



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 01/21/2015 06:53 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 01/21/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 01/22/2015 09:04 AM
 First Team Leader Assigned: [REDACTED] Date/Time 01/22/2015 09:04 AM
 First Case Manager [REDACTED] Date/Time 01/22/2015 09:04 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 10 Mos	Physical Abuse	Yes	[REDACTED]	None

Preliminary Near Death [REDACTED]

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: THIS CHILD IS NOT IN CUSTODY

TFACTS: [REDACTED] (dob [REDACTED] has history in TFACTS as a minor; [REDACTED] Unable to verify [REDACTED] in TFACTS with supplied information during intake.

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP None

Closed Court Custody None

History (not listed above):
 (02-12-10 / INV / # [REDACTED] / Neglect Death / Unsubstantiated / 04-21-10)
 (09-14-11 / INV / # [REDACTED] / Physical Abuse / Unsubstantiated / 11-07-11)
 (11-30-12 / INV / # [REDACTED] / Physical Abuse, Lack of Supervision, Environmental Neglect /



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Unsubstantiated / 02-19-13)

DUPLICATE REFERRAL: None

Sex Offender Registry: None

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: None

Directions: None given.

Note: Address, demographics and applicable phone numbers are listed under the child victim; [REDACTED]

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

Reporter states:

THIS CHILD IS NOT IN CUSTODY

[REDACTED] (m/1) and two children (Unknown names/ages/gender) reside in the care of their mother, [REDACTED] and her paramour, [REDACTED] County. The names of the children in the home were found during a TFACTS search as [REDACTED] (Deceased / dob. [REDACTED] and [REDACTED] (dob [REDACTED]).

[REDACTED] was transported to the [REDACTED] ER on January 21, 2015 before 4pm.

Prior to his arrival, [REDACTED] was in the care of [REDACTED] when he became unresponsive and limp. [REDACTED] advised he had placed the infant in his play pin. When he went back to check on the infant, he was unresponsive. [REDACTED] performed extensive CPR on the infant until he was transported to the hospital by EMS who also performed CPR. [REDACTED] advised she was at work during the time of the child becoming unresponsive at the residence.

[REDACTED] has several bilateral subdural hematomas. The family has been told the child will not survive due to the extent of the brain injury. According to hospital staff, the family has no history of abuse that would warrant caution for injury to this infant. [REDACTED] injuries are consistent with abuse and he is expected to die but no timeframe was given. [REDACTED] is currently on life support. Law enforcement has been called to the hospital. [REDACTED] was advised DCS would be called and would require statements. The entire family is present at the hospital at this time. No other information was known at the time of intake.

NOTE: Medical personnel request immediate assistance in the matter. They also request for the referent to be paged upon arrival to the hospital to be briefed on the status of the infant.

Special Needs or Disabilities: None

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

Perpetrator's location at this time: [REDACTED] Hospital / Room [REDACTED] Floor [REDACTED]

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

Domestic Violence present in the home: None

Per SDM: Investigative Track, P1. [REDACTED] CM2 on 01/21/15 @ 7:28pm. [REDACTED], TL on 01/21/15 @ 8:19 PM.

Page received by [REDACTED] on 01/21/15 @ 8:23 PM.



**Tennessee Department of Children's Services
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Notified Child Death Group: [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 1 Yr 10 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: Mother

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age:

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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 01/21/2015

Assignment Date: 03/12/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 10/15/2015
2	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 10/15/2015
3	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 10/15/2015
4	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 10/15/2015
5	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 10/15/2015
6	[REDACTED]	[REDACTED] [REDACTED]	Neglect Death	[REDACTED]	[REDACTED] [REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 10/15/2015
7	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 10/15/2015
8	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 10/15/2015



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

Case Name : ██████████

Investigation ID: ██████████

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
9	██████████	██████████	Physical Abuse	██████████	██████████	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	██████████
		██████████			██████████			10/15/2015
10	██████████	██████████	Physical Abuse	██████████	██████████	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	██████████
		██████████			██████████			10/15/2015
11	██████████	██████████	Physical Abuse	██████████	██████████	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	██████████
		██████████			██████████			10/15/2015

Preliminary Near Death: ██████████

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments: ██████████ and ██████████ are currently safety placed with paternal grandmother, ██████████. The children are in the legal custody of their mother, ██████████

D. Case Workers

Case Worker: ██████████

Date: 10/15/2015

Team Leader: ██████████

Date: 10/15/2015

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:

██████████ was no interviewed due to being in critical care due to blunt force trauma and passing away on 01/23/2015.

██████████ reported that ██████████ is my Momma's boyfriend. ██████████ stated that "They got to fighting... He later stated that when they are fighting, ██████████ is at his Daddy's house... ██████████ stated that ██████████ was in the hospital... He is with God. ██████████ stated that "he threw up chips and milk... he ate shrimp... ██████████ got him out of the crib and put him on the couch... he threw up on the couch... then the nurses came." Initially, ██████████ stated, "He didn't get hurt." When asked who cared for him, he replied that no one did, that "nobody changed his diaper." He also initially stated that, "I wasn't there" and that he has "never seen anyone hurt ██████████" ██████████ stated, "I saw ██████████ throw up... I saw all his throw up." He later stated that the throw up was white ██████████ stated that he does not get in trouble, but that ██████████ gets in trouble. He stated that no one has ever asked him to keep secrets. ██████████ then stated that "I saw ██████████ drop ██████████ on his head... ██████████ cried... he fell on his toy, on a car." ██████████ stated, "a blue thing up his back," but it was unclear at the time of the interview what, exactly, ██████████ meant by this statement. ██████████ stated, "He still was on his



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Case Name : ██████████

Investigation ID: ██████████

head... it happened on purpose... He ██████████ was mad at ██████████ because of the chips... It was in our room." When asked how many times this occurred, ██████████ stated, "for a little while," and later stated, "like 50 times... on tables... on a car toy." ██████████ stated that ██████████ just hit me with a towel."

██████████ He stated that his Daddy is "██████████ .. my ██████████ son." He stated that he has 2 brothers, "they are in Heaven... ██████████ had a heart attack while he was sleeping." He stated, "I was just at school... my brothe ██████████ told me what happened at the doctor... he told me that the man who gave him chips... his name is ██████████ .. he fell on his head and he threw up in his room." ██████████ stated, "my brother was outside when ██████████ fell... ██████████ was inside watching him." ██████████ stated that ██████████ hits me with a towel because I've been bad... my mom never sees him do that." He stated that "sometimes he's ██████████ really really mean... he hits us with a towel... but that's all I know." ██████████ stated, "He's hit ██████████ with a towel... puts cold and hot water on the towel and..." [shows motion of twisting up a towel and hitting someone with it]. ██████████ stated, ██████████ would cry." He stated, "Mom was hitting before... kicking/hitting the door." ██████████ then stated, "He ██████████ fell on the couch on his head... ██████████ dropped him." ██████████ stated, ██████████ told my mom that ██████████ dropped him... she said she really doesn't think he'd do that on purpose... I think he did it on purpose... that's not how you supposed to hold babies." ██████████ stated that his mom was at work when this happened. ██████████ stated that "He ██████████ doesn't get angry... he puts us in a headlock and makes tears in his eyes to make us go to sleep... it happened to ██████████ more than 1 time." He stated, "When ██████████ does it, it makes me feel like I want to cry... we stop breathing... 1 time, my brother ██████████ smacked him ██████████ ... ██████████ put him in his hoodie and hung him from the top of the door." ██████████ stated that he is "not that scared" of ██████████, because "I don't want to be a cry baby... ██████████ bullies me... he laughs at me like the kids at school." ██████████ stated that his mom is not scared of ██████████ because "She knows how to fight... she fought ██████████ 1 time."

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

Dr. ██████████ made the announcement of ██████████ having cardiac arrest, immediate anoxic brain injury; secondary to traumatic brain injury.

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

██████████, ██████████ and ██████████ denied the allegations of physical abuse and neglect death.

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

██████████ (m/1) and two children (Unknown names/ages/gender) reside in the care of their mother, ██████████ and her paramour, ██████████ in ██████████. The names of the children in the home were found during a TFACTS search as ██████████ (Deceased / dob. ██████████ and ██████████ (dob. ██████████). ██████████ was transported to the ██████████ Children's ER on January 21, 2015 before 4pm. Prior to his arrival ██████████ was in the care of ██████████ when he became unresponsive and limp. ██████████ advised he had placed the infant in his play pin. When he went back to check on the infant, he was unresponsive. ██████████ performed extensive CPR on the infant until he was transported to the hospital by EMS who also performed CPR. ██████████ advised she was at work during the time of the child becoming unresponsive at the residence. ██████████ has several bilateral subdural hematomas. The family has been told the child will not survive due to the extent of the brain injury. According to hospital staff, the family has no history of abuse that would warrant caution for injury to this infant. ██████████ injuries are consistent with abuse and he is expected to die but no timeframe was given. ██████████ is currently on life support. Law enforcement has been called to the hospital. ██████████ was advised DCS would be called and would require statements. The entire family is present at the hospital at this time. No other information was known at the time of intake.

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



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]

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 Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/16/2015 Contact Method:
 Contact Time: 10:54 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/16/2015
 Completed date: 10/16/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/16/2015 10:55 AM Entered By: [REDACTED]

10/16/2015 10:54 am

This case is approve for closure. The Substantiated Perpetrator Letter A and attachment was completed and due process is initiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2015	Contact Method:	
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 11:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2015	Contact Method:	
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
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Children Concerning**Participant(s)****Narrative Details**

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Case Name: [REDACTED]
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 11:53 AM Entered By: [REDACTED]
This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2015	Contact Method:	
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 11:53 AM Entered By: [REDACTED]
This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2015	Contact Method:	
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 11:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/16/2015	Contact Method:	
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/23/2015
Completed date:	10/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/23/2015 11:53 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/16/2015

Contact Method:

Contact Time: 10:45 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/23/2015

Completed date: 10/23/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/23/2015 11:53 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 10/15/2015	Contact Method:
Contact Time: 03:29 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 10/15/2015
Completed date: 10/15/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original Entry Date/Time: 10/15/2015 03:29 PM Entered By: [REDACTED]
 10/15/2015
 Closing Case Summary

The Department of Children Services received a referral on 01/21/2015 with the allegation of Physical Abuse towards [REDACTED] 1 years old against the alleged perpetrator [REDACTED]. The case was assigned to CPSI [REDACTED] this day.

On January 21, 2015 at approximately 9:30 PM; CPSI [REDACTED] observed alleged child victim, [REDACTED] (DOB [REDACTED]) in the Pediatric Intensive Care Unit at [REDACTED] Hospital as medical staff repeatedly attended to the [REDACTED] "grave condition," as described by staff.

[REDACTED] mother and alleged perpetrator reported Mr. [REDACTED] was watching [REDACTED] and [REDACTED] on Tuesday, January 21, 2015 [REDACTED] was in school). She reported that Mr. [REDACTED] told her that at 10 or 10:30 am, [REDACTED] woke Mr. [REDACTED] up and said "the baby's crying," so he "took [REDACTED] from the bedroom and put him on the couch." She then stated that "he gave them food Fritos and shrimp." She then reported that Mr. [REDACTED] said [REDACTED] began looking sleepy after eating and that Mr. [REDACTED] told her he was getting [REDACTED] "ready to lay down." Ms. [REDACTED] explained that this statement usually meant that [REDACTED] will rock him he will lay [REDACTED] on his [REDACTED] chest and tap his back." She then reported that Mr. [REDACTED] told her that he put him down his playpen, but realized 10 minutes later that he had not given [REDACTED] a drink. Ms. [REDACTED] reported that Mr. [REDACTED] then took him a sippy cup and then realized "something wasn't right" and stated that Mr. [REDACTED] stated that "he didn't look right." She continued stating that she missed a call from Mr. [REDACTED] at 2:21 pm and called him back at 2:30 pm, reporting that Mr. [REDACTED] stated that [REDACTED] "is acting like he doesn't want to stay up get here as fast as you can." Ms. [REDACTED] then called [REDACTED] and was placed on hold. Then, Ms. [REDACTED] reported that Mr. [REDACTED] sent her a text-video at 2:41 pm of [REDACTED] who presented "like he was dead he looked like he hadn't been breathing" and that she immediately called 911 at 2:48 pm. Ms. [REDACTED] reported that, at "some point before the video, he said on the phone 'I was doing CPR and I got him to spit up.'" Ms. [REDACTED] reported that when she arrived at the home, the ambulance was "about to close the doors." She stated that she was told [REDACTED] was still breathing and that it would be better for her to follow the ambulance. Ms. [REDACTED] stated that "when I heard he was still breathing, I just thought it was an allergic reaction, so I went and picked up my other son from school [REDACTED] and went to the hospital."



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] paramour to [REDACTED] and the alleged perpetrator reported that he got home from work on January 21, 2015 at 6:00 am, that he got a snack and laid down on the couch around 6:50 am. He stated that [REDACTED] was already asleep on the couch at this time. He stated that around 9:50 am, [REDACTED] wanted something to drink, so "I told him to go get one out of the fridge." Mr. [REDACTED] reported that [REDACTED] stayed up, but that Mr. [REDACTED] went back to sleep. He reported that, at 10:30 am, [REDACTED] woke him up again and said that [REDACTED] was crying. He stated that "I went back there, changed his diaper, and filled his sippy cup." Mr. [REDACTED] reported that, at that time, he made himself a 'Hot pocket,' which he shared with [REDACTED] and that he gave [REDACTED] cereal. He stated that he and [REDACTED] were sitting on the couch and that [REDACTED] went to play. Mr. [REDACTED] reported that "I went to get ready for the day" and that [REDACTED] went into [REDACTED] room and played with him for approximately 15 minutes. Mr. [REDACTED] reported that, before playing, [REDACTED] had "Fritos" as a snack. Mr. [REDACTED] reported that "I gave some Fritos to [REDACTED]" Mr. [REDACTED] reported that [REDACTED] asked to go play outside around 12:00 or 12:10 pm. Mr. [REDACTED] then reported that he took [REDACTED] to the living room. Mr. [REDACTED] reported that at 1:00 pm, he put shrimp in a skillet to cook. At 1:30 pm, he stated that the shrimp was done and that he gave [REDACTED] "3 shrimp I broke it off into little pieces." He reported that he gave [REDACTED] a "bowl of shrimp." He stated that [REDACTED] went out to play and that [REDACTED] became tired. He stated that he placed [REDACTED] in his playpen, watched about 30 minutes of the movie "Gladiator," and realized that he had not given [REDACTED] anything to drink after giving him shrimp. Mr. [REDACTED] reported filling up a sippy cup of water and taking it to [REDACTED]. He reported that [REDACTED] was "lying different over on one hip his eyes were half open I shook his face." He reported calling Ms. [REDACTED] and then sending her a video of [REDACTED]. Mr. [REDACTED] was unable to state why he did not call 911 immediately and why he chose to call Ms. [REDACTED] instead. He stated, "I don't know why I didn't call 911." He reported that when he previously lived in [REDACTED] "I saw 911 and the ambulance take forever." Mr. [REDACTED] reported that a 911 operator called him and instructed him how to do CPR over the phone and that [REDACTED] threw up on the couch laying sideways it was yellow." Mr. [REDACTED] stated that he noticed a bruise on [REDACTED] chest "when the operator told me to check his chest to see if he was breathing." Mr. [REDACTED] stated that he "only left [REDACTED] alone twice." Mr. [REDACTED] stated that he had nothing to do with [REDACTED] injuries and that he did not know what happened. It was noted that Mr. [REDACTED] had an affect demeanor during the interview.

On January 23, 2015, Former CPSI [REDACTED] was notified that [REDACTED] was pronounced deceased at [REDACTED] Hospital at 5:39 am that day. Dr. [REDACTED] made the announcement of [REDACTED] having cardiac arrest, immediate anoxic brain injury; secondary to traumatic brain injury.

[REDACTED], sibling participated in a forensic interview on January 26, 2015 and disclosed the following [REDACTED] described seeing his mom and [REDACTED] fighting. He talked about his mom crying because of [REDACTED]. [REDACTED] frequently asked, "Are we done talking?" throughout the interview. When asked about his brother [REDACTED] [REDACTED] stated, "He at the hospital He will die. He threw up on my couch. And then he ate chips." [REDACTED] stated that the "chips and milk" made [REDACTED] throw up. When asked to talk about what happened to [REDACTED] [REDACTED] stated, "He ate chips and got out of his playpen and threw up on the couch." [REDACTED] stated that [REDACTED] got [REDACTED] out of his playpen and "put him on the couch." When asked what happened after that, [REDACTED] stated, "And then the nurses came." [REDACTED] stated that he was at home with [REDACTED] and [REDACTED] that day watching TV. [REDACTED] stated that no one took care of [REDACTED] that day. [REDACTED] stated, "No one changed his diaper." When asked if he had ever seen something happen to [REDACTED] head [REDACTED] stated, "He did hit his head but it was a little bit." [REDACTED] stated, "It was a little bit and he was crying." [REDACTED] stated that [REDACTED] hit his head on his bed. When asked what happened to [REDACTED] head, [REDACTED] stated, "He dropped him on his head." [REDACTED] stated " [REDACTED] dropped [REDACTED] on his head." [REDACTED] described [REDACTED] dropping [REDACTED] on a toy car. When asked if [REDACTED] did that on accident or on purpose, [REDACTED] stated, "On purpose." When asked why [REDACTED] did that, [REDACTED] stated, "Because he was mad at [REDACTED]." When asked why [REDACTED] was mad, [REDACTED] stated, "Because [REDACTED] couldn't get no chips and he did." [REDACTED] stated that [REDACTED] was also mad about "the milk." [REDACTED] stated that this happened in his [REDACTED] room. [REDACTED] stated that [REDACTED] dropped [REDACTED] more than one time. [REDACTED] stated that [REDACTED] dropped [REDACTED] "like 50" times. [REDACTED] stated that [REDACTED] was "mad" when he was dropping [REDACTED]. When asked if [REDACTED] has ever hurt him, [REDACTED] stated, "No, he just hit us with a towel."

[REDACTED] participated in summarization of the interview is as follows: [REDACTED] stated that his brother [REDACTED] is "in Heaven." [REDACTED] stated that he also had a brother named [REDACTED] "who also died." [REDACTED] stated that [REDACTED] had "blood in his brain." [REDACTED] stated that [REDACTED] "fell on his head." When asked what happened, [REDACTED] stated, "I don't know; I was just at school. My brother he told me what happened." When asked what [REDACTED] told him, [REDACTED] stated, "The day when we was at the doctor He told me that the man gave him chips." [REDACTED] stated that the man is named [REDACTED]." [REDACTED] stated that [REDACTED] gave [REDACTED] chips. When asked how [REDACTED] hit his head, Ivyon stated, "Maybe he fell off the couch and he threw up." [REDACTED] stated, [REDACTED] hits us with a towel like this (swings fist around in a circle). [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

stated, "It hurt." When asked why [REDACTED] does this [REDACTED] stated, "I think because we're being bad." [REDACTED] stated that his mom doesn't see [REDACTED] do this. [REDACTED] stated that he asks his mom if [REDACTED] can go back to his own house. [REDACTED] stated, "I think he's nice but he's not. Sometimes he be really, really mean." [REDACTED] stated "yes" [REDACTED] hits [REDACTED] with the towel. [REDACTED] stated, "The day he went to the doctor he hit him with the towel. He put cold water and hot water because it'll hurt really bad." [REDACTED] demonstrated rolling his fists towards himself and flicking one wrist out to demonstrate what [REDACTED] did to them with the towel). [REDACTED] stated that [REDACTED] would cry when [REDACTED] did this to him. When asked how [REDACTED] and his mom get along, [REDACTED] stated, [REDACTED] sleeps where she sleeps. My mom was hitting him and kicking the door." [REDACTED] stated that his mom was mad at [REDACTED] but he didn't know why. When asked if he's ever seen [REDACTED] drop [REDACTED], [REDACTED] stated, "He dropped him when my mom picked him up; the doctor picked him up." [REDACTED] stated that [REDACTED] told him that [REDACTED] dropped [REDACTED]. [REDACTED] stated that [REDACTED] fell off the couch and [REDACTED] also dropped him. [REDACTED] stated that both of those things happened and he knows because [REDACTED] told him. [REDACTED] stated that [REDACTED] told their mom about [REDACTED] dropping [REDACTED]. When asked what his mom said, [REDACTED] stated, "She really don't think [REDACTED] did it on purpose." When asked what he thinks, [REDACTED] stated, "I think yes he did it on purpose." [REDACTED] stated that he's never seen [REDACTED] drop [REDACTED]. [REDACTED] stated, "He just puts us in a headlock sometimes and makes tears come out our eyes and make us go to sleep my brother did before." [REDACTED] stated that he was talking about [REDACTED] and confirmed that [REDACTED] put [REDACTED] in a headlock that "made him go to sleep." [REDACTED] stated that he saw [REDACTED] do that to [REDACTED] two" times. [REDACTED] stated that it feels like he's "about to cry" when [REDACTED] does this to them. [REDACTED] stated, "It makes us stop breathing." [REDACTED] stated that one time [REDACTED] "smacked [REDACTED] and [REDACTED] hung [REDACTED] up on the door "by his hoodie." [REDACTED] stated that he had to help [REDACTED] get down. [REDACTED] stated that his mom was "at work" when [REDACTED] got hurt. [REDACTED] stated that [REDACTED] has been babysitting for them for "a long time." When asked if he's scared of [REDACTED], [REDACTED] stated, "Not that scared. I don't want to be a cry baby. Sometimes people bully me." When asked if [REDACTED] bullies him, [REDACTED] stated, "All the time."

