



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 06/13/2015 01:59 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 06/13/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 06/15/2015 02:05 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 06/15/2015 12:00 AM  
 First Case Manager [REDACTED] Date/Time 06/15/2015 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 11	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: None  
 Narrative: TFACTS History:  
 Family Case IDs: [REDACTED] [REDACTED] [REDACTED]  
 Open Court Custody/FSS/FCIP No  
 Closed Court Custody yes [REDACTED] /11-21-12 to 12-31-13  
 Substantiated: [REDACTED] /ABN/Investigation, [REDACTED] / Allegation Substantiated / Perpetrator Substantiated/06-13-14  
 Number of Screen Outs: 6  
 History (not listed above): YES



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

[REDACTED] /ABN, DEI/Investigation, [REDACTED] / Allegation Unsubstantiated / Perpetrator Unsubstantiated/  
 01/26/2015  
 [REDACTED] /PHA, LOS, NUN/Investigation, [REDACTED] / Allegation Unsubstantiated / Perpetrator  
 Unsubstantiated/06-13-14  
 [REDACTED] /SEE/Investigation, [REDACTED] and Unknown/ Allegation Unsubstantiated / Perpetrator  
 Unsubstantiated/10-03-13  
 [REDACTED] /SEE/Investigation, [REDACTED] / Allegation Unsubstantiated / Perpetrator Unsubstantiated/12-09-13  
 [REDACTED] /LOS, NUN/Assessment, [REDACTED] / (LOS-Services Recommended and Accepted)(NUN-No  
 services needed)/07-24-12  
 [REDACTED] /PYA, PHA, LOS/Assessment, [REDACTED] and Unknown/ Services Recommended and  
 Accepted/10-03-13  
 [REDACTED] /PHA, [REDACTED] /Assessment/ Services Recommended and Accepted/ 03/01/2012  
 [REDACTED] /SEE, ENN, [REDACTED] and [REDACTED] /Investigation/ Allegation Unsubstantiated /  
 Perpetrator Unsubstantiated/ 10/22/2007

County: [REDACTED]  
 Notification: none  
 School/ Daycare: unknown  
 Native American Descent: none  
 Directions: none

Reporter's name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

[REDACTED] (age 1) lived with his mother, [REDACTED] (age 19).

[REDACTED] was brought to [REDACTED] Hospital by EMS at 11:21 A.M. today, 6-13-2015. [REDACTED] was not breathing  
 when he came to the hospital. Staff began performing CPR on him but were unable to bring [REDACTED] back and he  
 passed away at 11:55 A.M. It is unknown what caused [REDACTED] to stop breathing before EMS brought him to the  
 hospital from the home. [REDACTED] was found by [REDACTED] before EMS arrived and [REDACTED] had found him not breathing.  
 It is unknown what [REDACTED] was doing before [REDACTED] found him not breathing. It is unknown what might have  
 caused him to stop breathing. The reporter thinks that [REDACTED] contacted EMS as soon as she found [REDACTED] was  
 not breathing. The reporter did not see any physical injuries on [REDACTED] when he came to [REDACTED] and there  
 were no visible signs of trauma.

Police have been contacted and they are speaking with [REDACTED] at the home at this time. [REDACTED] did not come with  
 [REDACTED] to hospital because the police kept [REDACTED] for questioning. It is unknown what [REDACTED] has to say about the  
 incident at this time because the reporter has not spoken with her yet. The reporter does not know if there are any  
 other children in the home and if the children have been asked about the incident. It is unknown if [REDACTED] has any  
 history of abuse on any children or if there have been any other prior child deaths in the home. It is unknown if  
 [REDACTED] has a history with law enforcement. It is unknown if there is any drug use involved or any domestic violence  
 in the home. The condition of the home is unknown. It is unknown if there was anything in the home that caused  
 [REDACTED] to stop breathing or contributed to his death. An autopsy has not been performed on [REDACTED] at this time.  
 [REDACTED] is still at the hospital. It is unknown when an autopsy will be done on [REDACTED]

Special Needs or Disabilities: Unknown  
 Child's current location/is the child safe at this time: Deceased a [REDACTED]  
 Perpetrator's location at this time: Home residence  
 Any other safety concerns for the child(ren) or worker who may respond: Unknown  
 Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P1 [REDACTED], CM2 on 6-13-15 at 2:45 PM



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

Email notification sent to [REDACTED], Regional Administrator [REDACTED], and the [REDACTED] Region email notification group.

[REDACTED] paged at 2:59 P.M.

06-13-15 03:00:08 PM [REDACTED]

06-13-15 03:00:59 PM [REDACTED]

Received



**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:** 2 Yrs 11 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 20 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/13/2015

Assignment Date: 06/15/2015

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
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 07/28/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Abuse Death-ASPS

**D. Case Workers**

Case Worker: [REDACTED]

Date: 12/16/2015

Team Leader: [REDACTED]

Date: 12/16/2015

**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:**

On 6/13/15, [REDACTED] was pronounced deceased at [REDACTED] Hospital.

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

Investigator received medical records for [REDACTED] on 7/27/15. The records confirm that [REDACTED] sustained many marks and bruising on his body, some which are consistent with bite marks. It also stated [REDACTED] admit diagnosis and final diagnosis was cardiac arrest. The secondary diagnosis includes: Acute Respiratory Failure, Spontaneous Ecchymoses, Abrasion or Friction Burn or other multiple unspecified sites, without mention of infection, Unspecified Accident, Fever unspecified, Heat Stroke and Sunstroke, Accident caused by Excessive Heat due to Weather Conditions, Hypoglycemia unspecified.

On 10/19/15, Investigator received the autopsy report via email. The pathological diagnosis includes dehydration, hyperthermia, scattered blunt force injuries of head, neck, torso, and extremities, and multiple patterned abrasions of torso, suggestive human bite marks. The cause of death is dehydration and hyperthermia.



