that he ran over the child and didn't know it until the grandfather screamed. Then at this time the child was carried in by the cousin named [REDACTED]. The child was transported to [REDACTED] and will be transported to [REDACTED].



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: 09/21/2014 Contact Method: Attempted Face To Face
 Contact Time: 08:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 09/14/2015
 Completed date: 09/14/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/14/2015 02:59 PM Entered By: [REDACTED]

On 9/21/2014 Child Protective Investigator (CPSI) [REDACTED] arrived at the family home and made contact with CPSI [REDACTED] who was initially working the case until it was decided that jurisdiction was [REDACTED] CPSI [REDACTED] reported she did not observe the body and by the time CPSI [REDACTED] arrived on scene the body had been taken to the hospital. The Alleged Child Victim (ACV) is [REDACTED] Law Enforcement (LE) [REDACTED] reported when the pink blanket and towel was removed a small child was observed. The child was reported to be a white male well developed wearing a white onesie and diaper. LE noted the child had a significant blood loss from the face and head area. A napkin had been placed on the child to attempt to stop blood loss. The napkin was covered in blood. LE noted the child had severe head trauma. The trauma had deformed the shape of the child's head and there were open lacerations. There were gravel impressions on the child's foot and leg. LE noted Rigor mortis had not begun to set in yet and the child's back was somewhat warm to the touch. LE checked the child's diaper that was wet, but otherwise noted as clean.



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: | 09/21/2014 | Contact Method: | Phone Call |
| Contact Time: | 07:30 PM | Contact Duration: | Less than 30 |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | Family Home | Created Date: | 09/23/2014 |
| Completed date: | 09/23/2014 | 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: 09/23/2014 10:47 AM Entered By: [REDACTED]

[REDACTED] Detective [REDACTED] reported this is a [REDACTED] case and they would be taking it over.
 CPSI [REDACTED] reported she was on her way to the family home.



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: 09/21/2014

Contact Method: Face To Face

Contact Time: 06:40 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/23/2014

Completed date: 09/23/2014

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: 09/23/2014 10:44 AM Entered By: [REDACTED]

CPSI [REDACTED] engaged the mother to explain who she was and that she worked for DCS. The mother was crying and upset. CPSI [REDACTED] told the mother that she would go over grief counseling with her for herself and her children. The mother reported [REDACTED] and [REDACTED] father is [REDACTED] and [REDACTED] father is [REDACTED], and [REDACTED] father is [REDACTED]



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: | 09/21/2014 | Contact Method: | Face To Face |
| Contact Time: | 06:30 PM | Contact Duration: | Less than 01 Hour |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | Family Home | Created Date: | 09/23/2014 |
| Completed date: | 09/23/2014 | 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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/23/2014 10:41 AM Entered By: [REDACTED]

CPSI [REDACTED] arrived at the home and the following information was given to her from Detective [REDACTED] Mother [REDACTED] deceased child [REDACTED] sister of the child [REDACTED] brother of the child [REDACTED] brother of the child [REDACTED] brother of the child [REDACTED] and driver of the vehicle and cousin of the child [REDACTED] Detective [REDACTED] reported THP and [REDACTED] [REDACTED] are on their way due to this looks like a [REDACTED] case. Detective [REDACTED] reported the child was ran over and a family member named [REDACTED] carried the child into the home and laid him in a chair and they called 911.



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: | 09/21/2014 | Contact Method: | Phone Call |
| Contact Time: | 05:15 PM | Contact Duration: | Less than 01 Hour |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | Other Community Site | Created Date: | 09/23/2014 |
| Completed date: | 09/23/2014 | 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: 09/23/2014 10:37 AM Entered By: [REDACTED]

CPSI [REDACTED] was engaged by TL [REDACTED] today around 5:15 pm. She reported there was a child death case in [REDACTED] and Detective [REDACTED] is waiting on CPSI [REDACTED]

CPSI [REDACTED] then was engaged by TL [REDACTED] reporting CPSI [REDACTED] would need to staff with her and she gave CPSI [REDACTED] Detective [REDACTED] phone number.

CPSI [REDACTED] engaged Detective [REDACTED] by phone around 5:39 pm. Detective [REDACTED] reported he is unsure if this is a [REDACTED] or [REDACTED] case and he would let CPSI [REDACTED] know when he knows and asked CPSI [REDACTED] to head on to the family home which is on [REDACTED] CPSI [REDACTED] engaged [REDACTED] Dispatch and they reported the address is [REDACTED]



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: 09/21/2014 Contact Method:
 Contact Time: 05:08 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/22/2014
 Completed date: 09/22/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2014 01:32 PM Entered By: [REDACTED]

[REDACTED] Child Death

9/21/14

5:08 pm [REDACTED]

Det. [REDACTED] with the [REDACTED] contacted Lead Investigator (LI) [REDACTED] on this date regarding a child death, at the residence located at [REDACTED]. Det. [REDACTED] reported that Deputy [REDACTED] is currently on scene and he is en-route. Det. [REDACTED] reported that the 15-month old was reported to have been backed over by a vehicle in the driveway at the residence of the grandparents. Det. [REDACTED] did not have any demographic information or name of the alleged child victim or the child's family. LI [REDACTED] advised for Det. [REDACTED] to make sure that the referral is called in to central intake and that I would be contacting the on-call Child Protective Services Investigator (CPSI), [REDACTED]. Det. [REDACTED] reported that he would contact LI [REDACTED] once he has made contact with the family and obtains more information.