I [REDACTED] am writing to the best of my recollection of my relationship with [REDACTED] and the birth of our son [REDACTED]. I feel like she is just as responsible for [REDACTED] death just as her boyfriend [REDACTED] is. She still feels like [REDACTED] had a condition even after the doctor told us what the injuries come from (Trauma). She really thinks [REDACTED] would never do anything like this and I feel they are both covering up for each other to hide the fact they don't like me and decided to cut all ties with by allowing this to happen to my son.

Det. [REDACTED] reported that Mr. [REDACTED] admitted to whipping with a belt [REDACTED] and [REDACTED] however, he denied the spanking resulting in bruises. Mr. [REDACTED] also reported that he was not aware of any bruises that were reportedly on the children.

[REDACTED] stated in a follow interview that he enjoyed playing with fireworks, with [REDACTED] (father). He reported that he did not like when [REDACTED] would whip him and [REDACTED] with belts. He described one of the belts as being black with holes in it and thick. [REDACTED] stated this was his belt, but [REDACTED] also whipped him and [REDACTED] with his mother's belt. He reported he was 5 and 6 years old when [REDACTED] whipped him. [REDACTED] reported [REDACTED] would generally whip him, if he had grades or received a call from the school. He stated [REDACTED] whipped [REDACTED] because he was acting badly at school. [REDACTED] stated the belt would hit him on his legs, back, and stomach. He reported the belt left bruises that were black and brownish in color. [REDACTED] reported [REDACTED] would whip him nearly every day; adding he was whipped by [REDACTED] more than 15 times. [REDACTED] stated the whippings hurt "really bad". He stated [REDACTED] also made him stand in the corner for 14 hours; adding it would first be day light and then it would turn dark. [REDACTED] stated sometime, he and [REDACTED] would stay at [REDACTED] house. [REDACTED] stated he felt sad around [REDACTED] because he felt there was always a chance that he would get a whipping.

[REDACTED] stated in 2014, his mother's boyfriend [REDACTED] use to live in the house with them. He stated [REDACTED] would whip him on the bottom with a belt, if he "use the bathroom" on himself. He stated the whippings resulted in bruises being on his bottom for about two months. [REDACTED] reported that is nanny aka [REDACTED] saw the bruises and his mother observe them also. He stated his mother asked [REDACTED] why he spanked them and [REDACTED] would just tell them not to be bad. [REDACTED] reported that their mother would then drop them off at [REDACTED] house to be babysat while she was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

working. He reported that his mother would sometimes tell [REDACTED] to whip them and she will be sitting in the living room. [REDACTED] stated his mother disciplines them by hitting them on the hand with her hand. He denied having any bruises in result of his mother's form of discipline.

[REDACTED] stated in a follow up interview that [REDACTED] would hit him, [REDACTED] and [REDACTED] with a wet and/or dry towel. He described this by stating [REDACTED] would wrap the towel by twisting it around in a motion between both hands and then hit them. [REDACTED] stated the towel would be dry when it hit him and [REDACTED], but wet when it hit [REDACTED]. He stated this incident resulted in bruises being on him for approximately one day [REDACTED] continued stating that it really hurt. He stated [REDACTED] would also put him in a head lock; resulting in his eyes turning red and tear flowing down his face, but he stated he was not crying. [REDACTED] stated this made him feel really sad. [REDACTED] stated his mother had gone to the store and [REDACTED] hung [REDACTED] on the door by his jacket. He describes the incident by stating [REDACTED] jacket had a hood and [REDACTED] took the hood and placed it over the top of the door and slammed it. [REDACTED] stated [REDACTED] cried and he could not breathe. He stated [REDACTED] found his way out by unzipping the jacket and falling to the floor. [REDACTED] stated this also made him feel very sad. He stated his mother asked [REDACTED] why he did that, but he still lived in the home afterwards.

[REDACTED] stated in a follow up interview that he liked when [REDACTED] (mother's x-paramour) fed them, but he did not like when he whipped them with a belt. He stated [REDACTED] would make him and [REDACTED] take their clothes off and whip them with a belt. [REDACTED] stated [REDACTED] would hit them "really hard" on the upper right thigh. He described the pain as a snake or dog biting him.

LI [REDACTED] has attempted to make contact with alleged perpetrator, [REDACTED], but efforts were not successful. The incident was investigated by Former Child Protective Service Investigator [REDACTED] and Lead Investigator [REDACTED] with the Department of Children Services and Detective [REDACTED] with the [REDACTED] Youth Services Police Department.

Child death/near death:

DCS Policy defines Child death/near death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report; any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child; any child death that is the result of the caretaker's failure to meet childcare responsibilities. Near death is a serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by any medical personnel or first emergency responder with the report of abuse supported by examination or medical information.

On August 10, 2015 CPSI [REDACTED] presented the case to CPIT and the following classifications were agreed upon: [REDACTED] is being substantiated for Physical Abuse and Neglect Death towards [REDACTED]. [REDACTED] is being substantiated for Physical Abuse towards [REDACTED] due to failing to protect [REDACTED] from the physical abuse he endured by Mr. [REDACTED] and allowing him [REDACTED] to be disciplined by Mr. [REDACTED] and have unsupervised contact. There were several incidents of abuse in whence Ms. [REDACTED] was either present for or was later informed of; however, Ms [REDACTED] did not take appropriate action to ensure [REDACTED] safety. The case is being referred for prosecution. The allegations of Physical Abuse against [REDACTED] and [REDACTED] are being classified as unsubstantiated due to lack of evidence to support the allegation.

"Daily notice of the Referral and Classification pursuant to 37-105 sent to Juv. Ct, Law Enforcement as applicable." Per Local protocol..



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/14/2015 Contact Method:
 Contact Time: 09:15 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/08/2015
 Completed date: 10/14/2015 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: 10/14/2015 11:12 AM Entered By: [REDACTED]

10/14/2015 9:15 am

Non-Custodial Transfer Meeting at the DCS Office:

Present:

Mother: [REDACTED]

Lead Investigator: [REDACTED]

GAL: [REDACTED]

Participants by phone:

Mother's Attorney: [REDACTED]

Team Leader: [REDACTED]

LI [REDACTED] gave a brief over view of the case and the completed and ongoing services were discussed as a team. [REDACTED] agreed to continue to comply with services and any additional services as deemed by the results of the mental health evaluation. The case will be assigned to FSW [REDACTED] this day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/08/2015 Contact Method:
 Contact Time: 06:31 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/08/2015
 Completed date: 10/08/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/08/2015 06:32 PM Entered By: [REDACTED]

10/08/2015

LI [REDACTED] received a copy of the Parenting Assessment this day. The results are as follows:

Comprehensive Parenting Assessment

Parent Information

Parent: [REDACTED]

Address: [REDACTED]

Marital Status: Single

Number of children: 2

Occupation: Technical Support Call Operator

Education (highest level): High School Diploma, plus currently enrolled in college.

Identifying Information:

The assessment information was obtained from a brief synopsis provided by DCS Case Manager, [REDACTED] and direct reporting from [REDACTED]. This assessment does not contain observational reports of [REDACTED] with her children or any supporting DCS documents.

Presenting Problem

Based on report from referring agency, there have been allegations against [REDACTED] for failure to protect her children. By DCS synopsis [REDACTED] failed to protect her child from physical abuse by an ex—boyfriend which resulted in the child's death. [REDACTED] indicated that she disagrees with the allegation of failure to protect. [REDACTED] conveyed that she did not know abuse was or did occur, which led to the death of her child.

Name of Children Ages

[REDACTED] 7yrs

[REDACTED] 4yrs

History of Mental Illness and medications

[REDACTED] indicates that she was diagnosed with depression and anxiety in March 2015 after the death of her son. [REDACTED] completed an additional mental health assessment at [REDACTED] Mental Health on 9/14/2015. [REDACTED] reports that she no longer had symptoms of depression



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

and anxiety, and that these diagnoses had been removed. [REDACTED] does not take any psychotropic medications.

Social History**Substance Abuse History**

[REDACTED] denies any substance or alcohol abuse.

Significant Family History

[REDACTED] denies any significant family history of alcohol abuse/dependence, or substance abuse/dependence. [REDACTED] denies any significant family history of abuse, neglect, and/or other trauma. [REDACTED] denies any family history of mental illnesses.

Education:

[REDACTED] conveyed that she received her high school diploma. She is seeking her Bachelor's degree in Health Care Management. [REDACTED] currently attends classes in the evenings.

Criminal History:

[REDACTED] denies any criminal history.

Medical History:

[REDACTED] denies any medical history.

Mental Status

[REDACTED] was orientated to person, place, time, and situation. Her thought process was logical and her thought content was unremarkable. [REDACTED] judgement during the interview was appropriate. This was based on the information that she shared with the interviewer. [REDACTED] behavior and affect was appropriate. [REDACTED] attitude was open and cooperative overall.

[REDACTED] denied any suicidal/homicidal thoughts or ideations.

DSM V Structured Problem List

Based on interview assessment information and observations

Behavioral

Hx of Depressive Disorder, NOS

Hx of Anxiety Disorder

Medical

None Reported

Employment/Financial

[REDACTED] indicated that she did not have any financial stressors and that her employment was sufficient to meet the needs of herself and her family. [REDACTED] works as a Technical Support Call Operator during typical day working hours, and attends college classes on several evenings a week.

Community Resources

[REDACTED] did not feel that she needed any additional community resources.

Caregiver Life skills

Based on discussion, [REDACTED] appears to have an acceptable knowledge of parenting skills, and home making skills (house work, meal preparation, understanding household budgets, etc.).

Recent events indicate that she may not readily use the parenting skills that she possess.

[REDACTED] admitted that she has made poor decisions regarding leaving her children in other's supervision. She conveyed that she relied on misplaced trust and will do anything in the future from placing her children in danger. When asked how she intends on securing her children's safety when she is unable to supervise them, [REDACTED] indicated that she will only allow her maternal grandmother to care for her children when she is unable. [REDACTED] conveyed that she has changed her work schedule to coincide with school hours, so that she may always be with her children after school. [REDACTED] plans for her maternal grandmother to provide child care while [REDACTED] is attending evening classes.

Parenting Skills Development and Characteristics

[REDACTED] attributes her parenting techniques to her mother. [REDACTED] indicated that it is important for her to be very involved in her children's life. She intends to be more available for her children and be an active participant in their lives. This involves ensuring that she helps with homework, to know their friends, and keep them actively involved with groups (sports) outside of the school setting. [REDACTED] values diversity and would like to teach her children the importance of respecting all individuals. To teacher her children that they should follow rules and respect others, she uses consequences when they don't follow established rules. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

conveyed that she will take away preferred items, preferred activities, and use verbal redirection. [REDACTED] was given various scenarios that would mirror typical occurrences of the same developmental ages of her children. [REDACTED] responded appropriately and her answers did not raise suspicion for neglect, mistreatment, or unnecessary punishment.

What does the parent need to be a better parent?

[REDACTED] responded that she did not feel that she needed to any additional skills to become a better parent.

Risk Factors

Based on reported information from referral source, the significant areas of risk for this family include:

Allegations of failure to protect

Based on the information provided by DCS and verbal report of [REDACTED] it is difficult to ascertain [REDACTED] future decision making skills regarding whom she will trust to provide caregiving to her children. It appears that [REDACTED] has taken necessary steps as a parent to ensure her children's safety by limiting their supervision to herself and a grandparent.

Recommendations

1. [REDACTED] should participate in any outpatient counseling as recommended by [REDACTED] Mental Health. [REDACTED] Mental Health can be reached at [REDACTED]
2. It is suggested that [REDACTED] seek out counseling for her children if this has not already been done. This would ensure that any unresolved grief or unknown trauma has been addressed. This can be initiated through [REDACTED] or [REDACTED] at [REDACTED]
3. It is recommended that [REDACTED] have continued involvement with case management to become engaged in parenting support (class, groups, etc) that will support non-offender parenting techniques in relation to learning warning signs of abuse and/or mistreatment of children.

09/30/15

[REDACTED], MA LPC/MHSP Date



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2015

Contact Method: Attempted Phone Call

Contact Time: 02:47 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2015

Completed date: 10/08/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/08/2015 04:08 PM Entered By: [REDACTED]

10/08/2015 2:47 pm

LI [REDACTED] received a telephone message from GAL [REDACTED] stating that she will be present for the CFTM/Non-Custodial transfer meeting.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/08/2015

Completed date: 10/08/2015

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: 10/08/2015 04:05 PM Entered By: [REDACTED]

10/08/2015 1:00 pm

LI [REDACTED] presented the case to TC [REDACTED] for Non-Custodial Transfer and the case was accepted. A copy of the case file was provided prior to the meeting this day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/08/2015	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/08/2015 Contact Method:
 Contact Time: 12:50 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 10/13/2015
 Completed date: 10/13/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/08/2015 Contact Method:
 Contact Time: 12:50 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 10/13/2015
 Completed date: 10/13/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2015

Contact Method:

Contact Time: 12:50 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 10/13/2015

Completed date: 10/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/13/2015 10:49 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/07/2015 Contact Method: Attempted Phone Call
 Contact Time: 06:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/08/2015
 Completed date: 10/08/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/08/2015 02:41 PM Entered By: [REDACTED]
 10/07/2015 6:00 pm
 L [REDACTED] telephone called alleged perpetrator, [REDACTED] and left a message requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/07/2015 Contact Method:
 Contact Time: 05:55 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/08/2015
 Completed date: 10/08/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/08/2015 02:42 PM Entered By: [REDACTED]

10/07/2015 5:55 pm

LI [REDACTED] received the diligent search results pertaining to [REDACTED] this day. The results are enclosed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/07/2015 Contact Method:
 Contact Time: 12:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/07/2015
 Completed date: 10/07/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/07/2015 05:12 PM Entered By: [REDACTED]

10/07/2015

LI [REDACTED] received a copy of the Care Team Reports pertaining to [REDACTED] and [REDACTED] from [REDACTED] Children's Hospital. The records are enclosed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/05/2015

Contact Method:

Contact Time: 06:33 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/05/2015

Completed date: 10/05/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/05/2015 06:34 PM Entered By: [REDACTED]

10/05/2015 6:33 pm

LI [REDACTED] sent an email to Progressive Families requesting the status of the [REDACTED] parenting assessment results. The results will be enclosed in the file upon retrieval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/05/2015	Contact Method:	Phone Call
Contact Time:	05:01 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/05/2015
Completed date:	10/05/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/05/2015 05:04 PM Entered By: [REDACTED]

10/05/2015 5:01 pm

LI [REDACTED] telephone called [REDACTED] and invited her to attend the Child and Family/Non-Custodial Transfer Meeting schedule for 10/14/2015 at 9am. Ms [REDACTED] stated she will not be able to attend the meeting due to having a Doctor's appointment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/05/2015

Contact Method:

Contact Time: 04:57 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/05/2015

Completed date: 10/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/05/2015 04:59 PM Entered By: [REDACTED]

10/05/2015

LI [REDACTED] sent the following email to Attorney [REDACTED] and [REDACTED]

The Child and Family Team Meeting/Non-custodial transfer meeting will have to be reschedule until Wednesday, 10/14/2015 at 9:00 am. The meeting will still take place at the [REDACTED] DCS Office. Please let me know, if you are planning to attend. The assigned non-custodial FSW and/or Team Leader will be present for the meeting. I left Ms. [REDACTED] a message with the above date and time in reference to the CFTM. I also left a message with the GAL [REDACTED] inviting him to attend. Thanks again for your cooperation in this matter.

Ms. [REDACTED],

Please return my call and confirm your presence. Thanks and enjoy your evening.

LI [REDACTED] telephone called [REDACTED] and GAL [REDACTED] and left a message inviting them to attend the Child and Family Team Meeting/Non-custodial transfer meeting at the [REDACTED] DCS Office. LI [REDACTED] requested a return call from both parties.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/05/2015 Contact Method: Phone Call
 Contact Time: 02:15 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/05/2015
 Completed date: 10/05/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/05/2015 02:53 PM Entered By: [REDACTED]
 10/05/2015 2:15 pm

LI [REDACTED] telephone called [REDACTED] and inquired about [REDACTED] whereabouts. Ms. [REDACTED] stated she was not aware of Mr. [REDACTED] whereabouts; however, he could still be in [REDACTED] due to his family residing in the city.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/05/2015

Contact Method:

Contact Time: 01:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/05/2015

Completed date: 10/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/05/2015 01:29 PM Entered By: [REDACTED]

10/02/2015 1:15 pm

LI [REDACTED] requested a diligent search request on [REDACTED] this day. The results will be enclosed in the file upon retrieval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/26/2015 Contact Method:
 Contact Time: 06:17 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/26/2015
 Completed date: 09/26/2015 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/26/2015 06:20 PM Entered By: [REDACTED]
 09/26/2015 6:17 pm

LI [REDACTED] sent two releases of information and a Request for Disclosure of Protected Health Information to [REDACTED] Children's Hospital pertaining to [REDACTED] and [REDACTED]. LI [REDACTED] requested for a copy of the Care Team Reports only. The records will be enclosed in the file upon retrieval.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/26/2015	Contact Method:	Attempted Phone Call
Contact Time:	05:58 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/26/2015
Completed date:	09/26/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/26/2015 06:01 PM Entered By: [REDACTED]
 09/26/2015 5:59 pm
 LI [REDACTED] telephone called [REDACTED] School Psychologist [REDACTED] [REDACTED] and left a message requesting a return call in reference to [REDACTED] therapy session.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/26/2015	Contact Method:	Phone Call
Contact Time:	05:35 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/26/2015
Completed date:	09/26/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/26/2015 05:38 PM Entered By: [REDACTED]

09/26/2015 5:05 pm

LI [REDACTED] telephone called [REDACTED] and it agreed she would visit the DCS Office on 09/28/2015 at 5:00 pm to renew the Immediate Protection Agreement. Ms. [REDACTED] informed LI [REDACTED] that [REDACTED] with Progressive Families canceled the Parenting Assessment on 09/25/2015. She stated Ms. [REDACTED] stated she has not heard from Ms. [REDACTED] at this time to discuss rescheduling the appointment. LI [REDACTED] informed Ms. [REDACTED] that a follow contact will be made to Progressive for an update.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/26/2015

Contact Method: Attempted Phone Call

Contact Time: 05:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/26/2015

Completed date: 09/26/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/26/2015 05:35 PM Entered By: [REDACTED]

09/26/2015 5:30 PM

LI [REDACTED] telephone called Mrs [REDACTED] with [REDACTED] and left a message stating [REDACTED] completed the original release of information with [REDACTED]; in which obtained her signature. LI [REDACTED] explained that the Department does not have a release of information in the case file to [REDACTED] signed by Ms [REDACTED] LI [REDACTED] requested a return call.