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

Case Name : ██████████

Investigation ID: ██████████

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

When asked about why ██████████ was brought to the hospital today, Ms. ██████████ explained he was not breathing. Ms. ██████████ reported last night at approximately 2:00 a.m., she was at her mother's home where she and ██████████ reside. She also reported that she and ██████████ were in her room lying in the bed while she was talking on the phone. Ms. ██████████ stated ██████████ was moving a lot in the bed and she asked him "are you sleeping?" and ██████████ responded "no". She explained that when she got off the phone they went to sleep and woke up between the hours of the 4:00 a.m. and 5:00 a.m. When asked if she noticed anything different about ██████████ when they woke up, Ms. ██████████ responded no, he was normal. She also shared that later on that day he told her he was sleepy. Ms. ██████████ described how ██████████ laid in the corner of her room and she placed the mattress on top of him and slid the box spring next to him cornering him into a wall. Ms. ██████████ shared that she went to watch TV, after placing the mattress on top of him. Ms. ██████████ reported that she went to the bathroom. Investigator ██████████ inquired if she ever took the mattress off ██████████ prior to him not being responsive. Ms. ██████████ answered no. Ms. ██████████ stated he was crying and she could see him trying to move his leg while under the mattress. Ms. ██████████ stated he cried approximately 30 minutes. Ms. ██████████ stated she noticed he stopped crying when she came out of the bathroom. Ms. ██████████ explained she went over to him and lifted the mattress up. She went on to say that he was looking at her and she told him to get up and he wouldn't. She reported she realized he wasn't breathing and began to perform CPR. Ms. ██████████ stated when that didn't work she told her brother and he instructed her to call 911. She said 911 directed her to continue to perform CPR and the ambulance was on the way. Ms. ██████████ said when the ambulance arrived they continued CPR before they transported ██████████ to ██████████ where he passed away.

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

There were no witnesses of the abuse.

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

██████████ had a forensic interview on 6/17/14. ██████████ didn't make a disclosure of abuse. ██████████ did report that her sister 18 year old ██████████ is in jail because her cousin ██████████ said she put her son 2 year old ██████████ under a mattress. ██████████ denied ever seeing ██████████ doing anything inappropriate to ██████████. ██████████ had a forensic interviewer on 6/17/14. He reported that ██████████ has hit ██████████ on his butt, but to his knowledge has never seen any marks or bruises on ██████████.

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                                   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]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/18/2015	Contact Method:	
Contact Time:	12:24 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/18/2015
Completed date:	12/18/2015	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: 12/18/2015 02:46 PM      Entered By: [REDACTED]

This case received a final review by Deputy Investigations Director, [REDACTED] and closure was approved.



**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: 12/16/2015 Contact Method:  
 Contact Time: 04:13 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/16/2015  
 Completed date: 12/16/2015 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: 12/16/2015 04:15 PM Entered By: [REDACTED]  
 CPSI [REDACTED] completed on [REDACTED]. Ms. [REDACTED] was charged with aggravated child abuse and first degree murder.

Narrative Type: Addendum 1 Entry Date/Time: 12/16/2015 04:17 PM Entered By: [REDACTED]  
 CPSI [REDACTED] completed a criminal background check on [REDACTED]. Ms. [REDACTED] was charged with aggravated child abuse and first degree murder.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/14/2015	Contact Method:
Contact Time: 01:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/14/2015
Completed date: 12/16/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original      Entry Date/Time: 12/14/2015 01:44 PM      Entered By: [REDACTED]

The Department of Children's Services received a P1 referral on 6/13/15. The referral included Alleged Child Victim, [REDACTED] and Alleged Perpetrator, [REDACTED] (birth mother) for allegations of Abuse Death. The case is non-custodial.

It was reported [REDACTED] was brought to [REDACTED] Hospital by EMS at 11:21 a.m. today June 13, 2015. [REDACTED] was not breathing when he came to the hospital. Staff began performing CPR on him but was unable to revive him and he was pronounced deceased at 11:55 a.m. It was also reported [REDACTED] was found not breathing by [REDACTED] before EMS arrived. No physical injuries were observed on [REDACTED] when he came to [REDACTED] and there were no visible signs of trauma. [REDACTED] Police Department has been contacted and they are speaking with [REDACTED] at the home. An autopsy has not been performed on [REDACTED] at this time. [REDACTED] is still at the hospital. [REDACTED] was pronounced dead at 11:55 A.M.

Investigators of this incident include Child Protective Services Investigator [REDACTED], Lead Investigator [REDACTED], and Sergeant [REDACTED] Police Department.

Child Protective Services Investigator (CPSI) [REDACTED] and Lead Investigator (LI) [REDACTED] met response time with [REDACTED] at [REDACTED] TN. When asked about why [REDACTED] was brought to the hospital today, Ms. [REDACTED] explained he was not breathing. CPSI [REDACTED] inquired why he was not breathing. Ms. [REDACTED] reported last night at approximately 2:00 a.m., she was at her mother's home where she and [REDACTED] reside. She also reported that she and [REDACTED] were in her room lying in the bed while she was talking on the phone. Ms. [REDACTED] stated [REDACTED] was moving a lot in the bed and she asked him "are you sleeping?" and [REDACTED] responded "no". She explained that when she got off the phone they went to sleep and woke up between the hours of the 4:00 a.m. and 5:00 a.m. When asked if she noticed anything different about [REDACTED] when they woke up, Ms. [REDACTED] responded no, he was normal. She also shared that later on that day he told her he was sleepy.

CPSI [REDACTED] inquired what they did after [REDACTED] said he was sleepy. Ms. [REDACTED] described how [REDACTED] laid in the corner of her room and she placed the mattress on top of him and slid the box spring next to him cornering him into a wall. LI [REDACTED] inquired about the size of the bed. Ms. [REDACTED] stated it was a twin sized bed. CPSI [REDACTED] inquired what she did after placing the mattress on top of him. Ms. [REDACTED] shared that she went to watch TV. CPSI [REDACTED] inquired what she did after she watched TV. Ms. [REDACTED] reported that she went to the bathroom. CPSI [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

inquired if she ever took the mattress off [REDACTED] prior to him not being responsive. Ms. [REDACTED] answered no. When asked what [REDACTED] was doing while under the mattress, Ms. [REDACTED] stated he was crying and she could see him trying to move his leg while under the mattress. When asked how long she heard him crying, Ms. [REDACTED] stated approximately 30 minutes. CPSI [REDACTED] inquired what happened when she noticed he had stopped crying. Ms. [REDACTED] stated she noticed he stopped crying when she came out of the bathroom.

CPSI [REDACTED] inquired what she did when she noticed he stopped crying. Ms. [REDACTED] explained she went over to him and lifted the mattress up. She went on to say that he was looking at her and she told him to get up and he wouldn't. She reported she realized he wasn't breathing and began to perform CPR. Ms. [REDACTED] stated when that didn't work she told her brother and he instructed her to call 911. She said 911 directed her to continue to perform CPR and the ambulance was on the way. Ms. [REDACTED] said when the ambulance arrived they continued CPR before they transported [REDACTED] to [REDACTED] where he passed away.