5:13 pm [REDACTED]

LI [REDACTED] contacted [REDACTED] to notify him of the child death.

5:14 pm [REDACTED]

LI [REDACTED] notified on-call lead investigator, [REDACTED] and it was agreed that LI [REDACTED] would staff this case due to it being a [REDACTED] case and due to L [REDACTED] traveling to [REDACTED] at the present time.

5:18 pm [REDACTED]

LI [REDACTED] contacted on-call CPSI [REDACTED] to inform her of the child death in [REDACTED] and provided her with Det. [REDACTED] cell phone to call him for more information and to find out if she needs to go to the residence or to the emergency room.

5:21 pm [REDACTED]

LI [REDACTED] contacted Det [REDACTED] to inform him that CPSI [REDACTED] was en-route and would be coming from [REDACTED]. Det. [REDACTED] reported that he has arrived on the scene but has not been able to talk with the family. Det. [REDACTED] was able to inform LI [REDACTED] that he was in the process of taking pictures of the scene of the incident outside and that there appears to be brain matter on the tire of the truck. Det. [REDACTED] stated that he will be taking pictures of the infant as well who according to the Deputy [REDACTED] was inside the residence covered with a sheet as the family carried the infant inside the house after the incident. LI [REDACTED] requested that Det. [REDACTED] obtain the name of the alleged child victim and family members so that LI [REDACTED] could be working on checking history on the family in TFACTS. LI [REDACTED] also checked on the status of the referral and Det. [REDACTED] reported that he will be calling central intake.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

5:23 pm [REDACTED]

LI [REDACTED] contacted on-call supervisor, [REDACTED] to inform her of the child death and informed her that I would call her back with more information once the information became available.

5:25 pm [REDACTED]

LI [REDACTED] completed a TFACTS history search on the family on this date and time.

9/20/07-Investigation-[REDACTED] Sexual Abuse against [REDACTED] or [REDACTED] Allegation Unsubstantiated/Alleged Perpetrator Unsubstantiated

9/21/10-Assessment-[REDACTED] Lack of Supervision against [REDACTED] on [REDACTED] No Services Needed

3/15/11-Assessment-[REDACTED] Drug Exposed Child against [REDACTED] on [REDACTED] and [REDACTED] No Services Needed

4/26/12-Assessment-[REDACTED] Drug Exposed Infant against [REDACTED] on [REDACTED] Services Recommended and Accepted and Drug Exposed Child against [REDACTED] and [REDACTED] Services Recommended and Accepted

1/8/13-Investigation-[REDACTED] Sexual Abuse against [REDACTED] Unknown and [REDACTED] Unknown on [REDACTED] Allegation Unsubstantiated/Alleged Perpetrator Unsubstantiated

3/28/13-Investigation-[REDACTED] Drug Exposed Infant against [REDACTED] on [REDACTED] Allegation Substantiated/Alleged Perpetrator Substantiated and Drug Exposed Child against [REDACTED] on [REDACTED] and [REDACTED]

[REDACTED] Allegation Unsubstantiated/Alleged Perpetrator Unsubstantiated

7/21/14-Assessment-[REDACTED] transferred to [REDACTED] Environmental Neglect and Physical Abuse against [REDACTED] and [REDACTED] on an Unknown Alleged Child Victim (Unable to Complete) and on [REDACTED]

[REDACTED] and [REDACTED] No Services Needed (case was closed on 8/1/14)

3/4/11-Assessment-[REDACTED] Drug Exposed Child against [REDACTED] on [REDACTED] Services Recommended and Accepted

6/28/12-Assessment-[REDACTED] Drug Exposed Child against [REDACTED] on [REDACTED] and [REDACTED] No Services Needed

5:55 pm [REDACTED]

Det. [REDACTED] contacted LI [REDACTED] back to provide me with information on the family. Det. [REDACTED] reported that he has talked with the [REDACTED] as the family is reporting that they pay taxes in [REDACTED] and that they pay for their vehicle registration in [REDACTED]. Det. [REDACTED] reported that [REDACTED] contacted [REDACTED] and an officer is en-route from [REDACTED] to determine whether or not they will be taking the case as [REDACTED]. Dispatch has confirmed that the residence is [REDACTED]. LI [REDACTED] asked Det. [REDACTED] were the victim is currently located and Det. [REDACTED] stated that the infant, [REDACTED] is inside the residence lying in a chair with a sheet over him. Det. [REDACTED] did confirm that the infant, [REDACTED] was deceased on impact from what law enforcement and the [REDACTED] Paramedics could determine.