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

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/26/2015	Contact Method:	
Contact Time:	05:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/26/2015
Completed date:	09/26/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/26/2015 06:28 PM Entered By: [REDACTED]

09/26/2015 5:20 pm

LI [REDACTED] sent an email to Progressive Families inquiring as to when the Parenting Assessment will be reschedule for [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/26/2015

Contact Method: Attempted Phone Call

Contact Time: 04:58 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/26/2015

Completed date: 09/26/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/26/2015 05:29 PM Entered By: [REDACTED]

09/26/2015 4:58 pm

LI [REDACTED] received a telephone message from [REDACTED] with [REDACTED] Mental Health Records Division stating [REDACTED] did sign a release of information, but her signature was very small. Mrs. [REDACTED] requested that Ms. [REDACTED] complete a new release of information or provide the original copy to [REDACTED] Mrs. [REDACTED] requested a return call for additional information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/25/2015 Contact Method: Face To Face
 Contact Time: 05:35 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/26/2015
 Completed date: 09/26/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/26/2015 07:20 PM Entered By: [REDACTED]

09/26/2015 5:35 pm

LI [REDACTED] /Office Visit with paternal grandmother and safety placement [REDACTED] LI [REDACTED] discussed alternative discipline with Ms [REDACTED] and it was agreed to refrain from corporal punishment while the safety placement is active. Ms. [REDACTED] renewed the Immediate Protection Agreement at this time and was provided a copy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/25/2015 Contact Method: Face To Face
 Contact Time: 03:40 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/26/2015
 Completed date: 09/26/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/26/2015 06:42 PM Entered By: [REDACTED]

09/25/2015 3:40 pm

LI [REDACTED] /DCS Office at [REDACTED] and Wellness check and follow interview with [REDACTED] stated he enjoyed playing with fireworks with [REDACTED] (father). He reported that he did not like when [REDACTED] would whip him and [REDACTED] with belts. He described one of the belts as being black with holes in it and thick. [REDACTED] stated this was his belt, but [REDACTED] also whipped him and [REDACTED] with his mother's belt. He reported he was 5 and 6 years old when [REDACTED] whipped him. [REDACTED] reported [REDACTED] would generally whip him, if he bad grades or received a call from the school. He stated [REDACTED] whipped [REDACTED] because he was acting badly at school. [REDACTED] stated the belt would hit him on his legs, back, and stomach. He reported the belt left bruises that were black and brownish in color. [REDACTED] reported [REDACTED] would whip him nearly every day; adding he was whipped by [REDACTED] more than 15 times. [REDACTED] stated the whippings hurt "really bad". He stated [REDACTED] also made him stand in the corner for 14 hours; adding it would first be day light and then it would turn dark. [REDACTED] stated sometime, he and [REDACTED] would stay at [REDACTED] house. [REDACTED] stated he felt sad around [REDACTED] because he felt there was always a chance that he would get a whipping.

[REDACTED] stated in 2014, his mother's boyfriend, [REDACTED] (last name unknown) use to live in the house with them. He stated [REDACTED] would whip him on the bottom with a belt, if he "use the bathroom" on himself. He stated the whippings resulted in bruises being on his bottom for about two months. [REDACTED] reported that is nanny aka [REDACTED] saw the bruises and his mother observe them also. He stated his mother asked [REDACTED] why he spanked them and [REDACTED] would just tell them not to be bad. [REDACTED] reported that their mother would then drop them off at [REDACTED] house to be babysat while she was working. He reported that his mother would sometimes tell [REDACTED] to whip them and she will be sitting in the living room. [REDACTED] stated his mother disciplines them by hitting them on the hand with her hand. He denied having any bruises in result of his mother's form of discipline.

[REDACTED] stated [REDACTED] would hit him [REDACTED] and [REDACTED] with a wet and/or dry towel. He described this by stating [REDACTED] would wrap the towel by twisting it around in a motion between both hands and then hit them. [REDACTED] stated the towel would be dry when it hit him and [REDACTED], but wet when it hit [REDACTED]. He stated this incident resulted in bruises being on him for approximately one day. [REDACTED] continued stating that it really hurt. He stated [REDACTED] would also put him in a head lock; resulting in his eyes turning red and tear flowing down his face, but he stated he was not crying. [REDACTED] stated this made him feel really sad. [REDACTED] stated his mother had gone to the store and [REDACTED] hung [REDACTED] on the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

door by his jacket. He describes the incident by stating [REDACTED] jacket had a hood and [REDACTED] took the hood and placed it over the top of the door and slammed it. [REDACTED] stated [REDACTED] cried and he could not breathe. He stated [REDACTED] found his way out by unzipping the jacket and falling to the floor. [REDACTED] stated this also made him feel very sad. He stated his mother asked [REDACTED] why he did that, but he still lived in the home afterwards.

LI [REDACTED] and Det. [REDACTED] asked [REDACTED] if he had any additional questions and he did not. The interview was concluded at this time.

LI [REDACTED] observed [REDACTED] wearing a blue shirt with blue shorts. LI [REDACTED] did not observe any marks, bruises, or anything of concern.

LI [REDACTED] /Det. [REDACTED] /DCS [REDACTED] Office/Safety and Wellness check and follow interview with [REDACTED] stated he liked that [REDACTED] (mother's x-paramour) fed them, but he did not like when he whipped them with a belt. He stated [REDACTED] would make him and [REDACTED] take their clothes off and whip them with a belt. [REDACTED] stated [REDACTED] would hit them "really hard" on the upper right thigh. He described the pain as a snake or dog biting him. [REDACTED] stated his mother told [REDACTED] to stop and then she would whip him with the belt. He went on to say that his nanny, [REDACTED] spanked him with a belt and it left two bruises on his legs. He stated the bruises are no longer there.

LI [REDACTED] observed [REDACTED] wearing a green shirt with blue jean shorts. LI [REDACTED] did not observe any marks, bruises, or anything of concern.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/25/2015 Contact Method: Attempted Phone Call
 Contact Time: 01:23 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/25/2015
 Completed date: 09/25/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2015 01:26 PM Entered By: [REDACTED]
 09/25/2015 1:23 pm
 LI [REDACTED] telephone called [REDACTED] Mental Health Records Department and left a message requesting a copy of the records pertaining to [REDACTED]. The records will be enclosed in the file upon retrieval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/25/2015

Contact Method: Phone Call

Contact Time: 01:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/25/2015

Completed date: 09/25/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2015 01:17 PM Entered By: [REDACTED]

09/25/2015 1:15 [REDACTED]

[REDACTED] telephone called [REDACTED] and schedule an office visit for this day with [REDACTED] and [REDACTED] Ms. [REDACTED] stated [REDACTED] is seeing a Counselor through [REDACTED] and she will get the Counselor's name and provide it to LI [REDACTED] during the office visit this day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/25/2015 Contact Method:
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/06/2015
 Completed date: 10/06/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/06/2015 03:37 PM Entered By: [REDACTED]
 09/25/2015
 Closing SDM:
 Conditionally Safe



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/22/2015

Contact Method: Phone Call

Contact Time: 07:04 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/22/2015

Completed date: 09/22/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/22/2015 07:07 PM Entered By: [REDACTED]

09/22/2015 7:05 pm

LI [REDACTED] telephone called [REDACTED] with Progressive Families and discussed the concerns with [REDACTED]. Mrs. [REDACTED] stated she will contact LI [REDACTED] once the parenting assessment has been schedule with Ms. [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/22/2015 Contact Method:
Contact Time: 10:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 09/26/2015
Completed date: 09/26/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Notation
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/26/2015 07:31 PM Entered By: [REDACTED]

09/22/2015 10:00 am

LI [REDACTED] telephone called Det. [REDACTED] in reference to some follow up questions with the alleged perpetrator interviews with [REDACTED] and [REDACTED].

Det. [REDACTED] reported that Ms. [REDACTED] stated during her interview when [REDACTED] reportedly had the busted blood vessel in his left eye, she did not take him to the hospital because she had medical training. Ms. [REDACTED] reported the injury lasted approximately 4 days and [REDACTED] thought the injury was life threatening.

Det. [REDACTED] reported [REDACTED] reported that [REDACTED] gave him permission to use physical discipline on [REDACTED] (age 5) and [REDACTED] (3). Mr. [REDACTED] admitting to hitting the children on their behind and possibly on other parts of their body. Mr. [REDACTED] denied inflicting the injuries that occurred on 11/30/2014 and stated he was unsure how the bruises occurred.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/17/2015 Contact Method: Attempted Phone Call
Contact Time: 05:25 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 09/22/2015
Completed date: 09/22/2015 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Collateral Contact
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/22/2015 07:03 PM Entered By: [REDACTED]

09/17/2015 5:25 pm

LI [REDACTED] received a telephone message from [REDACTED] requesting a return call regarding [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/16/2015

Contact Method: Attempted Phone Call

Contact Time: 02:58 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/16/2015

Completed date: 09/16/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/16/2015 02:59 PM Entered By: [REDACTED]

09/16/2015 2:59 pm

LI [REDACTED] telephone called [REDACTED] with [REDACTED] and left a message requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/14/2015

Contact Method:

Contact Time: 04:37 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/26/2015

Completed date: 09/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/26/2015 06:06 PM Entered By: [REDACTED]

09/14/2015 4:37 pm

LI [REDACTED] received an email from [REDACTED] with the [REDACTED] Alliance verifying that [REDACTED] is currently attending therapy sessions with her at the Center.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/11/2015 Contact Method:
Contact Time: 05:44 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 09/11/2015
Completed date: 09/11/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2015 05:47 PM Entered By: [REDACTED]

09/11/2015 5:44 pm

LI [REDACTED] sent an email to [REDACTED] with the [REDACTED] [REDACTED] requesting confirmation that [REDACTED] is attending counseling. LI [REDACTED] also requested the Counselor's name.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/11/2015

Contact Method: Attempted Phone Call

Contact Time: 02:43 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/11/2015

Completed date: 09/11/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/11/2015 04:49 PM Entered By: [REDACTED]

09/11/2015

LI [REDACTED] telephone called Det. [REDACTED] and left a message requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/11/2015 Contact Method: Attempted Phone Call
 Contact Time: 02:27 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/11/2015
 Completed date: 09/11/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2015 02:28 PM Entered By: [REDACTED]
 09/11/2015 2:27 pm
 LI [REDACTED] telephone called [REDACTED] with [REDACTED] and left a message requesting a return call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/11/2015	Contact Method:	Attempted Phone Call
Contact Time:	02:24 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/11/2015 02:27 PM Entered By: [REDACTED]

09/11/2015 1:41 pm

LI [REDACTED] received a telephone message from [REDACTED] with [REDACTED] requesting a return call regarding [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/11/2015

Contact Method:

Contact Time: 10:33 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/11/2015

Completed date: 09/11/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/11/2015 12:02 PM Entered By: [REDACTED]

09/11/2015 10:33 am

LI [REDACTED] received an email from [REDACTED] with the Fiscal Division approving the parenting assessment for [REDACTED]. The service provider assigned to [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [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:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



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

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]
This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]
This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2015	Contact Method:	
Contact Time:	09:55 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 08:46 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/10/2015

Contact Method:

Contact Time: 09:55 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 08:46 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2015

Contact Method:

Contact Time: 08:14 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/09/2015

Completed date: 09/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/09/2015 08:16 PM Entered By: [REDACTED]

09/09/2015 8:14 pm

LI [REDACTED] completed a local [REDACTED] County Criminal back ground check on [REDACTED] [REDACTED] and [REDACTED] and the results were positive for criminal history.

The results are enclosed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/09/2015 Contact Method: Attempted Phone Call
 Contact Time: 05:43 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/09/2015
 Completed date: 09/09/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/09/2015 05:45 PM Entered By: [REDACTED]

09/09/2015 5:43 pm

LI [REDACTED] telephone called Det. [REDACTED] and a left message requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/09/2015 Contact Method: Face To Face
 Contact Time: 05:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/09/2015
 Completed date: 09/09/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/09/2015 07:49 PM Entered By: [REDACTED]

09/09/2015 5:30 pm

LI [REDACTED] /Office Visit at [REDACTED] Safety and Wellness check with [REDACTED] and [REDACTED]. The children appeared healthy and well cared for [REDACTED] and [REDACTED] were watching a movie on the cell phone and appeared anxious to leave and return home. [REDACTED] stated he is currently playing football and he plays a defense position.

LI [REDACTED] discussed and reviewed the non-custodial permanency plan with [REDACTED] and [REDACTED] and obtained their signatures. The Immediate Protection Agreement was also update this day. Copies of the plan and the IPA were provided to Ms. [REDACTED] and Ms. [REDACTED]. LI [REDACTED] discussed Ms. [REDACTED] involvement with domestic violence in the past and she denied ever being a victim or the aggressor.

Narrative Type: Addendum 1 Entry Date/Time: 09/09/2015 08:29 PM Entered By: [REDACTED]

Ms. [REDACTED] stated [REDACTED] is attending counseling at the [REDACTED] Children's Alliance and [REDACTED] is attending counseling with a therapist from [REDACTED] at his school.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/06/2015

Completed date: 10/06/2015

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: 10/06/2015 03:36 PM Entered By: [REDACTED]

09/09/2015

LI [REDACTED] completed the Family Functional Assessment this day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/09/2015 Contact Method: Attempted Phone Call
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/09/2015
 Completed date: 09/09/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/09/2015 05:43 PM Entered By: [REDACTED]

09/09/2015 1:00 pm

LI [REDACTED] received a telephone message from Det. [REDACTED] requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2015

Contact Method:

Contact Time: 06:18 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/26/2015

Completed date: 09/26/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/26/2015 06:15 PM Entered By: [REDACTED]

09/09/2015 6:18 am

LI [REDACTED] received an email from [REDACTED] with the Fiscal Division stating [REDACTED] parenting assessment has been approved and the case is assigned to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/05/2015

Contact Method:

Contact Time: 02:47 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2015

Completed date: 09/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2015 02:49 PM Entered By: [REDACTED]

09/02/2015

FAST completed: High Need/Risk



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/05/2015

Contact Method: Phone Call

Contact Time: 12:14 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2015

Completed date: 09/05/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2015 12:24 PM Entered By: [REDACTED]

09/05/2015 12:14 pm

L [REDACTED] telephone called [REDACTED] and was informed due to her being ill she missed her appointment for the mental health assessment on [REDACTED]. She stated the appointment has been reschedule to 09/14/2015. Ms [REDACTED] agreed to sign the release of information while at her appointment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/05/2015	Contact Method:	Attempted Phone Call
Contact Time:	11:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/05/2015
Completed date:	09/05/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/05/2015 12:16 PM Entered By: [REDACTED]
 09/05/2015 11:40 am
 LI [REDACTED] received a telephone call from [REDACTED] with [REDACTED] Mental Health Records Division stating [REDACTED] will need to sign a release of information prior to her records being released to the Department. [REDACTED] requested a return call for any additional information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/31/2015

Contact Method:

Contact Time: 04:23 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2015

Completed date: 08/31/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2015 04:24 PM Entered By: [REDACTED]

08/31/2015 4:23 pm

L [REDACTED] telephone called [REDACTED] Mental Health Records Division and requested a copy of [REDACTED] mental health records. The records will be enclosed in the file upon retrieval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/10/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/27/2015

Completed date: 08/27/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/27/2015 06:21 PM Entered By: [REDACTED]

08/27/2015

CPSI [REDACTED] renewed the Immediate Protection Agreement with [REDACTED] and [REDACTED] this day.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/10/2015 Contact Method: Correspondence
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/27/2015
 Completed date: 08/27/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/27/2015 06:25 PM Entered By: [REDACTED]

08/10/2015

CPSI [REDACTED] presented the case to CPIT and the following classifications were agreed upon:

[REDACTED] is being substantiated for Physical Abuse and Neglect Death towards [REDACTED]

[REDACTED] is being substantiated for Physical Abuse towards [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 10/01/2015 03:23 PM Entered By: [REDACTED]

The case is being referred for prosecution.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/27/2015

Contact Method: Phone Call

Contact Time: 04:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/27/2015

Completed date: 07/27/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2015 04:49 PM Entered By: [REDACTED]

07/27/2015

LI [REDACTED] telephone [REDACTED] and discussed the parenting assessment with the mental health component. Ms. [REDACTED] agreed to be compliant with services. LI [REDACTED] also provided Ms. [REDACTED] with the trial dates schedule for 12/21/15 and 12/22/15.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/27/2015

Contact Method:

Contact Time: 04:21 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/27/2015

Completed date: 07/27/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/27/2015 04:29 PM Entered By: [REDACTED]

07/27/2015 4:21 pm

LI [REDACTED] submitted a PSG request to the Fiscal Division pertaining to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/01/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/25/2015

Completed date: 07/25/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/25/2015 09:22 PM Entered By: [REDACTED]

07/01/2015 3:00 pm

LI [REDACTED] received a copy of the Autopsy report pertaining to [REDACTED] and the results are as follows:

Cause of death: Multiple blunt force injuries

Manner of death: Homicide



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/25/2015

Contact Method: Phone Call

Contact Time: 12:55 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2015

Completed date: 06/25/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/25/2015 12:56 PM Entered By: [REDACTED]

06/25/2015 12:55 pm

LI [REDACTED] telephone called [REDACTED] and was informed that she thought the counseling for her children was optional. LI [REDACTED] reiterated the importance of the children receiving counseling and Ms. [REDACTED] agreed to contact the Child Advocacy center to schedule counseling sessions this day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/11/2015 Contact Method:
 Contact Time: 03:03 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/11/2015
 Completed date: 06/11/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2015 03:12 PM Entered By: [REDACTED]
 06/11/2015 3:11 pm

L [REDACTED] sent the following email to [REDACTED]

I was informed today that the autopsy results for [REDACTED] is in route to your office from the Medical Examiner's Officer. Will you please provide me with a copy of the results immediately upon retrieval? Thank you in advance.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/09/2015 Contact Method:
 Contact Time: 10:28 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/09/2015
 Completed date: 06/09/2015 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: 06/09/2015 10:32 AM Entered By: [REDACTED]
 06/09/2015
 Administrative Review
 IPA Active... Next Court date/Trial date 12/21/2015 and 12/22/2015 at 8:30 pm before Magistrate [REDACTED]
 Next Steps:
 Autopsy Results pending
 Mom mental and parenting assessment
 Follow up with grief counseling
 IPA renewed 06/08/2015 (Active)
 Last f2f contact with ACV and siblings Safety and Wellness checks 6/09/2015
 Prepare case for transfer



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/08/2015 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/09/2015
 Completed date: 06/09/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/09/2015 10:37 AM Entered By: [REDACTED]

The below case records are being entered based on the verbal report given by CPSI [REDACTED]

06/08/2015 11:00 am

CPSI [REDACTED] Office/renewing the Immediate Protection Agreement and completing a safety and wellness check with [REDACTED] and [REDACTED]. Mrs [REDACTED] and Ms. [REDACTED] signed the update IPA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/29/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/23/2015
 Completed date: 06/23/2015 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: 06/23/2015 03:18 PM Entered By: [REDACTED]

05/29/2015

MSW Review:

Discussion Question: Update/IPA in place. A/P (paramour) appeared at the Appearance Docket in Juvenile Court.

Narrative: Mom will complete a parenting assessment with a mental health component.