[REDACTED] aunt) had a forensic interview on 6/17/15. [REDACTED] didn't make a disclosure of abuse. [REDACTED] did report that her sister 18 year old [REDACTED] is in jail because her cousin [REDACTED] said she put her son 2 year old [REDACTED] under a mattress. [REDACTED] denied ever seeing [REDACTED] doing anything inappropriate to [REDACTED] (uncle) had a forensic interview on 6/17/15. [REDACTED] denied allegations of abuse. Forensic interviewer asked [REDACTED] about the identity of [REDACTED] as he did not identify him when completing the family identification. He advised the interviewer that [REDACTED] is his 2 year old nephew and that his mother is his sister 19 year old [REDACTED]. [REDACTED] told the interviewer that [REDACTED] just plays while he's in there. He told the interviewer that she only leaves him for a minute. He reported that [REDACTED] has hit [REDACTED] on his butt, but to his knowledge has never seen any marks or bruises on [REDACTED].

**DEATH/NEAR DEATH:**

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

This case went before Child Protective Investigative Team (CPIT) on 6/16/2015. This investigation is coordinated with Sgt. [REDACTED] [REDACTED] Police Department. CPSI [REDACTED] presented this case before CPIT on 7/23/15. CPIT classified as Allegation substantiated perpetrator substantiated (ASPS) for neglect death on [REDACTED] by [REDACTED] based on her statement of admission, to Sgt. [REDACTED], with the [REDACTED] Police Department, Homicide Division.

Although Ms. [REDACTED] was not appropriate at the time of the incident by placing the mattress on top of [REDACTED] she was appropriate in her actions when she noticed he was unresponsive. In the interview Ms. [REDACTED] appeared to be remorseful about her actions.

There is a preponderance of evidence to substantiate the allegation.

The case will be closed and classified as allegation substantiated, perpetrator substantiated for the allegation of Child Abuse Death.



**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: 12/11/2015 Contact Method:  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/15/2015  
 Completed date: 12/15/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/15/2015 04:14 PM Entered By: [REDACTED]  
 Lead Investigator (LI) [REDACTED] has reviewed the case file and has given Child Protection Service Investigator (CPSI) [REDACTED], tasks to complete on this investigations.



**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:	11/16/2015	Contact Method:	
Contact Time:	04:27 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/09/2015
Completed date:	12/09/2015	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: 12/09/2015 12:36 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 10/19/2015 Contact Method:  
 Contact Time: 04:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/22/2015  
 Completed date: 10/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/22/2015 03:03 PM Entered By: [REDACTED]

Investigator received the autopsy report via email. The pathological diagnosis includes dehydration, hyperthermia, scattered blunt force injuries of head, neck, torso, and extremities, and multiple patterned abrasions of torso, suggestive human bite marks.



**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:	10/14/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/14/2015
Completed date:	10/14/2015	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: 10/14/2015 02:44 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/29/2015 Contact Method:  
 Contact Time: 11:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/30/2015  
 Completed date: 09/30/2015 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: 09/30/2015 10:16 AM Entered By: [REDACTED]

Investigator inquired about the results of the autopsy report regarding [REDACTED] via email. [REDACTED] responded and stated the results had not come in but she will check again on Monday.



**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: 08/25/2015 Contact Method:  
 Contact Time: 03:20 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/25/2015  
 Completed date: 08/25/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/25/2015 03:30 PM Entered By: [REDACTED]  
 Administrative Review

This case was staffed with CPSI [REDACTED] on 08/25/15. The medical records for [REDACTED] were sent to Sgt. [REDACTED] with the [REDACTED] Police Department. The autopsy has not been received for this case as of yet.



**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: 08/14/2015 Contact Method:  
 Contact Time: 08:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/20/2015  
 Completed date: 08/20/2015 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: 08/20/2015 10:05 AM Entered By: [REDACTED]  
 Investigator sent a copy of [REDACTED] medical records to Sgt. [REDACTED] via email.



**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: 08/10/2015 Contact Method:  
 Contact Time: 04:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/13/2015  
 Completed date: 08/13/2015 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: 08/13/2015 03:37 PM Entered By: [REDACTED]  
 Investigator made contact with Sgt. [REDACTED] [REDACTED] via phone. Investigator inquired Sgt. [REDACTED] information in order to send her [REDACTED] medical records. Sgt. [REDACTED] provided her email address and fax number to Investigator.



**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: System Completed  
 Contact Date: 07/27/2015 Contact Method:  
 Contact Time: 01:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/27/2015  
 Completed date: 08/27/2015 Completed By: System Completed  
 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: 07/27/2015 01:44 PM Entered By: [REDACTED]

Investigator received medical records for [REDACTED] on 7/27/15. The records confirm that [REDACTED] sustained many marks and bruising on his body, some which are consistent with bite marks. It also stated [REDACTED] admit diagnosis and final diagnosis was cardiac arrest. The secondary diagnosis includes: Acute Respiratory Failure, Spontaneous Echymoses, Abrasion or Friction Burn or other multiple unspecified sites, without mention of infection, Unspecified Accident, Fever unspecified, Heat Stroke and Sunstroke, Accident caused by Excessive Heat due to Weather Conditions, Hypoglycemia unspecified.



**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: 07/27/2015	Contact Method:
Contact Time: 01:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/16/2015
Completed date: 12/16/2015	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: 12/16/2015 12:05 PM      Entered By: [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] Hospital for [REDACTED] on 7/27/15. The records confirm that [REDACTED] sustained many marks and bruising on his body, some which are consistent with bite marks. It also stated [REDACTED] admit diagnosis and final diagnosis was cardiac arrest. The secondary diagnosis includes: Acute Respiratory Failure, Spontaneous Ecchymoses, Abrasion or Friction Burn or other multiple unspecified sites, without mention of infection, Unspecified Accident, Fever unspecified, Heat Stroke and Sunstroke, Accident caused by Excessive Heat due to Weather Conditions, Hypoglycemia unspecified.

The medical records also included hospital history prior to the incident. The following are the results:

[REDACTED] was admitted on 10/2/14. The admitting diagnosis was rash and other nonspecific skin eruption. The final diagnosis was hand, foot, and mouth disease; secondary diagnosis was diaper or napkin rash.

[REDACTED] was admitted on 7/2/14. The admitting diagnosis was otalgia (ear pain), unspecified. The final diagnosis was unspecified otitis media (inflammatory disease of middle ear).

[REDACTED] was admitted on 11/1/13. The admitting diagnosis was redness or discharge of eye. The final diagnosis was conjunctivitis, unspecified.