LI [REDACTED] talked to Deputy [REDACTED] immediately after talking with Det. [REDACTED] as Det. [REDACTED] had to talk with a family member. Deputy [REDACTED] reported that he received the call from dispatch at approximately 4:25 pm [REDACTED]. LI [REDACTED] asked Deputy [REDACTED] to explain what information he had obtained from the family to explain what happened to the deceased infant, [REDACTED]. Deputy [REDACTED] reported that the household consists of the mother, [REDACTED] the deceased child, [REDACTED] and Ms. [REDACTED] four other children, [REDACTED] the maternal grandmother, [REDACTED], the maternal aunt, [REDACTED], and [REDACTED] two children, [REDACTED] and [REDACTED]. Deputy [REDACTED] reported that the maternal grandfather, [REDACTED] resides in another house located on the same property and shares the address. Deputy [REDACTED] reported that the great-grandmother, [REDACTED] resides with [REDACTED] but was at [REDACTED] house at the time of the incident. Deputy [REDACTED] reported that a cousin to the family, [REDACTED] was also at the home and he was the individual backing the 2001 Chevy Silverado 2500 truck out of the driveway at the request of the grandfather, [REDACTED] so that Mr. [REDACTED] could move his tractor. Deputy [REDACTED] stated that he was provided information as to where Mr. [REDACTED] resides.

Deputy [REDACTED] reported that the family has reported that [REDACTED] was outside on the porch and the gate was locked but that [REDACTED] must have unlocked the gate and wandered out into the driveway and got behind the truck and no one saw [REDACTED]. Deputy [REDACTED] reported that the family reported that they thought that the great-grandmother, [REDACTED] was outside on the porch with [REDACTED] but wasn't sure. Deputy [REDACTED] reported that he did observe the infant, [REDACTED] and his eyes were open with blood in his mouth, his head was injured badly, and there was a large amount of blood on the infant's face as Deputy [REDACTED] didn't observe [REDACTED] entire body.

6:35 pm [REDACTED]

LI [REDACTED] contacted [REDACTED] to inform him that the case will be [REDACTED] and [REDACTED] requested that LI [REDACTED] or on-



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

call LI [REDACTED] contact L [REDACTED] to supervise this case. LI [REDACTED] did inform [REDACTED] of the history on the family as well at this time.

6:48 pm [REDACTED]

LI [REDACTED] talked to CPSI [REDACTED] who reported that she was on scene and would wait for [REDACTED] on-call CPSI [REDACTED] to arrive. LI [REDACTED] advised CPSI [REDACTED] not to observe the infant, [REDACTED] due to the condition of the body and that law enforcement has already taken pictures of the scene and [REDACTED]

6:56 pm [REDACTED]

LI [REDACTED] contacted on-call CPS [REDACTED] to inform her of the child death and she reported that she would be en-route. LI [REDACTED] advised CPSI [REDACTED] to contact CPSI [REDACTED] as CPSI [REDACTED] will know if CPSI [REDACTED] will need to come to the residence or go to the hospital.

6:57 pm [REDACTED]

LI [REDACTED] contacted on-call LI [REDACTED] to inform her of the discussion with [REDACTED] and LI [REDACTED] will contact LI [REDACTED]

7:03 pm [REDACTED]

LI [REDACTED] contacted LI [REDACTED] via text message to inform me that she had made contact with LI [REDACTED] who will be calling CPSI [REDACTED]

7:06 pm [REDACTED]

LI [REDACTED] contacted [REDACTED] to provide the information that had been discovered at this point and time. LI [REDACTED] advised that LI [REDACTED] will be supervising this case and CPSI [REDACTED] was en-route to the home. LI [REDACTED] will be emailing the administrative review to this point to [REDACTED] and LI [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 11/05/2015 06:42 AM Entered By: [REDACTED]

Juvenile Court will be notified per local protocol. The District Attorney's Office notified per Child Protective Investigative Team (CPIT) protocol.

All children were at church at the time of the incident except for [REDACTED] age 2 and [REDACTED] age 14 who was engaged initially.



**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: | 09/21/2014 | Contact Method: | |
| Contact Time: | 05:08 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | | Created Date: | 11/05/2015 |
| Completed date: | 11/05/2015 | 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: 11/05/2015 06:11 AM Entered By: [REDACTED]

Family Composition:
Address for family: [REDACTED]

[REDACTED] alleged child victim
DOB: [REDACTED]
DOD: 9/21/14

[REDACTED] mother
DOB [REDACTED]

[REDACTED] sister
DOB [REDACTED]

[REDACTED] brother
DOB [REDACTED]

[REDACTED] brother
DOB [REDACTED]

[REDACTED]-brother
DOB [REDACTED]

[REDACTED]-maternal grandmother
DOB [REDACTED]

[REDACTED]-maternal aunt-mother of [REDACTED] and [REDACTED]
DOB [REDACTED]

[REDACTED] cousin
DOB [REDACTED]

[REDACTED]-cousin
DOB [REDACTED]

[REDACTED]-maternal grandfather-alleged perpetrator (resides in another house located on the same property and shares the address)
DOB [REDACTED]

[REDACTED] maternal great-grandmother (resides with [REDACTED] but was at [REDACTED] house at the time of the incident)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

DOE [REDACTED] cousin
DOB: [REDACTED]
Address: [REDACTED]