Action Steps:

1. Prepare case for transfer



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/08/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2015

Completed date: 08/31/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2015 04:09 PM Entered By: [REDACTED]

05/08/2015 9:00 am

CPS [REDACTED] Office/renewing the Immediate Protection Agreement and completing a safety and wellness check with [REDACTED] and [REDACTED]. Mrs. [REDACTED] and Ms. [REDACTED] signed the update IPA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/06/2015	Contact Method:	
Contact Time:	09:41 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/06/2015
Completed date:	05/06/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/06/2015 09:44 AM Entered By: [REDACTED]

05/06/2015

Administrative Review

IPA Active... Next Court date/Settlement 05/20/2015 at 1:00 pm before Magistrate [REDACTED]

Next Steps:

Contact [REDACTED] regarding status of Autopsy Results

Mom mental and parenting assessment

Follow up with grief counseling

Renew IPA

Safety and Wellness checks with ACVs

Prepare case for transfer



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/04/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/11/2015

Completed date: 06/11/2015

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: 06/11/2015 04:34 PM Entered By: [REDACTED]

05/04/2015

Juvenile Court/Magistrate [REDACTED] The case was set for settlement on 05/20/2015 at 1:00 pm.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2015

Contact Method: Face To Face

Contact Time: 03:50 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/13/2015

Completed date: 06/13/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/13/2015 05:54 PM Entered By: [REDACTED]

The below case records are being based on notes taken by Former CPSI [REDACTED]

4/15/2015 3:50 pm

Child Protective Services Investigator [REDACTED] Office Visit [REDACTED] Observation. CPSI [REDACTED] observed [REDACTED] (4yrs) and [REDACTED] (6yrs), [REDACTED] in the DCS Office [REDACTED]. The children were escorted by their paternal grandmother [REDACTED] was dressed in a school uniform, white polo and khaki slacks/white and black tennis shoes, and [REDACTED] was dresses in a gray t-shirt and black and white track pants/black tennis shoes. Both [REDACTED] and [REDACTED] presented with a bright affect and were very talkative. [REDACTED] asked CPSI [REDACTED] if she watched the television program Empire and then stated that one of the characters was named [REDACTED]. [REDACTED] stated that he knew a [REDACTED] and he was "in his family". [REDACTED] said that he was not allowed to see [REDACTED] anymore. At that point, [REDACTED] stated that they were not allowed to see [REDACTED] anymore "because he whoops us".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/15/2015 Contact Method: Phone Call
 Contact Time: 09:40 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/13/2015
 Completed date: 06/13/2015 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: 06/13/2015 06:07 PM Entered By: [REDACTED]

The below case recordings are based on notes taken by Former CPS [REDACTED]

4/15/2015 9:40 am

Child Protective Services Investigator [REDACTED] contacted [REDACTED] mother of [REDACTED] via telephone [REDACTED]. [REDACTED] reported that the situation with [REDACTED] is "still foggy since I was at work." [REDACTED] stated that the Dept. of Children's Services concerns pertaining to protectiveness "hurt her feelings." [REDACTED] reported that she "always immediately corrected situations" that presented safety concerns for her children. [REDACTED] stated that when her former boyfriend and biological father of [REDACTED] acted in an abusive manner towards her and the children, she "broke up with him immediately." [REDACTED] also stated that when she was informed that a previous day care center "hit" [REDACTED], she immediately removed her children from their care. [REDACTED] stated that she was currently attending grief counseling at [REDACTED] Mental Health [REDACTED]. She stated that she began the counseling in February 2015. [REDACTED] also stated that she had no concerns about her mental health and was not "going to harm [herself] or anything". [REDACTED] reported that [REDACTED] (6yrs), [REDACTED] brother, received crisis counseling at his elementary school in late January 2015 to address grief. However, [REDACTED] was not currently enrolled in any grief counseling. [REDACTED] stated that [REDACTED] (4yrs), [REDACTED] brother, had not received any services and she had no plans to enroll him because she did not believe the services were necessary.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/14/2015

Contact Method: Phone Call

Contact Time: 03:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/13/2015

Completed date: 06/13/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/13/2015 05:50 PM Entered By: [REDACTED]

The following case recordings are being entered by on notes taken by Former CPSI [REDACTED]

4/17/2015 3:15 pm

Child Protective Services Investigator [REDACTED] received a call from Nurse Practitioner [REDACTED] [REDACTED] was responding to a voice message left by CPSI [REDACTED] to contact the Department of Children's Services regarding [REDACTED] stated that she had no concerns about the family prior to [REDACTED] death. [REDACTED] stated that [REDACTED] ensured that all three children, [REDACTED] and [REDACTED] (ACV), were up to date on vaccines and attended appointments regularly. [REDACTED] stated that she had not encountered any of [REDACTED] boyfriends or the children's fathers prior to the day [REDACTED] was taken to the ER for the injuries that eventually caused his death.

Narrative Type: Addendum 1 Entry Date/Time: 06/13/2015 05:52 PM Entered By: [REDACTED]

Error: The above events occurred on 04/17/2015 at 3:15pm



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/14/2015

Contact Method: Attempted Phone Call

Contact Time: 10:50 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/13/2015

Completed date: 06/13/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/13/2015 05:58 PM Entered By: [REDACTED]

4/14/2015 10:50 am

Child Protective Services Investigator [REDACTED] attempted to contact [REDACTED] pediatrician. Dr. [REDACTED] was not available and CPSI [REDACTED] left a message with [REDACTED] receptionist, asking Dr. [REDACTED] to return the phone call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/10/2015 Contact Method:
 Contact Time: 06:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 06/13/2015
 Completed date: 06/13/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/13/2015 06:32 PM Entered By: [REDACTED]
 04/10/2015 6:30 pm
 L [REDACTED] (work [REDACTED]). Ms. [REDACTED] signed renewed the Immediate Protection Agreement this day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/09/2015 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/13/2015
 Completed date: 06/13/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/13/2015 06:25 PM Entered By: [REDACTED]

04/09/2015

CPSI [REDACTED] /DCS Office visit at [REDACTED] observing [REDACTED] and [REDACTED]. There were no marks, bruises, or anything of concern observed. Ms [REDACTED] signed the update Immediate Protection Agreement this day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/12/2015

Contact Method:

Contact Time: 04:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/12/2015

Completed date: 03/12/2015

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: 03/12/2015 04:19 PM Entered By: [REDACTED]

03/12/2015

Case Conference held:

Case reassigned to CPSI [REDACTED]

Next Steps:

final f2f with ACV's

prepare case for transfer to non-custodial services

Email [REDACTED] regarding autopsy results



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/09/2015

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 06/13/2015

Completed date: 06/13/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/13/2015 06:30 PM Entered By: [REDACTED]

03/09/2015

CPSI [REDACTED] /Juvenile Court Appearance hearing/observing [REDACTED] and [REDACTED] There were no marks, bruises, or anything of concern observed. Ms. [REDACTED] and Ms. [REDACTED] signed the update Immediate Protection Agreement this day.



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: 03/09/2015

Contact Method: Attempted Phone Call

Contact Time: 10:04 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/09/2015

Completed date: 03/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/09/2015 10:07 AM Entered By: [REDACTED]

03/09/2015 10:04 am

LI [REDACTED] telephone called [REDACTED] and left a message confirming Court being schedule for this day at 8:30 am. LI [REDACTED] also informed Ms. [REDACTED] that the case was has been reassigned to CPS! [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/09/2015

Contact Method: Attempted Phone Call

Contact Time: 10:02 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/09/2015

Completed date: 03/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/09/2015 10:05 AM Entered By: [REDACTED]

03/09/2015 10:02 am

LI [REDACTED] received a telephone message from [REDACTED] inquiring about Court schedule for 03/09/2015 at 8:30 am.
 Ms. [REDACTED] requested a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2015

Contact Method:

Contact Time: 02:38 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/07/2015

Completed date: 03/07/2015

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: 03/07/2015 02:39 PM Entered By: [REDACTED]

03/07/2015

This case was reassigned to CPSI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/18/2015

Contact Method: Face To Face

Contact Time: 11:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/18/2015

Completed date: 02/18/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/18/2015 12:00 PM Entered By: [REDACTED]

2/18/15
11:15 AM

CPSI [REDACTED] obtained signed IPA renewal with signatures from biological mother Ms. [REDACTED] paternal grandmother Ms. [REDACTED], and biological father of [REDACTED] and [REDACTED] Mr. [REDACTED]. Copy included in case file and also scanned into Tfacts Documents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/18/2015

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/18/2015

Completed date: 02/18/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/18/2015 11:57 AM Entered By: [REDACTED]

2/18/15
11:00 AM

CPSI [REDACTED] observed [REDACTED] and [REDACTED] at [REDACTED] DCS. Both children presented as bright, well groomed, and CPSI [REDACTED] observed no visible marks or bruises.

Narrative Type: Addendum 1 Entry Date/Time: 06/13/2015 05:24 PM Entered By: [REDACTED]

A Child and Family Team Meeting was held this day to discuss concerns of the safety placement:

Needs or Concerns discussed:

Concern: Ms. [REDACTED] stated to DCS she will not re-sign the IPA

Concern: Ms. [REDACTED] is living with the alleged perpetrator Mr. [REDACTED]

The children are to have no contact with Mr. [REDACTED]

Decisions Made:

[REDACTED] and [REDACTED] will remain in the current IPA with their maternal grandmother Ms. [REDACTED] with the approval of their mother, Ms. [REDACTED].

Action Steps:

Ms. [REDACTED] CPSI worker will ensure the IPA is updated with all parties involved signing the IPA by 2/18/15.

The family will contact DCS Ms. [REDACTED] TL if any changes occur with the placement or any other changes 02/18/15 ongoing.

DCS will check with DCS legal to determine the Court status of the case by 02/20/15.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/13/2015	Contact Method:	Phone Call
Contact Time:	05:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/13/2015
Completed date:	02/13/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Notation, Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/13/2015 05:10 PM Entered By: [REDACTED]

2/13/15
 5:00 PM

CPSI [REDACTED] completed CFTM request form, submitted to [REDACTED] (DCS) and TL [REDACTED]

CPSI [REDACTED] contacted biological mother Ms. [REDACTED] biological father of [REDACTED] and [REDACTED] Mr. [REDACTED] and paternal grandmother and current safety placement, Ms. [REDACTED] to notify each of them of the CFIM scheduled for Wednesday, Feb 18, 2015 at 11:30am. All parties agree to attend and Ms. [REDACTED] will bring [REDACTED] and [REDACTED] as well as another adult to watch the boys during the times of the meeting when the children will need to wait in the lobby.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/13/2015 Contact Method: Face To Face
 Contact Time: 12:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 02/13/2015
 Completed date: 02/13/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/13/2015 05:30 PM Entered By: [REDACTED]

2/13/15
12:00 PM

CPSI [REDACTED] met with biological mother, Ms. [REDACTED], at DCS office. Detective [REDACTED] was also present.

In order to have more time to have a full interview, based on lack of room availability, meeting was moved to the Police Station/Det. [REDACTED] office.

CPSI [REDACTED] spoke with Ms. [REDACTED] about signing releases of information for DCS to obtain medical records for herself, [REDACTED], and [REDACTED] as well as mental health records for Ms. [REDACTED] Ms. [REDACTED] agreed to all releases of information. Copies included in case file.

Ms. [REDACTED], however, refused to resign the Immediate Protection Agreement, which expires on 2/22/15. Ms. [REDACTED] stated that she does not understand why it needs to be resigned and that she does not believe that it is fair that she is not able to see her children unsupervised. CPSI [REDACTED] explained that consequences of refusing to sign the document and Ms. [REDACTED] continued to refuse.

1:00 PM

CPSI [REDACTED] observed follow up interview with Ms. [REDACTED] and Detective [REDACTED] Ms. [REDACTED] began the interview by talking about how she was sexually abused by her stepfather when she was young and that he gave her black eyes.

Ms. [REDACTED] stated that she has not provided any incorrect information throughout the course of this investigation. She stated that the reason that the children stopped going to the babysitter was because the babysitter hit [REDACTED] because he tore up her blinds. Ms. [REDACTED] stated that when retelling information, [REDACTED] tends to be very accurate, and that he is the one who told her why the sitter hit [REDACTED]

Ms. [REDACTED] continued to deny that her children were ever intentionally harmed by [REDACTED] (previous boyfriend), despite previous DCS involvement and concern. She also continues to deny that [REDACTED] (bio father of [REDACTED]) ever



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

harm[REDACTED] the children. Ms. [REDACTED] continued to make excuses for every injury to the children over the years including bruises, cuts, and even marks which were documented by hospital staff regarding [REDACTED]. Ms. [REDACTED] would state that [REDACTED] bruises to his face were due to him "sleeping on a toy" or lying on something while in his play pen.

Ms. [REDACTED] and Det [REDACTED] further discussed an incident where [REDACTED] kicked Ms. [REDACTED] door down because of anger one night after seeing Ms. [REDACTED] and Mr. [REDACTED] (alleged perpetrator and boyfriend) "clubbing." Ms. [REDACTED], after being confronted by Det [REDACTED] finally admitted to providing police with the wrong name for [REDACTED] that night because "I know what [REDACTED] is capable of." Ms. [REDACTED] had told the police that night that [REDACTED] name was [REDACTED]. She verbalized that she did not see it as an issue that she provided the police with the wrong name.

Regarding the concern that [REDACTED] reported that [REDACTED] told Ms. [REDACTED] in the hospital, that [REDACTED] saw [REDACTED] drop [REDACTED] on his head, Ms. [REDACTED] stated that this information is incorrect. She stated that [REDACTED] put him on the ground and he threw up." Ms. [REDACTED] insisted that [REDACTED] never told anyone, including [REDACTED] (interview also included in previous case note), that he saw [REDACTED] harm [REDACTED].

Regarding the information provided by both [REDACTED] and [REDACTED] during forensic interviewing, Ms. [REDACTED] reported that [REDACTED] "plays around" with the children and that the mention of being hit with towels, being put in headlocks, and [REDACTED] being hung from a doorway by his hoodie sweatshirt was "all just playing." She stated that she was there when [REDACTED] hung [REDACTED] from the door and that "everyone was laughing... it was a joke."

Ms. [REDACTED] also stated in the interview that if [REDACTED] had done something that bad to hurt [REDACTED] he would have already been arrested by now.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/13/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/27/2015
 Completed date: 08/27/2015 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/27/2015 06:45 PM Entered By: [REDACTED]

08/27/2015

Former CPSI [REDACTED] sent a fax to [REDACTED] Hospital requesting medical records pertaining to [REDACTED] and [REDACTED].
 The records will be enclosed in the file upon retrieval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/12/2015	Contact Method:	
Contact Time:	01:10 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/13/2015
Completed date:	02/13/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/13/2015 05:38 PM Entered By: [REDACTED]
 2/12/15
 1:10 PM

CPSI [REDACTED] spoke with Dr. [REDACTED] of the [REDACTED] team on the telephone regarding concerns brought to her attention during the [REDACTED] consults for [REDACTED] and [REDACTED] on 1/26/15. She stated that she noticed numerous loop-shaped marks, old, healing scars, on both of the children's legs. She stated that because they are so old, it would be difficult to determine what caused them. However, [REDACTED] stated during the appointment that, "They used to hit us with belt." He then stated that, "She [mom] used to hit us with a belt with jewels on it." [REDACTED] stated that "3 people" have been mean to them and have "hit us with towels," but that [REDACTED] didn't specify who, exactly. [REDACTED] did report to Dr. [REDACTED] that the daycare "used to hit us." Ms. [REDACTED] safety placement, indicated that he may be referring to the daycare, [REDACTED]. [REDACTED] also reported that both [REDACTED] and his mother have hit them. Dr. [REDACTED] also noted that Ms. [REDACTED] talked of [REDACTED] as presenting as very nice and reported that she never had any prior concerns for him being around the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/12/2015	Contact Method:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/12/2015
Completed date:	02/12/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/12/2015 10:16 AM Entered By: [REDACTED]
 2/12/15
 10:00 AM

CPSI [REDACTED] received statement written by biological father of ACV [REDACTED] Mr. [REDACTED]

<begin statement>

I [REDACTED] am writing to the best of my recollection of my relationship with [REDACTED] and the birth of our son [REDACTED] [REDACTED] and I met back in 2006 or 2007 but feel off for some years then reunited back in 2012, and begin dating soon thereafter. Upon getting into a relationship with [REDACTED] she informed me that she (2) sons by her previous boyfriend and had lost a son to (SIDS) making that a total of (3) children at the time. The relationship eventually got serious and was around the boys more often at ages [REDACTED] -4 & [REDACTED] -2). I developed a relationship with the boys. The boys & me enjoyed each others company and they grew on me and they did not have a father figure in their lives, so I decided to take that responsibility and look out for them to the best of my ability. [REDACTED] relationship and me was not always the best but the boys were important to me so I tried to make it work. During the few years that past, our intimacy grew stronger. I moved out of my first apartment that I stayed in once my lease was up and decided to move in with [REDACTED] to try to take our relationship a step further. When I moved in with [REDACTED] a year had past and she had become pregnant with [REDACTED] [REDACTED] between March-April, Prior to knowing that [REDACTED] was pregnant we had already agreed on me moving out a month before I found out which was early May late April around that time period. When she went to the doctor and told me the news I was still going to move into my own place, but be there for her during her entire pregnancy, which I was. We did mutually consider not keeping the baby boy at the current time based on our financial situation and timing of pregnancy, which we never went thru with that plan of course. During [REDACTED] pregnancy with [REDACTED] she called me on one occasion in June when we were into it, She called crying and stated that she had taken some pills (Sleeping Pills) and was scared. [REDACTED] stated she took the pills because she was stressed out because of me and was tired of it. I was very angry about it when she called and told me that over the phone knowing she was pregnant with [REDACTED] and I rushed to [REDACTED] hospital. When I got there they had her on suicide watch with her room door open and security standing outside the door. I asked her how she got there and she stated her friend had bring her, and I went on to ask what was she thinking doing that knowing she was pregnant with our son. She was transferred the next day or a few



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

hours after that to [REDACTED] Psychiatric hospital. I eventually came to visit her the next day to check on her and see what was going on and talk to her some more. I visited and talked to her over the phone throughout the days she had to stay for evaluation. I talked to doctors and other staff and accepted responsibility for [REDACTED] Care in order for her to be discharged as soon as she did with my signature as a way to say I would watch over her. [REDACTED] said she was sorry for what she had done but still blamed me for the incident on down the line. Our mutual relationship grew very rocky and up and down after this incident, and around the time all these events took place we were not together I was just there for her during the pregnancy. [REDACTED] actions caused me to question everything she did or said thereafter these events. As the months past we stayed into some kind of conflict as I was back and forth from my place of residents to hers. I still stuck by [REDACTED] through the rough times looking after the older boys and there well being keeping my relationship with them steady while getting ready to witness the birth of my biological son. As December came around [REDACTED] was born on December 9th, 2013. We were very happy and excited about our baby boy, I know I was being that it was my first child. [REDACTED] and me started out doing better and mutually getting along when [REDACTED] got here, but everything just started falling apart as time past. When [REDACTED] started back working I stayed at my home more often and just picked [REDACTED] up and or came to see him often. I usually would go [REDACTED] every other week and most weekends when [REDACTED] had to work. I still keep my relationship with the boys going as well. When [REDACTED] started back working after her maternity leave was up [REDACTED] would go over her friend [REDACTED] house when we both worked but was not really my favorable place to take [REDACTED] nor was it for [REDACTED] at the time. We didn't have many funds at the time to put [REDACTED] in a Day Care and my family and [REDACTED] would watch him every now and then around this time period from when he was about 6 weeks to 4 months. One day [REDACTED] came to me about a babysitter she heard about that was good with kids and reasonable in price for a baby his age. So that's when we met Ms [REDACTED] the lady she heard about from a friend. We both agreed to go forward with Ms. [REDACTED] looking out for [REDACTED], as she also kept the middle child [REDACTED] well. The oldest boy [REDACTED] would usually get picked up from school and dropped off to Ms. [REDACTED] house when he didn't have football practice by his grandmother (biological father's mother) until [REDACTED] got off work or when I got off earlier than her I would pick [REDACTED] and [REDACTED] up then go to my house till [REDACTED] got off and she would come pick them up from my house. Ms [REDACTED] was really kind to us by watching our month(s) old son and [REDACTED] for \$100 a week for both which was good compared to other daycares. Sometimes it did get hard a times for me to pay my half on time but I always found a way to pay [REDACTED] back even if it took till the next week or 2 when I had a Dj gig or I got paid from my job but she always got it and [REDACTED] never went without. Technically I was paying half \$200 a month, which was paying for [REDACTED] as well, but was not obligated to pay that portion because she receives child support for both [REDACTED] and [REDACTED] Me being the person I am it didn't matter to me because I love the other two boys just as I did [REDACTED]. As time further past Me and [REDACTED] started seeing other people over time, and we had our difference with that based off [REDACTED] well being. I had my company at my house most of the time when I didn't have [REDACTED] because all my attention always was in my son's favor. If I had to work late or schedule change to earn some extra cash and didn't have a baby sitter last second one or two times I've let a female friend of mine keep him but that was literary a couple times. Any other time a family member would keep [REDACTED] because everyone loved him and never had an issue with him. My son was a good, smart baby boy and very happy. I found out [REDACTED] had started talking to someone and at the time I didn't know the dude name but didn't care much at the time because she said it was her friend and he didn't live here. I still felt suspicious about it based off our past situations and history. [REDACTED] had stated that she met him in May of 2014. As weeks past thru the summer of 2014 we still had our differences dealing with paying the baby sitter and where [REDACTED] was or things he needed little things like that [REDACTED] started acting different towards me when it came to [REDACTED] and if had gotten very frustrating at times, because as a first time father I was very over protective of my son and wanted to know the Ins and Outs of his where a bout's. She started sending him to Ms [REDACTED] any kind of at times a lot more than usual. [REDACTED] would lie to Ms [REDACTED] about different things concerning any of the three boys (Pay, Time Of Pick Up, and Who Picking Them Up etc. [REDACTED] would also lie to me about where [REDACTED] where a bout's was if he was not at Ms. [REDACTED] that because she either was late to work or didn't feel like going across town. I feel [REDACTED] started lashing out and using [REDACTED] against me more when she knew that I was seeing other females and I feel like it was out of jealousy she started acting more funnier when it down to our son, and the only thing (Person) she could use against me to make me angry was [REDACTED] I would have to say it worked most of the time because I love my son dearly and I don't want to see him mistreated or missing out on time with me because we didn't get along or no longer was involved intimately. So we argued a lot back and forth all the time never could come to an understanding. I have thought about taking it to the courts to get either full custody or joint custody, but at the same time I didn't have the funds or the right resources at the time to pursue it. So I just kept trying my best to be as mutual as possible to make it a better situation for [REDACTED]. Our mutual parent relationship was just up and down, some days was good and some was bad. [REDACTED] started to get so bad with her attitude towards me that it started effecting Ms. [REDACTED] It had gotten bad till a point where Ms [REDACTED] had to tell