[REDACTED] was admitted on 9/1/13. The admitting diagnosis was rash and other nonspecific skin eruption. The final diagnosis was candidiasis of skin and nails; secondary diagnosis was diaper or napkin rash and candidiasis of skin and nails.

[REDACTED] was admitted on 6/14/13. The admitting diagnosis was rash and other nonspecific skin eruption. The final diagnosis was hand, foot, and mouth disease; secondary diagnosis was diaper or napkin rash.



**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: System Completed  
 Contact Date: 07/23/2015 Contact Method: Face To Face  
 Contact Time: 03:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/27/2015  
 Completed date: 08/23/2015 Completed By: System Completed  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/27/2015 10:09 AM Entered By: [REDACTED]  
 Investigator presented this case before CPIT on 7/23/15. The case will be classified as ASPS for abuse death on [REDACTED]  
 [REDACTED] by [REDACTED] based on her statement of admission.



**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: 07/23/2015 Contact Method: Face To Face  
 Contact Time: 03:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/16/2015  
 Completed date: 12/16/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2015 09:38 AM Entered By: [REDACTED]  
 Investigator presented this case before CPIT on 7/23/15. The case will be classified as ASPS for abuse death on [REDACTED]  
 [REDACTED] by [REDACTED] based on her statement of admission.



**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: 07/23/2015 Contact Method:  
 Contact Time: 02:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/31/2015  
 Completed date: 07/31/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/31/2015 04:05 PM Entered By: [REDACTED]

LI [REDACTED] staffed this case with CPSI [REDACTED] CPSI [REDACTED] stated that the medical records have been requested from [REDACTED] for [REDACTED] and was told that it would take approximately 7-14 days to receive the records. CPSI [REDACTED] is still awaiting the results of the autopsy.



**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: 07/15/2015 Contact Method:  
 Contact Time: 12:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/15/2015  
 Completed date: 07/15/2015 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: 07/15/2015 12:34 PM Entered By: [REDACTED]

Investigator received an email from [REDACTED] in regards to the autopsy report of [REDACTED]. Ms. [REDACTED] stated, "Generally autopsy reports take several months before they're completed. I requested this report but it's not ready yet. I'll keep checking though."



**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: 07/15/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/15/2015  
 Completed date: 07/15/2015 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: 07/15/2015 09:03 AM Entered By: [REDACTED]  
 Investigator sent an email to follow up on a request of the autopsy report of [REDACTED] that was made on 6/16/15.



**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: 07/14/2015 Contact Method:  
 Contact Time: 10:45 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/15/2015  
 Completed date: 07/15/2015 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: 07/15/2015 08:53 AM Entered By: [REDACTED]

Investigator attempted to make contact with [REDACTED] Medical Records via phone to follow up with a request for records of [REDACTED] that had been sent. Investigator left a message on voicemail to return call.



**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: 07/02/2015 Contact Method:  
 Contact Time: 11:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/02/2015  
 Completed date: 07/15/2015 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: 07/02/2015 11:33 AM Entered By: [REDACTED]

Investigator retrieved records from Juvenile Court on 7/2/15.

A petition for custody of [REDACTED] was filed on 4/15/14 by [REDACTED] (maternal grandmother). Juvenile Court recommended the case be continued to 8/4/14 for service on [REDACTED] (mother) and temporary custody is awarded to [REDACTED] pending further orders of the Court and [REDACTED] have temporary supervised visitation privileges supervised my [REDACTED].

The case came back on 8/4/14 and the Court dismissed the petition and custody was given back to [REDACTED].

A petition for custody of [REDACTED] was filed on 9/4/14 by [REDACTED] (maternal aunt). Juvenile Court dismissed the petition due to neither party appearing before the Court.



**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: 06/30/2015 Contact Method:  
 Contact Time: 03:15 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/30/2015  
 Completed date: 07/15/2015 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: 06/30/2015 04:00 PM Entered By: [REDACTED]  
 Investigator received a call on 6/30/15 from Sgt. [REDACTED] Police Department.

Investigator inquired about updated information that she has obtained. Sgt. [REDACTED] stated that an appointment has been made to retrieve a mouth impression from [REDACTED] to determine if they are the same marks that were observed on [REDACTED]. When asked if Ms. [REDACTED] will be undergoing a mental health evaluation, Sgt. [REDACTED] explained that was not sure at the time and if so [REDACTED] would not be involved in obtaining the evaluation. Sgt. [REDACTED] inquired if Investigator had any records of [REDACTED] last doctor's appointment. Investigator reported she requested all medical records from [REDACTED] and was waiting on records to come back and she would relay the information to her upon receiving the records.



**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: 06/30/2015 Contact Method: Attempted Phone Call  
 Contact Time: 10:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/30/2015  
 Completed date: 06/30/2015 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: 06/30/2015 10:40 AM Entered By: [REDACTED]  
 Investigator attempted to make contact with Sgt. [REDACTED] Police Department. Investigator left a message on voicemail.



**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: 06/30/2015 Contact Method:  
 Contact Time: 10:15 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/30/2015  
 Completed date: 06/30/2015 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: 06/30/2015 10:39 AM Entered By: [REDACTED]  
 Investigator requested medical records from [REDACTED] [REDACTED] Hospital via fax.



**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: 06/17/2015 Contact Method: Face To Face  
Contact Time: 02:30 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 06/18/2015  
Completed date: 06/18/2015 Completed By: [REDACTED]  
Purpose(s): Permanency, Safety - Child/Community, Well Being  
Contact Type(s): Other Persons Living in Home Interview/Observation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/18/2015 11:49 AM Entered By: [REDACTED]

[REDACTED] had a forensic interviewer on 6/17/14 conducted by [REDACTED] (forensic interviewer) and observed by Investigator [REDACTED]. [REDACTED] denied allegations of abuse. [REDACTED] denied having knowledge of anyone doing anything to hurt anyone else. He told the interviewer that if he gets in trouble his mother sends him to her room and makes him turn the television off or if his mother is not at home his older brother 20 year old [REDACTED] may whoop him. He disclosed that his brother may hit him on the butt with his hand, but that's it. [REDACTED] told the interviewer that the same thing happens to his sister 11 year old [REDACTED]. He said that she also gets sent to her room or their brother may hit her on the butt. Interviewer asked [REDACTED] about the identity of [REDACTED] as he did not identify him when completing the family identification. He advised the interviewer that [REDACTED] is his 2 year old nephew and that his mother is his sister 19 year old [REDACTED]. [REDACTED] told the interviewer that [REDACTED] just plays while he's in there. He told the interviewer that she only leaves him for a minute. He reported that [REDACTED] has hit [REDACTED] on his butt, but to his knowledge has never seen any 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]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/17/2015 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/18/2015  
 Completed date: 06/18/2015 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: 06/18/2015 11:48 AM Entered By: [REDACTED]