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] about her self about how she was acting and how she needs to do better and how she sends the boys over there to Ms. [REDACTED]. Ms [REDACTED] would keep me informed about anything with the boys whenever I picked any of them up. Whenever [REDACTED] forgot something or didn't send what [REDACTED] needed why he was in Ms [REDACTED] care she would sometimes have extras for him from another child or she would call me. Whenever I had [REDACTED] the weeks I have him I would always make sure he has everything he needed before I dropped him off and if I didn't I would have made a special trip to get it either on my lunch break or I would leave early if its real important that he needs it right away. It has been a lot of times when I would stuff with him to her house and should would rarely send it back with him on my request, and I would have to go rebuy the items that's needed such as blankets, special clothing, milk etc. She would get an attitude when I do ask about the Items telling me that I should already have it at my house, but I always sent it so I never kept it at home because I knew he would need it. It wouldn't have done any good at my house if he were not present with me. Everything had just gotten worse before it got better between us. Right around fall time October/September I had seen who is now her boyfriend [REDACTED] for the first time [REDACTED] came to pick up [REDACTED] from my house because it was her time again with [REDACTED] but little did I know her boyfriend [REDACTED] was with her in the passenger seat. I went to put and strap [REDACTED] into the backseat like I usually do and kiss him and say goodbye. [REDACTED] never formally introduced us nor did he introduce his self but he knew exactly who I was, because I pretty sure [REDACTED] let it be known. I felt that if your going to be around another mans child why not introduce yourself to the child's father as respect for the child and mother. I later told [REDACTED] not to bring random people to my place of residence without me knowing and she did apologize for it. I felt concerned about [REDACTED] well being based off all the current actions and past actions [REDACTED] had presented dealing with [REDACTED] or me. As weeks had past by, [REDACTED] and me had an altercation event that happened late November the day after Thanksgiving. I went to go pick up [REDACTED] after I left work, which was a Friday night at a nightclub because I'm a [REDACTED] and [REDACTED]. She went on to tell me that I could not get [REDACTED] which I didn't listen because it was my time to get [REDACTED] that weekend. So I made my way to [REDACTED] from Downtown [REDACTED] to pick [REDACTED] up anyway that's when she threatened me with calling the police, which she did. Once I pulled up to her house I seen her and her boyfriend [REDACTED] in the car, so I get out and walks towards the car she done took off running into the apartment I guess trying to prevent me from getting my son. [REDACTED] gets out from the passenger side and looks dead at me but never said a word to me neither did I. I walk past him up to the apartment and started beating on the door trying to get [REDACTED]. I beat on the door between 5 - 10 minutes. She never let me in so I decided to leave but before I could leave she had already called the police and about 4 or 5 patrol cars roll up behind me. I stepped out the car as officers told me. The offers started asking me questions about what's going and why was I out there and I told them. Next thing I notice one of the officers points out my taillight and Side Mirrors had been destroyed and hit with something such as a bat or another object. That's when I thought about [REDACTED] boyfriend [REDACTED] because he had left the scene before metro showed up, and my car was perfectly find before I got there. This was between 10:30 - 11:30 at night and I was only beating on the door for a short time, so I knew he had did it and [REDACTED] even told me she knows he did that to my car and fled in her silver [REDACTED]. The officers asked me did I know his name or him and I told them no because I have never had any type of altercation with her boyfriend [REDACTED] nor did he ever give me a reason to have a problem him prior to my car getting damaged by him. He denied that he did any wrongdoing to [REDACTED] and she took his word for but she knew what really happened. So going threw all that it made me think that he did not like me because I was [REDACTED]. Ex, [REDACTED] ather I'm not sure, but my only concern was my son's well being. A few weeks after that situation I picked up [REDACTED] from Ms. [REDACTED] and she let it be known to me that [REDACTED] had some kind of bruise on his face, which this is the second time this had showed up on my son's face and was in the same spot as the first time I saw it. The first time I saw it was weeks prior to this particular week for a 2nd time. I got a little worried and confused about what it could have been on his face. I called [REDACTED] right away as I was leaving Ms [REDACTED] house to ask what was going with [REDACTED] face and just like when I asked her the first time she said it she think it was coming from how he was sleeping in his play pin, but I had my doubts about that because when [REDACTED] is over my house he had never woke up after sleeping with a bruise on his face at my house and we have the same type of play pin at both homes. I took a picture of [REDACTED] face on Thursday December 18th, 2014. I knew I had to work the next day and she didn't on Friday December 19th, 2014, so I asked her would she take him to get it checked out she continuously declined saying that she didn't think it was a bruise that it might have been something else. Sometimes I wish I should have taken off the next day myself to see what the doctors thought but that's something I have to live with for the rest of my life, because I could have found out what was really going on with my son while he was in [REDACTED] and [REDACTED] hands. I would have never thought [REDACTED] would be so careless about who was around all the boys not just [REDACTED]. So I didn't really consider that maybe my son could be abused but had my suspicion about it, because I still didn't know who this boyfriend of hers was. The next week on Christmas day [REDACTED] called me about 6am stating that [REDACTED] was not feeling good at all. She said he wasn't keeping any food down and felt very weak and would not stop crying. She mentioned she couldn't take him to the emergency room because her boyfriend [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

had her car out of town on Christmas day. So I'm in shock like why don't you have your car on Christmas day and you have 3 kids at home and anything could happen. So she asked me to come pick him up to take him and I jumped up put some clothes on did just that. We got to [REDACTED] children's hospital to the emergency and we were there for about 4 hours or so. The doctors ran all there test to see what was wrong with [REDACTED] and they diagnosed him with a virus similar to flu but not quiet the flu (Unknown Virus). He got over that virus fully about a week after that visit. The following weeks after Christmas [REDACTED] decides she did not want to deal with Ms. [REDACTED] anymore and that I could if I wanted to maybe because Ms. [REDACTED] kept it real about [REDACTED] actions towards [REDACTED] and me. Weeks prior to this event the middle child [REDACTED] was restricted from coming back to Ms. [REDACTED] because [REDACTED] owed Ms. [REDACTED] some money from previous weeks I was told. So I'm guessing that also had something to do with her not wanting to take [REDACTED] they're either. [REDACTED] also continuously lied about her boyfriend ([REDACTED]) staying with her, always telling me that he was only was visiting or he stayed with someone else and he was not from [REDACTED] I never believed that because they were always together and he had her car all the time. I was also unaware that he was dropping [REDACTED] off to and from Ms. [REDACTED] house, because [REDACTED] would always throw in my face that it was none of my business. I always argued that statement she made because this guy that I don't even know is around my son a lot lately when she is at work or the grocery store, and I was not comfortable with that based off the fact what he did to my car months prior knowing he didn't like me. On the weeks I had [REDACTED] I still had a strong relationship with Ms. [REDACTED] so I continued letting her watch over [REDACTED] during my work week. While [REDACTED] would just take him over her friend [REDACTED] the place where we both dis approved 7- 8 months prior this current time [REDACTED] is disabled and have a lot of traffic in and out the house, smokers, drugs, etc. I didn't want my son around that but the weeks [REDACTED] had [REDACTED] that's where she would take him knowing it was not a good environment for [REDACTED] to be in only after she started disliking Ms. [REDACTED] My guess is that [REDACTED] got tired of getting up an hour earlier to drop [REDACTED] and [REDACTED] off to [REDACTED] that she decided to start leaving [REDACTED] and [REDACTED] with her boyfriend ([REDACTED]) on a daily basis while she goes off to work because it was more convenient for her, not thinking about the boys well being. [REDACTED] also said I could not see the other two boys knowing the relationship and love I got with them boys, she stated that me having a relationship with the boys would confused them but didn't understand that statement because my relationship with the boys was separate from the relationship I had with [REDACTED]. I was the only father figure them boys ever had for last few years, and she said that they had [REDACTED] and didn't need me. That hurt me for a while, but I just kept on forward knowing them boys still cared about me just like I cared about them. I feel like [REDACTED] could have been hiding them from me so they couldn't tell me what was really going on in that house. The Next time I hear from [REDACTED] she telling me I need to be on my way to [REDACTED] hospital because my son is in an ambulance on his way to emergency. I was at work when I got the call and missed a call from [REDACTED] and my sister [REDACTED] so I called [REDACTED] and that's when she told me. I rushed to the hospital from work praying that my baby was ok didn't know it would be the last time I would see his smile. When I first got there the doctors ran [REDACTED] upstairs for some test to see what was actually wrong with him and they also mentioned he was not breathing on his own. I was very up set not knowing what was going on with my son. We went to the family waiting room on the 5th floor the same floor [REDACTED] was on, and I walk in to see [REDACTED] boyfriend ([REDACTED]), [REDACTED] and [REDACTED] also in the waiting room. The boys ran up to me to greet me as they have not seen me in a while. Me never saying a word to [REDACTED] this was the first time after all these months I have seen him saying something to him. The first thing I ask was what happened to my son. He replied telling me that had gave [REDACTED] a piece of shrimp and laid him down in the play pin and I don't know how long till he notice [REDACTED] didn't look well, but he said tried waking him up, and that was the only thing I was told from him personally and he got escorted out by social worker (Gentleman). We waited for a few hours on the doctors to let us know something about [REDACTED] condition. So one of the main surgeons took [REDACTED] and me in a small room letting us know of [REDACTED] conditions. He told us that [REDACTED] had blood on his brain from some type of trauma and looks like a little bruising under his neck, and once the doctor said that I walked out the room briefly trying to get my thoughts together before I got angry about what I had just heard. I walked back into the room to ask the doctor what else is wrong with my son and would he be ok. The doctor stated that my son may only have 3 days to live because it was possible his brain was going to swell up and it was nothing much they could really because the injury was already done and could not be reversed any kind of way. I cried and was hurt by what I was hearing at the time. I stayed in that hospital from that Wednesday January 21, 2015 all the way until the time they took my baby away from that hospital room Saturday January 24, 2015. I missed out on taking a bath and being musty just to be by my son's side for the last time and I didn't want to leave. [REDACTED] on the other hand only stayed one night the entire time [REDACTED] was in that bed and was up they're briefly 2 other times, and for a mother that lost a child (Her 2nd). It seemed like she was more worried about hating me then spending time at her son's death bed and that was frustrating to see. I feel like she is just as responsible for [REDACTED] death just as her boyfriend ([REDACTED]) is. She still feel like [REDACTED] had a condition even after the doctor told us what the injuries come from (Trauma). She really thinks [REDACTED] would never do anything like this and I feel they are both covering up for each other to hide the fact they don't like me and decided to



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

cut all ties with by allowing this to happen to my son. Even after we lost our son she tells me she hates me like I'm responsible for my son's death. Its also frustrating knowing that the other boys could have been put in harms way during these past few months. So this could have possibly happen to any of the 3 three boys I care about. (It Hurts everyday that my first child has been taken from me, because of carelessness and irresponsibleness and Hate towards me.) [REDACTED] My Heart, My Soul, My Twin, Daddy's Boy I will always love you!!! And will never forget you!!

<end statement>

Copy included in case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/11/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/11/2015

Completed date: 02/11/2015

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/11/2015 03:00 PM Entered By: [REDACTED]

2/11/15
3:00 PM

CPSI [REDACTED] received "No Information Found" from the [REDACTED] Department of Human Services Child Protection Historical Records Search for alleged perpetrator, Mr. [REDACTED] Copy included in case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/10/2015

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/10/2015

Completed date: 02/10/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/10/2015 10:20 AM Entered By: [REDACTED]

2/10/15
10:15 AM

CPSI [REDACTED] submitted record request to the [REDACTED] Department of Human Services Child Protection Historical Records Search- form sent to [REDACTED] as it is believed that alleged perpetrator, Mr. [REDACTED] may have been involved in the system in the state of MS as a child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/09/2015	Contact Method:	Attempted Phone Call
Contact Time:	05:39 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/09/2015
Completed date:	02/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact, Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/09/2015 05:41 PM Entered By: [REDACTED]
 2/9/15
 5:39 PM

CPSI [REDACTED] attempted phone call to [REDACTED] [REDACTED] with Child Protective Services in [REDACTED] to follow up on safety check and phone call from last week. No answer. No option to leave a voice message.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/09/2015

Contact Method: Phone Call

Contact Time: 04:37 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/09/2015

Completed date: 02/09/2015

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2015 04:53 PM Entered By: [REDACTED]

2/9/15
4:37 PM

CPSI [REDACTED] spoke with biological mother [REDACTED], on the phone regarding counseling. CPSI [REDACTED] provided Ms. [REDACTED] with phone numbers for Centerstone and Mental Health Cooperative. Ms. [REDACTED] verbalized that when she talks about the issues, she becomes upset, so she has tried to "hold everything in." CPSI [REDACTED] discussed the benefits of counseling with Ms. [REDACTED] and she later verbalized her understanding. She stated that she would consider counseling and reported that she did write down the phone numbers.

CPSI [REDACTED] also scheduled to meet with Ms. [REDACTED] to follow up on the investigation on 2/13/15 at DCS, [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: 02/09/2015

Contact Method: Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/09/2015

Completed date: 02/09/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2015 04:27 PM Entered By: [REDACTED]

2/9/15
4:00 PM

CPSI [REDACTED] spoke with caregiver Ms. [REDACTED] regarding referring [REDACTED] and [REDACTED] to counseling. CPSI [REDACTED] provided Ms. [REDACTED] with the phone numbers for [REDACTED] Mental Health Cooperative, and the [REDACTED] CPSI [REDACTED] requested that Ms. [REDACTED] update CPSI [REDACTED] on which option for counseling she chose for the children. Ms. [REDACTED] verbalized that she feels counseling is very important for the children.

Ms. [REDACTED] also stated that, during the [REDACTED] consults for [REDACTED] and [REDACTED] on Friday, both boys disclosed physical abuse by their biological mother, Ms. [REDACTED], which the children had not disclosed previously. Ms. [REDACTED] was assisting the boys with homework at the time of the phone call and did not want to go into detail, but verbalized that CPSI [REDACTED] can follow up with the [REDACTED] consult or discuss at length at a later date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/06/2015	Contact Method:	Correspondence
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	02/06/2015
Completed date:	02/06/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Court Hearing, Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/06/2015 01:08 PM Entered By: [REDACTED]
 2/6/15
 11:00 AM

Petition in the matter of [REDACTED] and [REDACTED] filed with Juvenile Court of [REDACTED] County, TN by CPSI [REDACTED]
 Scheduled to appear on docket for March 9, 2015 at 8:30 AM. Copy included in case file and copy provided to DCS Legal.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/06/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/13/2015

Completed date: 06/13/2015

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: 06/13/2015 05:30 PM Entered By: [REDACTED]

02/06/2015 9:00 am

Former CPSI [REDACTED] filed the Petition with Juvenile Court this day. The case was set on the Appearance Docket for 03/09/2015.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 02/05/2015	Contact Method: Face To Face
Contact Time: 12:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 02/09/2015
Completed date: 02/09/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 02/09/2015 05:50 PM Entered By: [REDACTED]

2/5/15
12:00 PM

CPSI [REDACTED] and Detective [REDACTED] met with caregiver/safety placement/paternal grandmother Ms. [REDACTED] in a private setting at DCS [REDACTED]

Ms. [REDACTED] stated that she has talked to [REDACTED] Elementary School about "what's been going on" regarding [REDACTED] and that he's been seeing the counselor at school. CPSI [REDACTED] discussed mental health counseling with both [REDACTED] and [REDACTED] which Ms. [REDACTED] verbalized that she would be interested in.

Ms. [REDACTED] stated that she had never seen any marks on the children before [REDACTED] (biological father). Ms. [REDACTED] stated that [REDACTED] had lots of other boyfriends prior to [REDACTED]. She stated that another boyfriend, [REDACTED] "he was always smoking weed. When questioned about a referral made to DCS in 2011 regarding [REDACTED] Ms. [REDACTED] stated, "I remember that time, but I didn't see it." Ms. [REDACTED] stated that when [REDACTED] gets mad, she won't let her see the boys. She stated that the incident in 2011 must have happened during a time where she wouldn't let her see the boys. Ms. [REDACTED] stated that, during that time, the boys likely went to a daycare on [REDACTED] TN, [REDACTED]"

She stated that the staff at the daycare would call her and tell her that the kids needed things, pampers, whipes, and that the kids always smelled like weed when [REDACTED] was with [REDACTED]. She stated that [REDACTED] wouldn't ever answer the phone when the daycare would call, so they would call her to help.

Ms. [REDACTED] reported that in November of 2012 [REDACTED] said that a bruise and cut on [REDACTED] face was due to him falling on the stairs in the house. Ms. [REDACTED] stated that [REDACTED], [REDACTED] friend, told her that [REDACTED] said that [REDACTED] caused the bruise and cut on his face. Ms. [REDACTED] stated that [REDACTED] is always defending [REDACTED] and that [REDACTED] will say that "he's just disciplining the kids."

Ms. [REDACTED] stated that the kids were "terrified of [REDACTED]" They would "scream and hollar" about having to go with him when she would have to drop them off. She stated that the kids would be able to tell when his car wasn't there and would be "fine when he wasn't home." She stated that "I knew something wasn't right."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] stated that she had the children every weekend. She stated that when the kids were at home with [REDACTED] he would put them in a room, in the dark, with no toys and no TV... before [REDACTED] was born and after. Ms. [REDACTED] stated that [REDACTED] had lived in the home before [REDACTED] came around and that [REDACTED] made [REDACTED] leave the home. Ms. [REDACTED] stated that when [REDACTED] moved in, [REDACTED] didn't want anyone else around.

Ms. [REDACTED] stated that [REDACTED] "uses the kids as a pawn... as a bargain chip." Ms. [REDACTED] stated that if [REDACTED] doesn't get what she wants, she says that Ms. [REDACTED] or her son (biological father of [REDACTED] and [REDACTED] - [REDACTED]) can't see the kids. Ms. [REDACTED] reported that Mr. [REDACTED] wanted the kids when [REDACTED] was 2 years old and that [REDACTED] would not agree.

Ms. [REDACTED] stated, "My son doesn't take care of them... and neither does [REDACTED]" She stated, "they are both very selfish." Ms. [REDACTED] became tearful.

Ms. [REDACTED] stated that [REDACTED] would "go out clubbing and she would leave the kids with [REDACTED]" She stated that this was the reason that [REDACTED] always kept [REDACTED]. Ms. [REDACTED] stated that [REDACTED] felt as though [REDACTED] wasn't doing her job as a mother. Ms. [REDACTED] stated that [REDACTED] would tell her that she was working and that [REDACTED] would actually "be out clubbing." Ms. [REDACTED] reported that [REDACTED] stayed with [REDACTED] until [REDACTED] was about a month old because he "got tired of it."

Ms. [REDACTED] stated that she knew [REDACTED] was abusing [REDACTED] because "I saw her with a black eye." She also stated that [REDACTED] would always talk about them fighting. She stated that [REDACTED] would leave his gun on the bed, out for the kids to see, a silver, 45 magnum, semi-automatic gun. Ms. [REDACTED] verbalized her frustration with this.

She also stated that, about a year ago, she noticed a bruise on [REDACTED] inner thigh and that [REDACTED] said that [REDACTED] did it. Ms. [REDACTED] stated that she took a picture of the bruise and sent it to [REDACTED] who denied ever noticing it. Ms. [REDACTED] stated that [REDACTED] stated that [REDACTED] was just disciplining him. Ms. [REDACTED] stated that [REDACTED] was probably 4 1/2 to 5 years old at the time and that the bruise stayed for several weeks.

Ms. [REDACTED] stated that [REDACTED] had a bruise on his leg from getting hit by [REDACTED]. She stated that [REDACTED] would pick them up early from [REDACTED] [babysitter], even though he wasn't supposed to. She stated that the bruise on [REDACTED] left a scar, as it had scabbed over. She stated that she became aware of this bruise on day when she picked the kids up from [REDACTED] [REDACTED] according to Ms. [REDACTED] again defended [REDACTED] despite [REDACTED] stating that [REDACTED] had whipped [REDACTED]

Ms. [REDACTED] stated that she took pictures in case she ever had to go to court.

She stated that everyone else is always caring for the kids, that [REDACTED] lies to her all the time about where she is, and that [REDACTED] will tell her she's working, but when Ms. [REDACTED] calls her work, she's not there. Ms. [REDACTED] did state that she believes the boys still love their mother.

Ms. [REDACTED] stated that [REDACTED] has been watching the kids for probably the last 3 or 4 weeks. From what she has seen, [REDACTED] has "been good with the boys."

Ms. [REDACTED] stated that sometimes [REDACTED] would take [REDACTED] "clubbing" to the same place where [REDACTED] works, which would cause "issues." She stated that one time, [REDACTED] thought that [REDACTED] had vandalized his car, so he threatened to kill [REDACTED] [REDACTED] and himself. Ms. [REDACTED] stated that this was the same night where [REDACTED] tried to kick the door down.

Ms. [REDACTED] stated that [REDACTED] still has not directly told her anything about [REDACTED] death. However, she stated that [REDACTED] told her that [REDACTED] said, "I know who hurt [REDACTED] .. [REDACTED] dropped him on his head.

Regarding the towels, Ms. [REDACTED] stated that [REDACTED] told her [REDACTED] would "play" and that the towels were never really intended for discipline or harm.

Ms. [REDACTED] stated that on the day of the incident, despite [REDACTED] saying that [REDACTED] did not tell her any information, according to Ms. [REDACTED] told [REDACTED] brother [REDACTED] what [REDACTED] had said about [REDACTED] hurting [REDACTED] Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

stated that she does not know why [REDACTED] would tell [REDACTED] but that she did and then [REDACTED] immediately called her about the information. Ms. [REDACTED] stated that she does not know why [REDACTED] would lie about this information provided to her by [REDACTED]

Ms. [REDACTED] stated that when they arrived from the hospital, [REDACTED] took [REDACTED] to the bedroom and that everyone else was in another bedroom ([REDACTED] bedroom). Ms. [REDACTED] stated that [REDACTED] came in and said that [REDACTED] told her [REDACTED] hurt [REDACTED] [REDACTED] asked for [REDACTED] phone number, called him, and then [REDACTED] called her, upset. Ms. [REDACTED] stated that [REDACTED] opinion of [REDACTED] is that she does not have her priorities straight. Ms. [REDACTED] reported that [REDACTED] is 26 years old.

Ms. [REDACTED] also stated that [REDACTED] and [REDACTED] "want nothing to do with you... they didn't want you coming to the house that day... [REDACTED] said that [REDACTED] was short with her answers to you."

Ms. [REDACTED] stated that she had stopped by [REDACTED] apartment to get some of the kids' clothes and [REDACTED] stated that "the kids probably hate me... I know they do."

Ms. [REDACTED] stated that on Superbowl Sunday, [REDACTED] was talking about wanting to have another baby. Ms. [REDACTED] became tearful.

When asked if [REDACTED] had any other friends of whom she may confide in, Ms. [REDACTED] stated that there was 1 girlfriend (name unknown, but may be [REDACTED]) that [REDACTED] called after talking to [REDACTED] and before calling 911. Ms. [REDACTED] reported that the friend lives around the corner and it seemed that [REDACTED] had possibly called her to go over and check on the situation. Ms. [REDACTED] stated that [REDACTED] said she was telling [REDACTED] how to do CPR, although it is still unclear if this was before or after 911 was called.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/05/2015 Contact Method: Face To Face
 Contact Time: 11:55 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/09/2015
 Completed date: 02/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/09/2015 05:52 PM Entered By: [REDACTED]

12/5/15
 11:55 AM

CPSI [REDACTED] observed [REDACTED] at [REDACTED] DCS. [REDACTED] presented with a bright affect, was appropriately groomed, clean, and verbalized that he was "good" and that he wanted to play a game. He stated that his brother, [REDACTED] is at school. CPSI [REDACTED] observed no visible marks or bruises on [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/05/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/05/2015
Completed date:	02/05/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2015 11:52 AM Entered By: [REDACTED]
 2/5/15
 10:00 AM

CPSI [REDACTED] received copy of medical records for [REDACTED] Originals place in case file. Copy also scanned into Tfacts.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/03/2015 Contact Method:
 Contact Time: 01:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 02/03/2015
 Completed date: 02/03/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/03/2015 02:59 PM Entered By: [REDACTED]

02/03/2015 1:00 pm

LI [REDACTED]/CPSI [REDACTED]/ADA [REDACTED]/Det. [REDACTED] ADA [REDACTED] Dr. [REDACTED] Medical Examiner's Office in review of the preliminary autopsy pertaining 13 month old, [REDACTED] Dr. [REDACTED] reported that [REDACTED] had several injuries and there is a concern of non-accidental trauma; although further study and test results are pending. The injuries were described as follows: one contusion to each sides of his chic and one on the chin. A linear bruise on the chest and a left rib fracture. (Possibly from the CPR; however, pending further study). [REDACTED] had subdural hemorrhaging bilateral, in addition to an old subdural. Hemorrhage to the optic nerve, bilateral retinal hemorrhage, tongue hemorrhage, subdural hemorrhage to the spinal cord, mild edema from airway, humorous bucket fracture, and mild compression fracture to the T8. Dr. [REDACTED] stated [REDACTED] heart, liver, and kidney "look good". The autopsy results are pending further study and test results.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/02/2015 Contact Method: Phone Call
 Contact Time: 12:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/09/2015
 Completed date: 02/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2015 05:45 PM Entered By: [REDACTED]
 2/2/15
 12:00 PM

CPSI [REDACTED] spoke with Detective [REDACTED] regarding her follow up interviews with [REDACTED] and [REDACTED]. Det [REDACTED] stated that it appears Ms. [REDACTED] is still in severe denial about the injuries and death of her son. When questioned about [REDACTED] and [REDACTED] disclosures about being hit with towels by [REDACTED] [REDACTED] stated that it was just [REDACTED] playing around.

Det [REDACTED] stated that when she questioned [REDACTED] about the choke holds mentioned by [REDACTED] in his forensic interview, [REDACTED] stated that he would just hold them around the body, just to show force, but that he would not hurt them and that he would not hold them around the neck.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/02/2015	Contact Method:	Phone Call
Contact Time:	11:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/09/2015
Completed date:	02/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact, Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/09/2015 05:39 PM Entered By: [REDACTED]
 2/2/15
 11:45 AM

CPS [REDACTED] followed up with [REDACTED] ([REDACTED]), a worker from [REDACTED] who had left a voice message with TL [REDACTED] regarding the CPS report made by CPSI [REDACTED] last week. Ms. [REDACTED] stated that she was not assigned the case, but that she would connect with a worker who had been regarding the safety check for [REDACTED]. CPSI [REDACTED] provided Ms. [REDACTED] with CPSI [REDACTED] email address and requested a follow up by the worker who completed the safety check.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 02/02/2015 Contact Method: Phone Call
Contact Time: 11:15 AM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 02/03/2015
Completed date: 02/03/2015 Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/03/2015 10:04 AM Entered By: [REDACTED]
2/2/15
11:15 AM

CPSI [REDACTED] spoke with Mr [REDACTED], biological father of [REDACTED] and [REDACTED] to set up a time to meet face to face. Mr. [REDACTED] stated that he works every day until 3 pm, but could meet any day after that time. Meeting scheduled for Wednesday, 2/4/15 at 4:00pm at [REDACTED] DCS in [REDACTED] TN. Mr. [REDACTED] requested that CPSI [REDACTED] use his mother's, Ms. [REDACTED] address for mailing purposes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/02/2015 Contact Method: Phone Call
 Contact Time: 11:08 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/09/2015
 Completed date: 02/09/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/09/2015 05:35 PM Entered By: [REDACTED]
 2/2/15
 11:08 AM

CPSI [REDACTED] followed up with Ms. [REDACTED], biological mother of [REDACTED] alleged perpetrator [REDACTED] other biological child living in [REDACTED]

Ms. [REDACTED] stated that someone had come to the house, a "worker" from [REDACTED] but that she couldn't remember her name. She stated that the worker "didn't really tell us anything, but that she checked on [REDACTED] and said everything was fine." Ms. [REDACTED] stated that she talked to [REDACTED] "yesterday... he came down yesterday and he brought his girlfriend... she was nice. Ms. [REDACTED] stated that [REDACTED] came down to talk to her about the investigation and to see [REDACTED] since "he said he might not get to see her for a while during this investigation." Ms. [REDACTED] stated that "he [REDACTED] said he doesn't know what happened [to [REDACTED]]." She stated that [REDACTED] was not in the room when [REDACTED] spoke with Ms. [REDACTED]. She stated that [REDACTED] told her that he fell asleep and that he woke up and the baby was unconscious. She stated that [REDACTED] told her that he gave the baby CPR.

She stated that she did not know they were coming to visit until they were on their way, approximately 1 hour away when they were in [REDACTED]. She stated that she met [REDACTED] and [REDACTED] in [REDACTED]. Ms. [REDACTED] stated that "I think they went back to TN because she said they only have 1 vehicle.

She stated that she has not been with [REDACTED] since right before [REDACTED] 1st birthday, roughly 2 years apart. She stated that [REDACTED] is "laid back" and that they never had any arguments or problems. She stated that the only problem they ever had was due to [REDACTED] "cheating." She stated that [REDACTED] "never raised his voice." She reported no history of domestic violence and no known criminal history with [REDACTED]. She stated that she has never noticed any marks or bruises on [REDACTED] after being around [REDACTED]. She stated that "He is very protective." She also verbalized that he doesn't come around much. She stated, "I've tried to get him to come around... I didn't know where he was until this." She stated that [REDACTED] tells her that he doesn't work.

CPSI [REDACTED] then briefly spoke with [REDACTED] maternal grandmother, [REDACTED] over the phone and asked if she had any concerns regarding [REDACTED]. She stated that she has never heard him raise his voice. She stated that [REDACTED] while visiting, said she wouldn't mind if [REDACTED] came to visit TN and could stay with them for a few weeks. [REDACTED] expressed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

concern that [REDACTED] doesn't have any money, doesn't work, and that "I would never let them take her like that."

CPSI [REDACTED] explained to both Ms. [REDACTED] and to [REDACTED] that a current investigation in the state of Tennessee involving a child neglect death has identified Mr. [REDACTED] as an alleged perpetrator. CPSI [REDACTED] explained that information regarding the investigation could not be disclosed, but that it was important for the caregivers of [REDACTED] to understand the severity of the investigation involving this child's death in another state, as the alleged perpetrator is [REDACTED] biological father. Ms. [REDACTED] verbalized her concern and her desire to protect her child. She stated that she would contact CPSI [REDACTED] if she becomes aware of any information which may be helpful in the investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/02/2015	Contact Method:	Attempted Phone Call
Contact Time:	11:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/03/2015
Completed date:	02/03/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/03/2015 10:01 AM Entered By: [REDACTED]
 2/2/15
 11:00 AM

CPSI [REDACTED] left a voice message with Ms. [REDACTED] to follow up on grief counseling offerings.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/02/2015 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/13/2015
 Completed date: 02/13/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/13/2015 05:41 PM Entered By: [REDACTED]
 2/2/15
 10:00 AM

CPSI [REDACTED] presented case at 2nd look review. Talked with ensuring therapy for [REDACTED] and [REDACTED] contacting the father(s) of all children to express concerns, follow up on biological mother's mental health diagnosis and treatment, and consult with Legal dept regarding permanency.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/31/2015

Contact Method:

Contact Time: 03:39 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/31/2015

Completed date: 01/31/2015

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: 01/31/2015 03:49 PM Entered By: [REDACTED]

01/31/2015

Case Conference held:

ACV: [REDACTED]

[REDACTED] was residing in the home with his mother, [REDACTED], her paramour, [REDACTED] and his siblings [REDACTED] (8) and [REDACTED] (4). [REDACTED] and [REDACTED] were left in the care of Mr. [REDACTED] while the mother was reportedly at work. [REDACTED] allegedly ate some shrimp and was placed in his pack-n-play. Mr. [REDACTED] discovered him unresponsive. Mr. [REDACTED] contacted Ms. [REDACTED] and she called 911. [REDACTED] presented to [REDACTED] Hospital in critical care and he was diagnosed with severe brain hemorrhaging, retinal hemorrhaging, mild compression back fracture, left humerus fracture, a healing rib fracture, and bruises to the mandible and clavicle. [REDACTED] passed away on 01/23/2015 as a result of his injuries at [REDACTED] Children's Hospital. [REDACTED] was interviewed and disclosed that Mr. [REDACTED] was mad at [REDACTED] for wasting some chips and dropped him on his head multiple times; hitting a car toy and tables. [REDACTED] disclosed being hit by Mr. [REDACTED] a towel on occasions. [REDACTED] was interviewed and he corroborate [REDACTED] story. He reported that [REDACTED] told him about the abuse that occurred at the home while at the hospital the day [REDACTED] was admitted. [REDACTED] also disclosed physical abuse by Mr. [REDACTED] and observing Mr. [REDACTED] physical abuse [REDACTED]. He disclosed him and [REDACTED] being placed in head locks until they would fall asleep, being hit with a wet towel, [REDACTED] being hung from a door by his hood, and domestic violence. Ms. [REDACTED] denied any knowledge and D/V. She stated [REDACTED] a busted blood vessel in his eye approximately one month ago; however, she did not seek medical treatment due to attending nursing school and the busted blood vessel not being a big deal. Mr. [REDACTED] has a 3 year old child that resides in [REDACTED] with her mother. A referral has been made. [REDACTED] and [REDACTED] are safety placed with the paternal grandmother, [REDACTED].

Action Steps:

Parenting and Mental Health Assessment for Ms. [REDACTED].

Offer Grief Counseling and providing funeral expenses resources to the family.

Do a 2nd interview with Ms. [REDACTED] prior and file the Petition



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/28/2015 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 02/09/2015
 Completed date: 02/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2015 05:18 PM Entered By: [REDACTED]
 1/28/15
 2:30 PM

CPSI [REDACTED] interviewed and observed [REDACTED] (DOB [REDACTED]) alongside Detective [REDACTED] at their family home, [REDACTED] TN.

Ms. [REDACTED] stated that when the children came back from the hospital on Wednesday with Ms. [REDACTED], [REDACTED] came to her in the bathroom and said that [REDACTED] was sick. She stated that he told her that [REDACTED] had given [REDACTED] chips, a cup of milk, and something else, but couldn't remember what. She stated that [REDACTED] told her that [REDACTED] was throwing up "on my Momma's couch" and that [REDACTED] put him on the floor."

Ms. [REDACTED] reported that she told [REDACTED], "Okay, go on in the other room and I'll be done in a minute." Ms. [REDACTED] stated that [REDACTED] was in the other room talking with [REDACTED] and that 2 of her daughters were at the house, [REDACTED] (17 year old female who attends [REDACTED] and [REDACTED] (13 year old female at [REDACTED] School). She stated that one daughter was here [able to hear the conversation with [REDACTED] and one was in the bedroom. She stated that she did not remember which one was where.

Ms. [REDACTED] stated that [REDACTED] did not say anything about [REDACTED] being mad or [REDACTED] hurting him.

Ms. [REDACTED] stated that [REDACTED] said the nurses at the hospital told him that they were going to put a tube down his [REDACTED] throat.

Ms. [REDACTED] preceded to describe "drama" between [REDACTED] and [REDACTED]. Ms. [REDACTED] stated that [REDACTED] "questions those kids about everything... that's the kid of person she is... I don't doubt that [REDACTED] questioned those boys when they got back."

Ms. [REDACTED] when confronted by Detective [REDACTED] about Ms. [REDACTED] report that [REDACTED] had immediately told Ms. [REDACTED] that [REDACTED] after returning from the hospital, denied ever hearing anything like that from [REDACTED]. She stated that when Ms. [REDACTED] returned from the hospital on Wednesday, that DCS had told the family not to question the kids.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] also stated that she trusts no one. She also stated that [REDACTED] told her that he was "in the Pen" in [REDACTED] when he was maybe 16 or 22 years old.

Ms. [REDACTED] continued to state that she did not hear anything from [REDACTED] that [REDACTED] hurt [REDACTED] as reported by Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2015

Contact Method: Face To Face

Contact Time: 01:10 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/09/2015

Completed date: 02/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2015 12:38 PM Entered By: [REDACTED]

1/28/15
1:10 PM

CPSI [REDACTED] and Detective [REDACTED] observed and interviewed Ms. [REDACTED] (DOB [REDACTED], friend of [REDACTED] and babysitter of ACV [REDACTED] and his siblings [REDACTED] and [REDACTED] Ms. [REDACTED] home, [REDACTED] TN, is also the location where Ms. [REDACTED] brought [REDACTED] and [REDACTED] after leaving the hospital on the night of the incident. Ms. [REDACTED] Ms. [REDACTED] mother, also lives in the home.

Ms. [REDACTED] stated that she met [REDACTED] when she was in high school and that they have been friends for a very long time. She stated that she has been very sick [Ms. [REDACTED] and that she is currently receiving disability.

She stated that, one time while she was watching the kids, she noticed a little red mark on [REDACTED] face. She said that it has been a while since she has seen any other markings on [REDACTED] She stated that she had been receiving care in a nursing home and had just returned to her residence. She stated that when she asked [REDACTED] about the mark, [REDACTED] said it was "from his crib." She stated that it went away and that she observed no other injuries to [REDACTED] She stated that it didn't look like anyone had purposefully hurt him. She stated that the mark was on his left cheek, the size of a nickle, and that it was a reddish color. She stated that it likely happened in September or October.

Ms. [REDACTED] also stated that, previously [REDACTED] had a knot on his head, as he was at the park and he hit the back of his head while playing. She stated that he did seek medical treatment at that time.

Ms. [REDACTED] stated that she last saw [REDACTED] on 1/13/15 and that he had no bruises at that time. She stated that [REDACTED] calls [REDACTED] "my Guy," and that they wrestle, and appear to get along well. She stated that, to her [REDACTED] no [REDACTED] seem like they're scared of or mistreated by [REDACTED].

Ms. [REDACTED] stated that on Wednesday, the day of the incident, [REDACTED] asked her if she could watch the boys later that evening because she was going out for a couple of hours. She stated that this occurred around 8:30am. At that time [REDACTED] did not specify where she was going. Ms. [REDACTED] stated that [REDACTED] then called her after 3pm from the hospital and told her that [REDACTED] said, "It's [REDACTED] .. something about shrimp... he's not breathing." Ms. [REDACTED] stated that she had a hard time making about [REDACTED] statements over the phone, as she was so upset.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] stated that she told [REDACTED] to bring the boys to her, "because [REDACTED] has dialysis." Ms. [REDACTED] stated that when Ms. [REDACTED] brought the boys to her house after leaving the hospital, they were acting normal and they seemed fine. She stated that she did not ask them anything because "I was told they were going to be interviewed." She stated, "the kids never said anything to me." [note that DCS had not spoken to anyone about the children formally being interviewed until the following morning, 1/22/14, at the time the children were formally safety placed with Ms. [REDACTED]

Ms. [REDACTED] stated that on Friday, sometime after 9:30am, [REDACTED] come over to her house, as the boys were there, with her brother. Ms. [REDACTED] said that [REDACTED] said to the boys, "your brother is in Heaven now" and she asked the boys, "how do you feel?" Ms. [REDACTED] then stated that [REDACTED] then took a phone call briefly outside. She stated that [REDACTED] never asked the boys anything about what happened.