[REDACTED] had a forensic interview on 6/17/14 conducted by [REDACTED] (forensic interviewer) and observed by Investigator [REDACTED] didn't make a disclosure of abuse. [REDACTED] did report that her sister 18 year old [REDACTED] is in jail because her cousin [REDACTED] said she put her son 2 year old [REDACTED] under a mattress. [REDACTED] denied ever seeing [REDACTED] doing anything inappropriate to [REDACTED]. Note: Child stated she found out [REDACTED] had died from the news and stated she wasn't home at the time of the incident. [REDACTED] also stated [REDACTED] was telling people that her mother [REDACTED] has hit [REDACTED] with an extension cord. [REDACTED] said that wasn't true. [REDACTED] denied being disciplined, would have to sit down for an hour if she got in trouble. She did say that her 8 year old brother would get a whipping on the butt with a belt from her older brother [REDACTED]. The interviewer asked [REDACTED] did she speak with Investigator [REDACTED] and she said yes. [REDACTED] stated she couldn't remember what she said to her.



**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: 06/16/2015 Contact Method: Correspondence  
 Contact Time: 04:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/22/2015  
 Completed date: 10/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/22/2015 03:20 PM Entered By: [REDACTED]

This case went before CPIT on 6/16/2015. This investigation is coordinated with Sgt. [REDACTED] Police Department.



**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: 06/16/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/30/2015  
 Completed date: 07/15/2015 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: 06/30/2015 04:02 PM Entered By: [REDACTED]  
 Investigator requested an autopsy report on [REDACTED].



**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: 06/15/2015 Contact Method: Phone Call  
 Contact Time: 11:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/22/2015  
 Completed date: 10/22/2015 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: 10/22/2015 03:36 PM Entered By: [REDACTED]  
 Investigator made contact with referent via phone. The referent was unable to provide any additional information.



**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: System Completed  
 Contact Date: 06/15/2015 Contact Method:  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/19/2015  
 Completed date: 07/16/2015 Completed By: System Completed  
 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: 06/19/2015 09:11 AM Entered By: [REDACTED]

Background checks were completed. The following are the results:

[REDACTED]:  
 Drug Offender Registry: No records found  
 TN Sex Offender Registry: No records found  
 JSSI: Speed Limit 55 MPH, Windshield and Windows  
 TN Felony Offender: No records found  
 TN Health Registry: No records found

A TFACTS search was completed. The family of [REDACTED] has prior history with the Department of Children's Services.



**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: Created In Error  
 Contact Date: 06/15/2015 Contact Method:  
 Contact Time: 10:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/22/2015  
 Completed date: 10/22/2015 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: 10/22/2015 03:33 PM Entered By: [REDACTED]

Background checks were completed. The following are the results:

[REDACTED]:  
 Drug Offender Registry: No records found  
 TN Sex Offender Registry: No records found  
 JSSI: Speed Limit 55 MPH, Windshield and Windows  
 TN Felony Offender: No records found  
 TN Health Registry: No records found

A TFACTS search was completed. The family of [REDACTED] has prior history with the Department of Children's Services.  
 ID# [REDACTED] Date: 08/19/2014, Abandonment-AUPU, Drug Exposed Child-Unable to Complete

Narrative Type: Created In Error Entry Date/Time: 12/16/2015 12:35 PM Entered By: [REDACTED]

This document is not complete.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/15/2015	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/16/2015
Completed date: 12/16/2015	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: 12/16/2015 12:37 PM      Entered By: [REDACTED]

Background checks were completed. The following are the results:

[REDACTED]:  
 Drug Offender Registry: No records found  
 TN Sex Offender Registry: No records found  
 JSSI: Speed Limit 55 MPH, Windshield and Windows  
 TN Felony Offender: No records found  
 TN Health Registry: No records found

A TFACTS search was completed. The family of [REDACTED] has prior history with the Department of Children's Services:  
 ID# [REDACTED] Date: 08/19/2014, Abandonment-AUPU, Drug Exposed Child-Unable to Complete; ID# [REDACTED] Date: 3/28/14  
 Abandonment-ASPS

The family of [REDACTED] has prior history with DCS:  
 ID# [REDACTED] Date: 6/17/15 Environmental Neglect- AUPU; ID# [REDACTED] Date: 5/27/14 Physical Abuse-AUPU, Lack of  
 Supervision-AUPU, Nutritional Neglect-AUPU; ID# [REDACTED] Date: 9/9/13 Sexual Abuse-AUPU; ID# [REDACTED] Date: 9/9/13  
 Sexual Abuse-AUPU; ID# [REDACTED] Date: 4/18/12 Lack of Supervision-Services Recommended and Accepted, Nutritional  
 Neglect-No Services



**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: System Completed  
 Contact Date: 06/15/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/19/2015  
 Completed date: 07/16/2015 Completed By: System Completed  
 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: 06/19/2015 09:05 AM Entered By: [REDACTED]  
 The initial SDM has been completed.



**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: Created In Error  
 Contact Date: 06/15/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/16/2015  
 Completed date: 12/16/2015 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: 12/16/2015 09:37 AM Entered By: [REDACTED]  
 The initial SDM has been completed.

Narrative Type: Created In Error Entry Date/Time: 12/16/2015 12:39 PM Entered By: [REDACTED]  
 This document is not complete.



**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: 06/15/2015 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/16/2015  
 Completed date: 12/16/2015 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: 12/16/2015 12:40 PM Entered By: [REDACTED]

The initial SDM has been completed and the child is conditionally safe.



**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: System Completed  
 Contact Date: 06/14/2015 Contact Method: Face To Face  
 Contact Time: 03:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 06/19/2015  
 Completed date: 07/15/2015 Completed By: System Completed  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/19/2015 11:02 AM Entered By: [REDACTED]

Investigator [REDACTED] along with Lead Investigator [REDACTED] attempted to conduct a face to face with [REDACTED] at [REDACTED], TN. Ms. [REDACTED] was not present however oldest son [REDACTED] and step-daughter [REDACTED] were present.

LI [REDACTED] introduced herself and Investigator. LI [REDACTED] inquired if Ms. [REDACTED] was at home. [REDACTED] stated she was at work and would not return home until 5:00 p.m. LI [REDACTED] inquired if she and Investigator could view inside the home. [REDACTED] and [REDACTED] agreed. Investigator and LI observed the home to be cluttered with bags of clothing and trash in the children's bedroom and a foul odor in the home. LI inquired if the home is normally in this condition. [REDACTED] stated no and explained the police came and searched the home when collecting evidence. LI observed food in the refrigerator. Investigator provided [REDACTED] with a business card to give to Ms. [REDACTED]



**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: 06/14/2015 Contact Method: Face To Face  
Contact Time: 03:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Family Home Created Date: 12/16/2015  
Completed date: 12/16/2015 Completed By: [REDACTED]  
Purpose(s): Permanency, Safety - Child/Community, Well Being  
Contact Type(s): Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/16/2015 09:34 AM Entered By: [REDACTED]

Investigator [REDACTED] along with Lead Investigator [REDACTED] attempted to conduct a face to face with [REDACTED] at [REDACTED], TN. Ms. [REDACTED] was not present however oldest son [REDACTED] and step-daughter [REDACTED] were present.

LI [REDACTED] introduced herself and Investigator. LI [REDACTED] inquired if Ms. [REDACTED] was at home. [REDACTED] stated she was at work and would not return home until 5:00 p.m. LI [REDACTED] inquired if she and Investigator could view inside the home. [REDACTED] and [REDACTED] agreed. Investigator and LI observed the home to be cluttered with bags of clothing and trash in the children's bedroom and a foul odor in the home. LI inquired if the home is normally in this condition. [REDACTED] stated no and explained the police came and searched the home when collecting evidence. LI observed food in the refrigerator. Investigator provided [REDACTED] with a business card to give to Ms. [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: Created In Error
Contact Date: 06/14/2015	Contact Method: Face To Face
Contact Time: 02:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 06/15/2015
Completed date: 06/19/2015	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: 06/15/2015 03:19 PM      Entered By: [REDACTED]

Investigator [REDACTED] and Lead Investigator [REDACTED] conducted a face to face with [REDACTED] (11 years) and [REDACTED] (8 years). [REDACTED] was interviewed privately and separately. Investigator introduced her and LI [REDACTED]. Investigator inquired if she knew what Department of Children's Services means. [REDACTED] stated she was familiar with DCS. LI [REDACTED] explained that DCS just wanted to be sure she felt safe at home. Investigator [REDACTED] inquired what grade she is in and [REDACTED] shared she is going into the sixth grade at a new school in [REDACTED]. When asked what she likes to do for fun, [REDACTED] said she enjoys going to the skating rink with her friends. Investigator inquired who lives with her at home and [REDACTED] reported she lives with her mother, sister, step sister, brothers, and nephew. LI [REDACTED] inquired how it feels to be an aunt. [REDACTED] shared that it feels good. When asked about her nephew, [REDACTED] stated his name is [REDACTED] and he is two years old and she helps take care of him.

Investigator inquired what happens when she gets in trouble at home. [REDACTED] reported sometimes her brother whoops her with a belt on her bottom. LI [REDACTED] inquired if she gets whooped anywhere else on her body and [REDACTED] said no. When asked if [REDACTED] gets in trouble, [REDACTED] answered yes. Investigator inquired what happens to [REDACTED] when he gets in trouble. [REDACTED] explained that when [REDACTED] gets in trouble her sister [REDACTED] will bite him and scratch him on his arms. When asked what she does when her sister does that, [REDACTED] said that she will hold [REDACTED] because he cries. Investigator praised [REDACTED] for being such a good aunt and helping take care of [REDACTED]. Investigator inquired if [REDACTED] feels safe at home and she responded yes.

[REDACTED] was observed to appear hesitant speaking with Investigator and LI. She was dressed appropriately and did not have any visible marks or bruises on her body.

[REDACTED] was interviewed privately and separately. Investigator introduced her and LI [REDACTED]. Investigator inquired if he knew what Department of Children's Services means and [REDACTED] stated no. Investigator explained that DCS just wanted to be sure she felt safe at home. Investigator inquired what grade he is in and [REDACTED] shared he is going into the third grade at [REDACTED] Elementary. When asked what she likes to do for fun, [REDACTED] said she enjoys playing hide and seek with his friends. Investigator inquired who lives with him at home and [REDACTED] reported he lives with his mother, sister, step sister, brothers, and nephew. LI [REDACTED] inquired how it feels to be an uncle. [REDACTED] shared it was good. When asked about his nephew, [REDACTED] stated his name is [REDACTED] and he is two years old and he and [REDACTED] play together.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Investigator inquired what happens when he gets in trouble at home. [REDACTED] reported he gets a whooping from either his brother or his mom. He also stated that he gets whooped with a belt on his bottom sometimes with his shirt off. LI [REDACTED] inquired if she gets whooped anywhere else on her body and [REDACTED] said no. When asked if [REDACTED] gets in trouble, [REDACTED] answered yes sometimes. Investigator inquired what happens to [REDACTED] when he gets in trouble. [REDACTED] explained that when [REDACTED] gets in trouble her sister [REDACTED] will spank him on his hand. Investigator inquired if [REDACTED] feels safe at home and he responded yes.

[REDACTED] was dressed appropriately and did not have any visible marks or bruises on his body.

Narrative Type: Created In Error Entry Date/Time: 12/16/2015 01:00 PM Entered By: [REDACTED]

This document is not complete.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/14/2015	Contact Method: Face To Face
Contact Time: 02:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/16/2015
Completed date: 12/16/2015	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: 12/16/2015 12:43 PM      Entered By: [REDACTED]

Investigator [REDACTED] and Lead Investigator [REDACTED] conducted a face to face with [REDACTED] (11 years) and [REDACTED] (8 years).

[REDACTED] was interviewed privately and separately. Investigator introduced her and LI [REDACTED]. Investigator inquired if she knew what Department of Children's Services means. [REDACTED] stated she was familiar with DCS. LI [REDACTED] explained that DCS just wanted to be sure she felt safe at home. Investigator [REDACTED] inquired what grade she is in and [REDACTED] shared she is going into the sixth grade at a new school in [REDACTED]. When asked what she likes to do for fun, [REDACTED] said she enjoys going to the skating rink with her friends. Investigator inquired who lives with her at home and [REDACTED] reported she lives with her mother, sister, step sister, brothers, and nephew. LI [REDACTED] inquired how it feels to be an aunt. [REDACTED] shared that it feels good. When asked about her nephew, [REDACTED] stated his name is [REDACTED] and he is two years old and she helps take care of him.