Ms. [REDACTED] stated she was not going to let [REDACTED] question those kids, that she understands the agreement and "I know this shouldn't happen," [REDACTED] questioning the kids].

Ms. [REDACTED] stated that, while at the hospital, [REDACTED] "just told me he was taking breaths on his own." She stated that [REDACTED] told her that there was brain bleeding and something about trauma. Ms. [REDACTED] stated that [REDACTED] was the one who told her that [REDACTED] didn't have any brain activity.

Ms. [REDACTED] became tearful as CPSI [REDACTED] and Detective [REDACTED] explained that [REDACTED] injuries were likely caused by someone/something and that his death was likely not an accident.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2015

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/09/2015

Completed date: 02/09/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2015 12:17 PM Entered By: [REDACTED]

1/28/15
12:30

CPSI [REDACTED] received a call back from Ms. [REDACTED] alleged perpetrator [REDACTED] sister, requesting more information about the phone call Ms. [REDACTED] recieved yesterday. She wanted to know if [REDACTED] had been harmed, if he was in any trouble, as she has been trying to reach him. She also asked if [REDACTED] phone had been "confiscated," despite CPSI [REDACTED] providing no information whatsoever to Ms. [REDACTED] about an investigation.

CPSI [REDACTED] stated that, due to confidentiality, CPSI [REDACTED] could not provide information regarding a potential investigation. Ms. [REDACTED] stated, "he's very protective of his daughter and he's never had any problems with his baby's momma."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/27/2015 Contact Method:
 Contact Time: 05:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/09/2015
 Completed date: 02/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2015 12:13 PM Entered By: [REDACTED]
 1/27/15
 5:30 PM

CPSI [REDACTED] called in report to the state of [REDACTED] regarding the concerns in Tennessee surrounding Mr. [REDACTED] being an alleged perpetrator in a case involving Child Neglect Death. CPSI [REDACTED] requested that a worker complete a safety check on [REDACTED] at [REDACTED] and provided contact information for biological mother, [REDACTED] and maternal grandmother, [REDACTED]. CPSI [REDACTED] requested that the worker assigned contact CPSI [REDACTED] directly. CPSI [REDACTED] also provided number for supervisor, [REDACTED] as requested by the intake worker in [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/27/2015	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/09/2015
Completed date:	02/09/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/09/2015 12:22 PM Entered By: [REDACTED]
 1/27/15
 5:00 PM

CPSI [REDACTED] and Detective [REDACTED] spoke with paternal grandmother and caregiver of [REDACTED] and [REDACTED] Ms. [REDACTED] after the forensic interviews were completed.

Ms. [REDACTED] stated that when Ms. [REDACTED] had picked up [REDACTED] from the hospital, he told her that he was scared. She also stated that they immediately went to [REDACTED] on the day of the incident, directly from the hospital, and that [REDACTED] was there, [REDACTED] mother. [REDACTED] is a good friend of [REDACTED] biological mother of children]. She also stated that [REDACTED] had told her, after the fact, that [REDACTED] asked to talk to [REDACTED] as soon as they got to the house. She stated that he told [REDACTED] that [REDACTED] got mad because [REDACTED] threw up, that [REDACTED] kicked [REDACTED] on the side, that [REDACTED] fell to his knees, and that [REDACTED] picked [REDACTED] up by the ankles and dropped him on his head. Ms. [REDACTED] stated that [REDACTED] never told her any of this, but that [REDACTED] reported that [REDACTED] had told her that when they arrived at the house after leaving the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/27/2015 Contact Method: Phone Call
 Contact Time: 04:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/09/2015
 Completed date: 02/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2015 11:35 AM Entered By: [REDACTED]
 1/27/15
 4:00 PM

CPSI [REDACTED] spoke with maternal grandmother of [REDACTED] [alleged perpetrator Mr. [REDACTED] daughter], Ms. [REDACTED], who resides in [REDACTED]. CPSI [REDACTED] also spoke with biological mother of [REDACTED] Ms. [REDACTED] (her phone number is [REDACTED]). CPSI [REDACTED] informed family of open CPS Investigation in TN involving [REDACTED] biological father, Mr. [REDACTED]. CPSI [REDACTED] explained that limited information could be provided on the phone, but that it was important to obtain a full address for [REDACTED] as their would need to be a safety check completed by [REDACTED]. After much hesitation, Ms. [REDACTED] agreed to provide CPSI [REDACTED] with their address, [REDACTED]. CPSI [REDACTED] explained that due to concerns in the state of Tennessee, a safety check would need to be completed by a worker in the state of [REDACTED]. The family verbalized an understanding and reported that they last saw Mr. [REDACTED] "around Christmas time." They reported that he had asked to have [REDACTED] come to Tennessee for 2 weeks, but that they were uncomfortable letting her go because "he's not even involved in her life... he won't even pay child support... he never works."

CPSI [REDACTED] reported that CPSI [REDACTED] would follow up with the family, after a safety check was completed on [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/27/2015

Contact Method:

Contact Time: 03:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/09/2015

Completed date: 02/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/09/2015 12:10 PM Entered By: [REDACTED]

1/27/15
3:50 PM

CPSI [REDACTED] contacted alleged perpetrator Mr. [REDACTED] sister, [REDACTED] at [REDACTED] to obtain information about the location of Mr. [REDACTED] daughter in [REDACTED] Ms. [REDACTED] asked if CPSI [REDACTED] was calling about child support. CPSI [REDACTED] explained that information about the case could not be provided over the phone. Ms. [REDACTED] provided phone numbers for [REDACTED] mother, [REDACTED] at [REDACTED] and for [REDACTED] mother, [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/27/2015 Contact Method:
 Contact Time: 03:25 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/13/2015
 Completed date: 06/13/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/13/2015 05:40 PM Entered By: [REDACTED]
 01/27/2015 3:25 pm
 Former CPSI [REDACTED] received diligent search results for [REDACTED] and [REDACTED]. The results are enclosed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/26/2015 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 02/03/2015
 Completed date: 02/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,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: 02/03/2015 09:54 AM Entered By: [REDACTED]

1/26/15
 4:00 PM

CPSI [REDACTED] observed forensic interview with sibling [REDACTED] at the [REDACTED] Children's Alliance. CPSI [REDACTED] observed no visible marks or bruises and [REDACTED] presented as bright and cooperative.

He stated that his Daddy is "Junior... my Nanny's son." He stated that he has 2 brothers, "they are in Heaven.. [REDACTED] had a heart attack while he was sleeping."

He stated, "I was just at school... my brother [REDACTED] told me what happened at the doctor... he told me that the man who gave him chips... his name is [REDACTED]... he fell on his head and he threw up in his room."

[REDACTED] stated, "my brother was outside when [REDACTED] fell.. [REDACTED] was inside watching him.

[REDACTED] stated that [REDACTED] hits me with a towel because I've been bad... my mom never sees him do that." He stated that "sometimes he's [REDACTED] really really mean... he hits us with a towel... but that's all I know." [REDACTED] stated, "He's hit [REDACTED] with a towel... puts cold and hot water on the towel and..." [shows motion of twisting up a towel and hitting someone with it].

[REDACTED] stated, [REDACTED] would cry." He stated, "Mom was hitting before... kicking/hitting the door."

[REDACTED] then stated, "He [REDACTED] fell on the couch on his head.. [REDACTED] dropped him." [REDACTED] stated, [REDACTED] told my mom that [REDACTED] dropped him... she said she really doesn't think he'd do that on purpose... I think he did it on purpose... that's not how you supposed to hold babies." [REDACTED] stated that his mom was at work when this happened.

[REDACTED] stated that "He [REDACTED] doesn't get angry... he puts us in a headlock and makes tears in his eyes to make us go to sleep... it happened to [REDACTED] more than 1 time." He stated, "When [REDACTED] does it, it makes me feel like I want to cry... we stop breathing... 1 time, my brother [REDACTED] smacked him [REDACTED] ... [REDACTED] put him in his hoodie and hung him from the top of the door."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization [REDACTED] Region

[REDACTED] stated that he is "not that scared" of [REDACTED] because "I don't want to be a cry baby.. [REDACTED] bullies me... he laughs at me like the kids at school." [REDACTED] stated that his mom is not scared of [REDACTED] because "She knows how to fight... she fought [REDACTED] 1 time."

Narrative Type: Addendum 1 Entry Date/Time: 10/07/2015 06:05 PM Entered By: [REDACTED]

Following is the forensic interview summary completed by the [REDACTED] Children's Alliance:

Forensic Interview Disclosure Information Guide
 (Confidential)

Child's Name: [REDACTED] DOB/Age: [REDACTED]
 Interview date: 1/26/15 Parent(s): [REDACTED] (mother)
 Interviewer: LK Observer(s): [REDACTED] (DCS)
 Audio/Video/DVD: DVD NCATrak: [REDACTED]
 Referral Date: 1/23/15 Date of Report: 3/9/15

Disclosure Factors:

- X Type of Allegations:
 Sexual Abuse X Physical Abuse Witness of abuse / crime
- X Child made a verbal disclosure.
 Child made a partial disclosure (child acknowledged that something happened, but did not provide detail)
- X Child made disclosure of abuse of others (additional victims).
 Child made no disclosure.
- Use of the following:
 Anatomical Drawings
 Free Style Drawings
 Anatomical Dolls
 Other:

Specific Details Recounted:

- X Alleged offender(s) clearly identified
 Specified offense(s) identified
 Genital to Genital Oral Anal
 Body Fluids Digital Penetration Fondling
 Bruises / Marks X Other
- X Penetration of body By Body Parts By Other Objects
- X Number of times offense(s) occurred
 Date(s) identified
 Time of day identified
- X Identified where offense(s) took place
- X Provided peripheral details (decorations, pieces of furniture)
 Described specifics of own clothing
 Described specifics of alleged offender's clothing
- X Described objects (lotions, pornography, photography, gadgets, condoms or for physical abuse, object used)
 Identified grooming behavior
 Described use of force or threats Bruises Abrasions Verbal
- X Described presence of others
 Possibility of a different offender excluded
 Child attempted to justify alleged offender's actions
 Other alleged offender(s) identified

Emotional/Behavioral Content:

Child's manner appeared withdrawn.
 Child's manner appeared guarded.
 Child exhibited embarrassment.
 Child exhibited anxiety.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Child exhibited sadness.

Child exhibited avoidance.

X Child's behavior appears developmentally appropriate for age level.

Summary of Child's Disclosure:

[REDACTED] stated that his brother [REDACTED] is "in Heaven." [REDACTED] stated that he also had a brother named [REDACTED] "who also "died." [REDACTED] stated that [REDACTED] had "blood in his brain." [REDACTED] stated that [REDACTED] "fell on his head." When asked what happened [REDACTED] stated, "I don't know; I was just at school. My brother he told me what happened." When asked what [REDACTED] told him [REDACTED] stated, "The day when we was at the doctor He told me that the man gave him chips." [REDACTED] stated that the man is named [REDACTED] [REDACTED] stated that [REDACTED] gave [REDACTED] chips. When asked how [REDACTED] hit his head [REDACTED] stated, "Maybe he fell off the couch and he threwed up."

[REDACTED] stated, [REDACTED] hits us with a towel like this (swings fist around in a circle). [REDACTED] stated, "It hurt." When asked why [REDACTED] does this, [REDACTED] stated, "I think because we're being bad." [REDACTED] stated that his mom doesn't see [REDACTED] do this [REDACTED] stated that he asks his mom if [REDACTED] can go back to his own house [REDACTED] stated, "I think he's nice but he's not Sometimes he be really, really mean." [REDACTED] stated "yes [REDACTED] hits [REDACTED] with the towel [REDACTED] stated, "The day he went to the doctor he hit him with the towel. He put cold water and hot water because it'll hurt really bad." [REDACTED] demonstrated rolling his fists towards himself and flicking one wrist out to demonstrate what [REDACTED] did to them with the towel) [REDACTED] stated that [REDACTED] would cry when [REDACTED] did this to him.

When asked how [REDACTED] and his mom get along, [REDACTED] stated, [REDACTED] sleeps where she sleeps. My mom was hitting him and kicking the door. [REDACTED] stated that his mom was mad at [REDACTED] but he didn't know why.

When asked if he's ever seen [REDACTED] drop [REDACTED] [REDACTED] stated, "He dropped him when my mom picked him up; the doctor picked him up." [REDACTED] stated that [REDACTED] told him that [REDACTED] dropped [REDACTED] [REDACTED] stated that [REDACTED] fell off the couch and [REDACTED] also dropped him. [REDACTED] stated that both of those things happened and he knows because [REDACTED] told him. [REDACTED] stated that [REDACTED] told their mom about [REDACTED] dropping [REDACTED]. When asked what his mom said, [REDACTED] stated, "She really don't think [REDACTED] did it on purpose." When asked what he thinks, [REDACTED] stated, "I think yes he did it on purpose." [REDACTED] stated that he's never seen [REDACTED] drop [REDACTED]

[REDACTED] stated, "He just puts us in a headlock sometimes and makes tears come out our eyes and make us go to sleep my brother did before." [REDACTED] stated that he was talking about [REDACTED] and confirmed that [REDACTED] put [REDACTED] in a headlock that "made him go to sleep. [REDACTED] stated that he saw [REDACTED] do that to [REDACTED] "two times [REDACTED] stated that it feels like he's "about to cry" when [REDACTED] does this to them. [REDACTED] stated, "It makes us stop breathing."

[REDACTED] stated that one time [REDACTED] "smacked" [REDACTED] and [REDACTED] hung [REDACTED] up on the door "by his hoodie." [REDACTED] stated that he had to help [REDACTED] get down.

[REDACTED] stated that his mom was "at work" when [REDACTED] got hurt [REDACTED] stated that [REDACTED] has been babysitting for them for "a long time."

When asked if he's scared of [REDACTED] [REDACTED] stated, "Not that scared. I don't want to be a cry baby. Sometimes people bully me." When asked if [REDACTED] bullies him [REDACTED] stated, "All the time."

This is not a complete transcript of the forensic interview with [REDACTED] This is a summary. For the complete interview, please view DVD.

Submitted by:

[REDACTED], B.A.
Forensic Interviewer

Reviewed by:



Tennessee Department of Children's Services
Case Recording Summary

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

████████████████████
Senior Forensic Interviewer / Child Protective Investigative Team Coordinator

This information is being forwarded to the Department of Children's Services personnel as part of their continuing investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/26/2015 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 02/03/2015
 Completed date: 02/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, 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: 02/03/2015 09:43 AM Entered By: [REDACTED]

1/26/15
3:00 PM

CPSI [REDACTED] observed forensic interview at the [REDACTED] [REDACTED] with sibling [REDACTED] (4 years old). CPSI [REDACTED] observed no visible marks or bruises on [REDACTED] and he presented with a bright affect.

During the interview, as age appropriate [REDACTED] had a difficult time focusing on the questions asked. He did, however, respond to redirection. He frequently asked if the interview was over and if he could go play in the waiting area. Towards the end of the interview, [REDACTED] presented as being very tired. When the interviewer, [REDACTED] took a break from the interview to discuss further questioning with CPSI [REDACTED] and Detective [REDACTED] (also present), [REDACTED] sat silently, alone in the room, staring at the floor.

[REDACTED] reported that [REDACTED] is my Momma's boyfriend. [REDACTED] stated that "They got to fighting... He later stated that when they are fighting, [REDACTED] is at his Daddy's house.. [REDACTED]"

[REDACTED] stated that [REDACTED] was in the hospital... He is with God. [REDACTED] stated that "he threw up chips and milk... he ate shrimp... [REDACTED] got him out of the crib and put him on the couch... he threw up on the couch... then the nurses came."

Initially, [REDACTED] stated, "He didn't get hurt." When asked who cared for him, he replied that no one did, that "nobody changed his diaper." He also initially stated that, "I wasn't there" and that he has "never seen anyone hurt [REDACTED]"

[REDACTED] stated, "I saw [REDACTED] throw up... I saw all his throw up." He later stated that the throw up was white.

[REDACTED] stated that he does not get in trouble, but that Ivyon gets in trouble. He stated that no one has ever asked him to keep secrets.

[REDACTED] then stated that "I saw [REDACTED] drop [REDACTED] on his head... [REDACTED] cried... he fell on his toy, on a car." [REDACTED] stated, "a blue thing up his back," but it was unclear at the time of the interview what, exactly, [REDACTED] meant by this



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Emotional/Behavioral Content:

Child's manner appeared withdrawn.

Child's manner appeared guarded.

Child exhibited embarrassment.

Child exhibited anxiety.

Child exhibited sadness.

Child exhibited avoidance.

X Child's behavior appears developmentally appropriate for age level.

Summary of Child's Disclosure:

[REDACTED] described seeing his mom and [REDACTED] fighting. He talked about his mom crying because of [REDACTED]. [REDACTED] frequently asked, "Are we done talking?" throughout the interview.

When asked about his brother [REDACTED], [REDACTED] stated, "He at the hospital. He will die. He threw up on my couch. And then he ate chips." [REDACTED] stated that the "chips and milk" made [REDACTED] throw up. When asked to talk about what happened to [REDACTED], [REDACTED] stated, "He ate chips and got out of his playpen and threw up on the couch." [REDACTED] stated that [REDACTED] got [REDACTED] out of his playpen and "put him on the couch." When asked what happened after that, [REDACTED] stated, "And then the nurses came." [REDACTED] stated that he was at home with [REDACTED] and [REDACTED] that day watching TV. [REDACTED] stated that no one took care of [REDACTED] that day. [REDACTED] stated, "No one changed his diaper."

When asked if he had ever seen something happen to [REDACTED] head, [REDACTED] stated, "He did hit his head but it was a little bit." [REDACTED] stated, "It was a little bit and he was crying." [REDACTED] stated that [REDACTED] hit his head on his bed. When asked what happened to [REDACTED] head, [REDACTED] stated, "He dropped him on his head." [REDACTED] stated [REDACTED] "dropped [REDACTED] on his head." [REDACTED] described [REDACTED] dropping [REDACTED] on a toy car. When asked if [REDACTED] did that on accident or on purpose, [REDACTED] stated, "On purpose." When asked why [REDACTED] did that, [REDACTED] stated, "Because he was mad at [REDACTED]." When asked why [REDACTED] was mad, [REDACTED] stated, "Because [REDACTED] couldn't get no chips and he did." [REDACTED] stated that [REDACTED] was also mad about "the milk." [REDACTED] stated that this happened in his [REDACTED] room.

[REDACTED] stated that [REDACTED] dropped [REDACTED] "more than one time." [REDACTED] stated that [REDACTED] dropped [REDACTED] "like 50" times. [REDACTED] stated that [REDACTED] was "mad" when he was dropping [REDACTED].

When asked if [REDACTED] has ever hurt him, [REDACTED] stated, "No, he just hit us with a towel."

This is not a complete transcript of the forensic interview with [REDACTED]. This is a summary. For the complete interview, please view DVD.

Submitted by:

[REDACTED]
Forensic Interviewer

Reviewed by:

[REDACTED]
Senior Forensic Interviewer / Child Protective Investigative Team Coordinator

This information is being forwarded to the Department of Children's Services personnel as part of their continuing investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/26/2015

Contact Method:

Contact Time: 12:43 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

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: 01/26/2015 12:45 PM Entered By: [REDACTED]

01/26/2015

LI [REDACTED] spoke with Detective [REDACTED] and was informed that the initial autopsy report showed non-accidental trauma and possible old injuries to [REDACTED]. Det [REDACTED] stated Dr. [REDACTED] will continue further testing prior to the completion of the autopsy results.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2015

Contact Method:

Contact Time: 09:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/27/2015

Completed date: 08/27/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/27/2015 07:15 PM Entered By: [REDACTED]

The below case recordings are being entered based on handwritten notes taken by Former CPSI [REDACTED] 01/23/2015

Former CPSI [REDACTED] was notified that [REDACTED] was pronounced deceased at [REDACTED] Children's Hospital at 5:39 am this day. Dr [REDACTED] made the announcement of [REDACTED] having cardiac arrest, immediate anoxic brain injury; secondary to traumatic brain injury.