Investigator inquired what happens when she gets in trouble at home. [REDACTED] reported sometimes her brother whoops her with a belt on her bottom. LI [REDACTED] inquired if she gets whooped anywhere else on her body and [REDACTED] said no. When asked if [REDACTED] gets in trouble, [REDACTED] answered yes. Investigator inquired what happens to [REDACTED] when he gets in trouble. [REDACTED] explained that when [REDACTED] gets in trouble her sister [REDACTED] will bite him and scratch him on his arms. When asked what she does when her sister does that, [REDACTED] said that she will hold [REDACTED] because he cries. Investigator praised [REDACTED] for being such a good aunt and helping take care of [REDACTED]. Investigator inquired if [REDACTED] feels safe at home and she responded yes.

[REDACTED] was observed to appear hesitant speaking with Investigator and LI. She was dressed appropriately and did not have any visible marks or bruises on her body.

[REDACTED] was interviewed privately and separately. Investigator introduced her and LI [REDACTED]. Investigator inquired if he knew what Department of Children's Services means and [REDACTED] stated no. Investigator explained that DCS just wanted to be sure she felt safe at home. Investigator inquired what grade he is in and [REDACTED] shared he is going into the third grade at [REDACTED] Elementary. When asked what she likes to do for fun, [REDACTED] said he enjoys playing hide and seek with his friends. Investigator inquired who lives with him at home and [REDACTED] reported he lives with his mother, sister, step sister, brothers, and nephew. LI [REDACTED] inquired how it feels to be an uncle. [REDACTED] shared it was good. When asked about his nephew, [REDACTED] stated his name is [REDACTED] and he is two years old and he and [REDACTED] play together.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Investigator inquired what happens when he gets in trouble at home. [REDACTED] reported he gets a whooping from either his brother or his mom. He also stated that he gets whooped with a belt on his bottom sometimes with his shirt off. LI [REDACTED] inquired if she gets whooped anywhere else on her body and [REDACTED] said no. When asked if [REDACTED] gets in trouble, [REDACTED] answered yes sometimes. Investigator inquired what happens to [REDACTED] when he gets in trouble. [REDACTED] explained that when [REDACTED] gets in trouble her sister [REDACTED] will spank him on his hand. Investigator inquired if [REDACTED] feels safe at home and he responded yes.

[REDACTED] was dressed appropriately and did not have any visible marks or bruises on his body.



**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: Created In Error
Contact Date: 06/13/2015	Contact Method: Face To Face
Contact Time: 06:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Detention/Jail	Created Date: 06/15/2015
Completed date: 06/19/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 06/15/2015 03:18 PM      Entered By: [REDACTED]

Investigator [REDACTED] and Lead Investigator [REDACTED] met response time with [REDACTED] at [REDACTED] TN.

**Household Composition:**

ACV [REDACTED]  
 AP [REDACTED]  
 Maternal grandmother [REDACTED]  
 Maternal Uncle [REDACTED]  
 [REDACTED], 18 years  
 Maternal Aunt [REDACTED] (11 years)  
 Maternal Uncle [REDACTED] (8 years)

Ms. [REDACTED] was interviewed privately and separately. LI [REDACTED] introduced herself and Investigator [REDACTED] Investigator explained the allegations and provided Ms. [REDACTED] with copies of The Client Rights Handbook, HIPPA Notice of Privacy Practices, A Family's Rights (Multiple Response) Pamphlet and the Notification of Equal Access to Programs and Services and Grievance Procedures. Ms. [REDACTED] signed the Native American Heritage Veto Verification Form, Notification of Equal Access to Programs and Services and Grievance Procedures, HIPPA Notice of Privacy Practices and the Authorization for Release of Information. Investigator [REDACTED] inquired how old was [REDACTED] Ms. [REDACTED] stated 2 years old. When asked if [REDACTED] had any siblings, Ms. [REDACTED] stated no. Investigator inquired about [REDACTED] birth father. Ms. [REDACTED] stated she was not sure of his real name but he told her his name was [REDACTED] and did not give a last name.

When asked about why [REDACTED] was brought to the hospital today, Ms. [REDACTED] explained he was not breathing. Investigator inquired why he was not breathing. Ms. [REDACTED] reported last night at approximately 2:00 a.m., she was at her mother's home where she and [REDACTED] reside. She also reported that she and [REDACTED] were in her room lying in the bed while she was talking on the phone. Ms. [REDACTED] stated [REDACTED] was moving a lot in the bed and she asked him "are you sleeping?" and [REDACTED] responded "no". She explained that when she got off the phone they went to sleep and woke up between the hours of the 4:00a.m. and 5:00 a.m. When asked if she noticed anything different about [REDACTED] when they woke up, Ms. [REDACTED] responded no, he was normal. She also shared that later on that day he told her he was sleepy. Investigator inquired what they did after that. Ms. [REDACTED] described how [REDACTED] laid in



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the corner of her room and she placed the mattress on top of him and slid the box spring next to him cornering him into a wall.

LI [REDACTED] inquired about the size of the bed. Ms. [REDACTED] stated it was a twin sized bed. Investigator [REDACTED] inquired what she did after placing the mattress on top of him. Ms. [REDACTED] shared that she went to watch TV. Investigator inquired what she did after she watched TV. Ms. [REDACTED] reported that she went to the bathroom. Investigator [REDACTED] inquired if she ever took the mattress off [REDACTED] prior to him not being responsive. Ms. [REDACTED] answered no. When asked what [REDACTED] was doing while under the mattress, Ms. [REDACTED] stated he was crying and she could see him trying to move his leg while under the mattress. When asked how long she heard him crying, Ms. [REDACTED] stated approximately 30 minutes. Investigator inquired what happened when she noticed he had stopped crying. Ms. [REDACTED] stated she noticed he stopped crying when she came out of the bathroom. Investigator inquired what she did when she noticed he stopped crying. Ms. [REDACTED] explained she went over to him and lifted the mattress up. She went on to say that he was looking at her and she told him to get up and he wouldn't. She reported she realized he wasn't breathing and began to perform CPR. Ms. [REDACTED] stated when that didn't work she told her brother and he instructed her to call 911. She said 911 directed her to continue to perform CPR and the ambulance was on the way. Ms. [REDACTED] said when the ambulance arrived they continued CPR before they transported [REDACTED] to [REDACTED] where he passed away.