Narrative Type: Addendum 1 Entry Date/Time: 10/06/2015 03:33 PM Entered By: [REDACTED]

Former CPSI [REDACTED] completed and submitted the Child Death Notification form this day.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 01/22/2015 Contact Method: Face To Face
Contact Time: 05:00 AM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 01/23/2015
Completed date: 01/23/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2015 05:31 PM Entered By: [REDACTED]

1/22/15
5:30 AM

CPS [REDACTED] spoke with Ms. [REDACTED], after consulting with TL [REDACTED] about the need to safety place siblings [REDACTED] and [REDACTED]. Ms. [REDACTED] provided the children's paternal grandmother, Ms. [REDACTED] as a safety placement option. CPSI [REDACTED] spoke with Ms. [REDACTED] on the phone, after Ms. [REDACTED] spoke with Ms. [REDACTED] to verify her willingness to care for the children. CPSI [REDACTED] obtained necessary information for background check, which was then provided to TL [REDACTED].

1/22/15
6:00 AM

CPSI [REDACTED] notified by TL [REDACTED] that Ms. [REDACTED] background check is cleared. CPSI [REDACTED] signed IPA paperwork with Ms. [REDACTED] and discussed parameters of IPA and placement, including no contact for Mr. [REDACTED] with [REDACTED] or [REDACTED] and supervised contact only with Ms. [REDACTED] with [REDACTED] or [REDACTED]. Ms. [REDACTED] began to cry after learning that she would need supervised visitation with [REDACTED] in the hospital. Mr. [REDACTED] verbalized understanding, still with a flat affect, and had no questions.

Narrative Type: Addendum 2 Entry Date/Time: 06/13/2015 05:27 PM Entered By: [REDACTED]

The Non-Custodial Expedite Placement Assessment Summary was completed with Ms. [REDACTED] this day.

Narrative Type: Addendum 1 Entry Date/Time: 06/13/2015 04:18 PM Entered By: [REDACTED]

In order to engage the family, CPSI [REDACTED] explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment approach. CPS [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledge form, Notice of Equal Access to



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Programs and Services, and the Release of Information. CPSI [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 01/22/2015 Contact Method:
Contact Time: 03:58 AM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 01/23/2015
Completed date: 01/23/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2015 05:18 PM Entered By: [REDACTED]
1/22/15
3:58 AM

CPSI [REDACTED] visited the family home, [REDACTED] TN, with the accompaniment of [REDACTED] [REDACTED]
Police and Detectives [REDACTED] and [REDACTED]

[REDACTED] Police took pictures of the home. The trash can in the kitchen had recently been changed and only contained a diaper. There was evidence that shrimp may have been cooked, but only a couple tails/shells on the floor, one under the table and one by the trashcan. No shrimp were found in the refridgerator. Fritos were found in the home, as well as a sippy cup in the kitchen. ACVs pack-n-play contained a large pillow (similar to a 'neck' pillow) and 3 fleece blankets. A very small amount of yellow spit up/vomit was found on the loveseat in the ACVs bedroom.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/22/2015 Contact Method: Face To Face
 Contact Time: 12:05 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 01/23/2015
 Completed date: 01/23/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2015 05:10 PM Entered By: [REDACTED]

1/22/15
 12:05 AM

CPSI [REDACTED] interviewed and observed alleged perpetrator [REDACTED] (DOB [REDACTED]) in a private setting at [REDACTED] Hospital in the PICU. Detective [REDACTED] was also present.

Mr. [REDACTED] presented with a flat affect and verbalized that he was "exhausted." He stated that he was born in [REDACTED] in [REDACTED] County. He stated that his mother passed away when he was 17, that his father, [REDACTED] lives in [REDACTED] and that he has no contact with his father, but did not explain why. He stated that his closest family member is [REDACTED] who lives in [REDACTED] ([REDACTED]). He stated that he has a daughter named [REDACTED] (DOB [REDACTED]). He reported that his daughter lives in [REDACTED] with her mother, [REDACTED]. He stated that he has previously lived in [REDACTED] and in [REDACTED] TN. He reported that he was home schooled as a child and received a diploma from "a Christian School in [REDACTED]" He stated that he went to college for a year, [REDACTED] College- and has a history of working in factories.

He stated that he moved to [REDACTED] with his cousin, which is where he met Ms. [REDACTED]. He stated that he met her at [REDACTED] in May" and visited her twice before moving to [REDACTED]. He stated that he moved in with her in the begining of September of 2014. He stated that he finally became employed at [REDACTED] begining in January, loading trailers, from 3:30am to 5:30am. He also reported that he goes to school at [REDACTED]

Mr. [REDACTED] stated, "it was my idea to watch the kids, about a month ago... she was worried about the babysitter because one of the kids said she hit [REDACTED]" Mr. [REDACTED] stated that on a typical day, he gets home by 6:00am and "sleep as long as the middle one wakes up."

Mr. [REDACTED] reported that he got home from work on January 21, 2015 at 6:00am, that he got a snack, and layed down on the couch around 6:50 am. He stated that [REDACTED] was already asleep on the couch at this time. He stated that around 9:50 am, [REDACTED] wanted something to drink, so "I told him to go get one out of the fridge." Mr. [REDACTED] reported that [REDACTED] stayed up, but that Mr. [REDACTED] went back to sleep. He reported that, at 10:30 am, [REDACTED] woke him up again and said that [REDACTED] was crying. He stated that "I went back there, changed his diaper, and filled his sippy cup." Mr. [REDACTED] reported



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

that, at that time, he made himself a 'Hotpocket,' which he shared with [REDACTED] and that he gave [REDACTED] cereal. He stated that he and [REDACTED] were sitting on the couch and that [REDACTED] went to play. Mr. [REDACTED] reported that "I went to get ready for the day" and that [REDACTED] went into [REDACTED] room and played with him for approximately 15 minutes. Mr. [REDACTED] reported that, before playig, [REDACTED] had "fritos" as a snack. Mr. [REDACTED] reported that "I gave some fritos to [REDACTED]" Mr. [REDACTED] reported that [REDACTED] asked to go play outside around 12:00 or 12:10 pm. Mr. [REDACTED] then reported that he took [REDACTED] to the living room. Mr. [REDACTED] reported that at 1:00pm, he put shrimp in a skillet to cook. At 1:30pm, he stated that the shrimp was done and that he gave [REDACTED] "3 shrimp I broke it off into little pieces." He reported that he gave [REDACTED] a "bowl of shrimp."

He stated that [REDACTED] went out to play and that [REDACTED] became tired. He stated that he placed [REDACTED] in his playpen, watched about 30 minutes of the movie "Gladiator," and realized that he had not gived [REDACTED] anything to drink after giving him shrimp. Mr. [REDACTED] reported filling up a sippy cup of water and taking it to [REDACTED]. He reported that [REDACTED] was "laying different over on one hip his eyes were half open I shook his face." He reported calling Ms. [REDACTED] and then sending her a video of [REDACTED]. Mr. [REDACTED] was unable to state why he did not call 911 immediately and why he chose to call Ms. [REDACTED] instead. He stated, "I don't know why I didn't call 911." He reported that when he previously lived in [REDACTED], "I saw 911 and the abulances take forever." Mr. [REDACTED] reported that a 911 operator called him and instructed him how to do CPR over the phone and that [REDACTED] threw up on the couch laying sideways it was yellow." Mr. [REDACTED] stated that he noticed a bruise on [REDACTED] chest "when the operator told me to check his chest to see if he was breathing. Mr. [REDACTED] stated that he "only left [REDACTED] alone twice." Mr. [REDACTED] stated that he had nothing to do with [REDACTED] injuries and that he did not know what happened.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 01/21/2015 Contact Method:
 Contact Time: 11:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/06/2015
 Completed date: 10/06/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/06/2015 03:28 PM Entered By: [REDACTED]
 10/06/2015
 Initial SDM: Conditionally Safe
 Narrative Type: Created In Error Entry Date/Time: 10/06/2015 03:29 PM Entered By: [REDACTED]
 The date is incorrect.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/21/2015	Contact Method:	
Contact Time:	11:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/06/2015
Completed date:	10/06/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/06/2015 03:30 PM Entered By: [REDACTED]
 01/21/2015
 Initial SDM: Conditionally Safe



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/21/2015 Contact Method: Face To Face
 Contact Time: 09:45 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 01/23/2015
 Completed date: 01/23/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2015 04:59 PM Entered By: [REDACTED]

1/21/15
 9:45 PM

CPSI [REDACTED] interviewed and observed biological mother, Ms. [REDACTED] in a private setting on the [REDACTED] Hospital Pediatric Intensive Care Unit. Detective [REDACTED] was also present.

Ms. [REDACTED] presented with a flat affect and appeared to be visibly uncomfortable with her eyes, as evidenced by her frequent attempts to touch her eyes/fix her contacts. She verbalized that she was having trouble with her contacts because they were "drying out" due to the fact that she had been crying a lot. Ms. [REDACTED] did not become tearful during this interview at any time.

She stated that she and her family have lived at [REDACTED] TN [REDACTED] for a year and a half. She stated that she was born in [REDACTED], but raised mostly in [REDACTED] although she went back to [REDACTED] in high school for a brief time.

Ms. [REDACTED] stated that ACV [REDACTED] (DOB [REDACTED]) was born at [REDACTED] Hospital, is up to date on all his vaccines, and has been seen by [REDACTED] Pediatrics his whole life. She stated that [REDACTED] biological father is Mr. [REDACTED] (DOB [REDACTED], [REDACTED] TN) and that he is an active member of ACV's life. She stated that her 2 other children, [REDACTED] (DOB [REDACTED] and [REDACTED] (DOB [REDACTED] were currently staying with their paternal grandmother, Ms. [REDACTED], TN [REDACTED]). She stated that their father's name is [REDACTED] and that he is not really involved in their life, but that he pays court ordered child support.

Ms. [REDACTED] stated that ACV's father works at [REDACTED] Temp Agency and that he lives alone. She stated that "we alternate weeks" taking care of ACV. She reported that his name is on the birth certificate and that Mr. [REDACTED] last had ACV from Tuesday to Sunday of last week. Ms. [REDACTED] reported a history of domestic violence between she and Mr. [REDACTED]. She stated that on 12/3/14, she had a court for an order of protection due to an incident which occurred on 11/22/14 where Mr. [REDACTED] "saw me out with [REDACTED], then came over and kicked the door in... he was charged because he had a weapon." She stated that he was in jail for a few days, but that she dropped the order of protection



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

because she needed help caring for ACV.

Ms. [REDACTED] stated that she works at [REDACTED] an insurance company for cell phone companies, works 5:30 am to 2:00pm, at [REDACTED]. It was later reported in the interview that this morning, she went to work at a later time. She stated that her only family support in the area is her brother, [REDACTED] year old male living in [REDACTED].

Ms. [REDACTED] reported that she met her boyfriend, Mr. [REDACTED] 8 or 9 months ago in [REDACTED]. She stated that he works at [REDACTED] on [REDACTED] in [REDACTED] from 3:30 am to 8:30 am Tuesday through Saturday. She stated that he's also in school at [REDACTED], which he goes to between 4 and 8pm. She stated that Mr. [REDACTED] is from [REDACTED] and that he's been in [REDACTED] since October of 2014. She stated that his family is in [REDACTED] that his mom is deceased, that his father lives in [REDACTED] and that he has a daughter in [REDACTED], [REDACTED] which he sees once a month.

Ms. [REDACTED] stated, "we get along great... he's never even cursed at me... he loves those kids like his own" and "puts them on a pedal stool." When asked about Mr. [REDACTED] general disposition, she smiled and stated, "he's a little slow he's country."

Ms. [REDACTED] stated that last week, she and Mr. [REDACTED] made the decision to have him babysit the kids while she was at work, instead of paying their normal babysitter [REDACTED] "last name unknown, [REDACTED], TN, [REDACTED]. Mr. [REDACTED] was responsible for watching ACV [REDACTED] (4 year old), and for putting [REDACTED] on the bus for school.

She reported that on the morning of Tuesday, January 21, 2015, she heard [REDACTED] crying at 4:00am, which she reported as abnormal for her son, and that she then took him out of his playpen, "babied him" by giving him a sippy cup and holding him, and that he went back to sleep "with me." She then stated that [REDACTED] got home from work around 6:00am and that he went to the couch and slept next to [REDACTED] (who was already on the couch). She reported that she got up around 6:30 am to get [REDACTED] ready for school and to get him on the bus. She stated that [REDACTED] was up at this time and that [REDACTED] went back to sleep around 7:10am, on her bed, lying on his back. She reported that she left for work at 7:15am. She reported no other abnormalities in [REDACTED] behavior that morning. She noted, however, that he became ill in December of 2014 after routine vaccinations and received medical treatment at that time. She also reported that "about a month ago," she noticed that [REDACTED] had a "busted blood vessel in his eye," but that [REDACTED] did not receive medical attention at that time.

She reported that Mr. [REDACTED] was watching [REDACTED] and [REDACTED] on Tuesday, January 21, 2015 ([REDACTED] was in school). She reported that Mr. [REDACTED] told her that at 10 or 10:30 am [REDACTED] woke Mr. [REDACTED] up and said "the baby's crying," so he "took [REDACTED] from the bedroom and put him on the couch." She then stated that "he gave them food fritos and shrimp." She then reported that Mr. [REDACTED] said [REDACTED] began looking sleepy after eating and that Mr. [REDACTED] told her he was getting [REDACTED] ready to lay down." Ms. [REDACTED] explained that this statement usually meant that [REDACTED] will rock him he will lay [REDACTED] on his [REDACTED] chest and tap his back." She then reported that Mr. [REDACTED] told her that he put him down his playpen, but realized 10 minutes later that he had not given [REDACTED] a drink. Ms. [REDACTED] reported that Mr. [REDACTED] then took him a sippy cup and then realized "something wasn't right" and stated that Mr. [REDACTED] stated that "he didn't look right."

Ms. [REDACTED] reported that ACV had never had [REDACTED] before, that he's had salmon and catfish, but never [REDACTED]. She stated that "I used to get really sick when I ate shrimp." She reported that the shrimp they had in the home was pre-cooked, [REDACTED] brand, frozen shrimp, "the kind you have to peel."

Ms. [REDACTED] reported that she missed a call from Mr. [REDACTED] at 2:21 pm and called him back at 2:30 pm, reporting that Mr. [REDACTED] stated that [REDACTED] "is acting like he doesn't want to stay up get here as fast as you can." Ms. [REDACTED] then called [REDACTED] and was placed on hold. Then, Ms. [REDACTED] reported that Mr. [REDACTED] sent her a text-video at 2:41 pm of [REDACTED] who presented "like he was dead he looked like he hadn't been breathing" and that she immediately called 911 at 2:48 pm. Ms. [REDACTED] reported that, at "some point before the video, he said on the phone 'I was doing CPR and I got him to spit up.'"

Ms. [REDACTED] reported that when she arrived at the home, the ambulance was "about to close the doors." She stated that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

she was told [REDACTED] was still breathing and that it would be better for her to follow the ambulance. Ms. [REDACTED] stated that "when I heard he was still breathing, I just thought it was an allergic reaction, so I went and picked up my other son from school [REDACTED] and went to the hospital."

At the time of the interview, Ms. [REDACTED] reported that the hospital had told her that "he wasn't breathing and didn't have oxygen for 45 minutes, that he had bleeding on his brain, which is usually caused from trauma." She stated that, "it just doesn't make sense to me at all... they said he had bruising on his neck." She stated, [REDACTED] gave him CPR before they told him how to do it right" as a plausible explanation for any bruising.

Ms. [REDACTED] stated that Mr. [REDACTED] drinks "maybe 2 beers a week," does not smoke marijuana, doesn't take medication and that he "can't even take Nyquil," implying that he is heavily impacted by medication since he does not take it often.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/21/2015 Contact Method: Face To Face
 Contact Time: 09:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 01/23/2015
 Completed date: 01/23/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2015 03:39 PM Entered By: [REDACTED]
 1/21/15
 9:30 PM

CPSI [REDACTED] observed ACV [REDACTED] (DOB [REDACTED]) in the Pediatric Intensive Care Unit at [REDACTED] Hospital as hospital staff repeatedly attended to the ACVs - grave, as described by staff, injuries.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/21/2015

Contact Method: Correspondence

Contact Time: 09:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/26/2015

Completed date: 09/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/26/2015 08:19 PM Entered By: [REDACTED]

01/21/2015

CPIT Convened

Det. [REDACTED] assigned to the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/21/2015 Contact Method: Phone Call
 Contact Time: 08:40 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 01/23/2015
 Completed date: 01/23/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Referent Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2015 03:32 PM Entered By: [REDACTED]
 1/21/15
 8:40 PM

CPSI [REDACTED] contacted referent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

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

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 01/21/2015 Contact Method:
 Contact Time: 07:53 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/09/2015
 Completed date: 09/10/2015 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/09/2015 08:56 PM Entered By: [REDACTED]

Former Child Protective Service, Investigator: [REDACTED]

Mother: [REDACTED]

ACV: [REDACTED]

Household Composition:

Mother: [REDACTED]

Paramour: [REDACTED]

Children:

[REDACTED] DOB: [REDACTED]

The Department of Children Services received a referral on 01/21/2015 with the allegation of Physical Abuse towards [REDACTED] 1 years old against the alleged perpetrator, [REDACTED]. The case was assigned to CPSI [REDACTED] this day. The narrative of the referral states the following: [REDACTED] (m/1) and two children (Unknown names/ages/gender) reside in the care of their mother [REDACTED] and her paramour, [REDACTED] in [REDACTED] County. The names of the children in the home were found during a TFACTS search as [REDACTED] (Deceased / dob. [REDACTED]) and [REDACTED] (dob. [REDACTED]). [REDACTED] was transported to the [REDACTED] Children's ER on January 21, 2015 before 4pm. Prior to his arrival, [REDACTED] was in the care of [REDACTED] when he became unresponsive and limp. [REDACTED] advised he had placed the infant in his play pin. When he went back to check on the infant, he was unresponsive. [REDACTED] performed extensive CPR on the infant until he was transported to the hospital by EMS who also performed CPR. [REDACTED] advised she was at work during the time of the child becoming unresponsive at the residence. [REDACTED] has several bilateral subdural hematomas. The family has been told the child will not survive due to the extent of the brain injury. According to hospital staff, the family has no history of abuse that would warrant caution for injury to this infant. [REDACTED] injuries are consistent with abuse and he is expected to die but no timeframe was given. [REDACTED] is currently on life support. Law enforcement has been called to the hospital [REDACTED] was advised DCS would be called and would require statements. The entire family is present at the hospital at this time. No other information was known at the time of intake."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] is not of Native American Descent.

All interviews will be conducted in a private setting and on an individual basis.

"Daily notice of the Referral and Classification pursuant to 37-105 sent to Juv. Ct, Law Enforcement as applicable." Per Local protocol....

TFACTS History:

Narrative Type: Addendum 1 Entry Date/Time: 09/11/2015 05:56 PM Entered By: [REDACTED]

Investigation # [REDACTED]

ACV [REDACTED]

Alleged Perpetrator: [REDACTED] and [REDACTED]

Allegation: Neglect Death

Classification: Unsubstantiated

Investigation # [REDACTED]

ACV: [REDACTED]

Alleged Perpetrator: Unknown [REDACTED] and [REDACTED]

Allegation: Physical Abuse, Lack of Supervision, and Environmental Neglect

Classification: Unsubstantiated

Investigation # [REDACTED]

ACV [REDACTED]

Alleged Perpetrator [REDACTED]

Allegation: Physical Abuse

Classification: Unsubstantiated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 01/21/2015 Contact Method: Face To Face
 Contact Time: 09:30 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 01/23/2015
 Completed date: 01/23/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2015 03:37 PM Entered By: [REDACTED]
 1/21/15
 9:30 PM

CPSI [REDACTED] observed ACV [REDACTED] (DOB [REDACTED]) in the Pediatric Intensive Care Unit at [REDACTED] Hospital as hospital staff repeatedly attended to the ACVs - grave, as described by staff, injuries.

Narrative Type: Created In Error Entry Date/Time: 01/23/2015 03:38 PM Entered By: [REDACTED]
 Time should be PM NOT AM.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 1/21/15 6:53 PM

Date of Assessment: 1/23/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): Siblings placed with paternal grandmother

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____