LI [REDACTED] inquired if she uses any drugs. Ms. [REDACTED] reported to smoke weed and cigarettes. When asked if she is on medication, Ms. [REDACTED] said no. When asked if she received any assistance, Ms. [REDACTED] stated she received \$142 from [REDACTED]. Investigator inquired who [REDACTED] pediatrician is. Ms. [REDACTED] was unable to say. When asked if she has ever had a case with DCS, Ms. [REDACTED] stated yes and explained that she had informed two other workers that had been in the home that she didn't want to keep [REDACTED] and her mother had custody of him at one time but then changed her mind and Juvenile Court awarded custody back to Ms. [REDACTED]. Investigator inquired if she had any questions and Ms. [REDACTED] inquired if she would be able to continue to receive her assistance with [REDACTED]. Investigator stated she would not be able to continue receiving the assistance due to [REDACTED] death.

[REDACTED] Police Department reported [REDACTED] is 2years old with no prior medical history. [REDACTED] reported [REDACTED] admitted to the police that she clawed on his arms and bit him as a form of discipline and placed the mattress on top of him. This is the second time she has placed the mattress on [REDACTED] this week. Police reported they will bring Ms. [REDACTED] into custody for aggravated child endangerment, and aggravated child abuse.

Narrative Type: Created In Error Entry Date/Time: 12/16/2015 01:00 PM

Entered By: [REDACTED]

This document is not complete.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/13/2015	Contact Method: Face To Face
Contact Time: 06:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Detention/Jail	Created Date: 12/16/2015
Completed date: 12/16/2015	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/16/2015 12:47 PM      Entered By: [REDACTED]

Investigator [REDACTED] and Lead Investigator [REDACTED] met response time with [REDACTED] at [REDACTED] TN.

**Household Composition:**

ACV [REDACTED]  
 AP [REDACTED]  
 OIA-Maternal grandmother [REDACTED]  
 OIA-Maternal Uncle [REDACTED]  
 OIA-[REDACTED], 18 years  
 OIC-Maternal Aunt [REDACTED] / [REDACTED]  
 OIC-Maternal Uncle [REDACTED]

Ms. [REDACTED] was interviewed privately and separately. LI [REDACTED] introduced herself and Investigator [REDACTED] Investigator explained the allegations and provided Ms. [REDACTED] with copies of The Client Rights Handbook, HIPPA Notice of Privacy Practices, A Family's Rights (Multiple Response) Pamphlet and the Notification of Equal Access to Programs and Services and Grievance Procedures. Ms. [REDACTED] signed the Native American Heritage Veto Verification Form, Notification of Equal Access to Programs and Services and Grievance Procedures, HIPPA Notice of Privacy Practices and the Authorization for Release of Information. Investigator [REDACTED] inquired how old was [REDACTED] Ms. [REDACTED] stated 2 years old. When asked if [REDACTED] had any siblings, Ms. [REDACTED] stated no. Investigator inquired about [REDACTED] birth father. Ms. [REDACTED] stated she was not sure of his real name but he told her his name was [REDACTED] and did not give a last name.

When asked about why [REDACTED] was brought to the hospital today, Ms. [REDACTED] explained he was not breathing. Investigator inquired why he was not breathing. Ms. [REDACTED] reported last night at approximately 2:00 a.m., she was at her mother's ([REDACTED]) home where she and [REDACTED] reside. She also reported that she and [REDACTED] were in her room lying in the bed while she was talking on the phone. Ms. [REDACTED] stated [REDACTED] was moving a lot in the bed and she asked him "are you sleeping?" and [REDACTED] responded "no". She explained that when she got off the phone they went to sleep and woke up between the hours of the 4:00a.m. and 5:00 a.m. When asked if she noticed anything different about [REDACTED] when they woke up, Ms. [REDACTED] responded no, he was normal. She also shared



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

that later on that day he told her he was sleepy. Investigator inquired what they did after that. Ms. [REDACTED] described how [REDACTED] laid in the corner of her room and she placed the mattress on top of him and slid the box spring next to him cornering him into a wall.

LI [REDACTED] inquired about the size of the bed. Ms. [REDACTED] stated it was a twin sized bed. Investigator [REDACTED] inquired what she did after placing the mattress on top of him. Ms. [REDACTED] shared that she went to watch TV. Investigator inquired what she did after she watched TV. Ms. [REDACTED] reported that she went to the bathroom. Investigator [REDACTED] inquired if she ever took the mattress off [REDACTED] prior to him not being responsive. Ms. [REDACTED] answered no. When asked what [REDACTED] was doing while under the mattress, Ms. [REDACTED] stated he was crying and she could see him trying to move his leg while under the mattress. When asked how long she heard him crying, Ms. [REDACTED] stated approximately 30 minutes. Investigator inquired what happened when she noticed he had stopped crying. Ms. [REDACTED] stated she noticed he stopped crying when she came out of the bathroom. Investigator inquired what she did when she noticed he stopped crying. Ms. [REDACTED] explained she went over to him and lifted the mattress up. She went on to say that he was looking at her and she told him to get up and he wouldn't. She reported she realized he wasn't breathing and began to perform CPR. Ms. [REDACTED] stated when that didn't work she told her brother and he instructed her to call 911. She said 911 directed her to continue to perform CPR and the ambulance was on the way. Ms. [REDACTED] said when the ambulance arrived they continued CPR before they transported [REDACTED] to [REDACTED] where he passed away.

LI [REDACTED] inquired if she uses any drugs. Ms. [REDACTED] reported to smoke weed and cigarettes. When asked if she is on medication, Ms. [REDACTED] said no. When asked if she received any assistance, Ms. [REDACTED] stated she received \$142 from [REDACTED]. Investigator inquired who [REDACTED] pediatrician is. Ms. [REDACTED] was unable to say. When asked if she has ever had a case with DCS, Ms. [REDACTED] stated yes and explained that she had informed two other workers that had been in the home that she didn't want to keep [REDACTED] and her mother had custody of him at one time but then changed her mind and Juvenile Court awarded custody back to Ms. [REDACTED]. Investigator inquired if she had any questions and Ms. [REDACTED] inquired if she would be able to continue to receive her assistance with [REDACTED]. Investigator stated she would not be able to continue receiving the assistance due to [REDACTED] death.

[REDACTED] Police Department reported [REDACTED] is 2 years old with no prior medical history. [REDACTED] Police Department reported [REDACTED] admitted to the police that she clawed on his arms and bit him as a form of discipline and placed the mattress on top of him. This is the second time she has placed the mattress on [REDACTED] this week. Police reported they will bring Ms. [REDACTED] into custody for aggravated child endangerment, and aggravated child abuse.



**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: 06/13/2015 Contact Method: Attempted Face To Face  
 Contact Time: 05:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 06/15/2015  
 Completed date: 06/19/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/15/2015 03:04 PM Entered By: [REDACTED]  
 Investigator [REDACTED] and Lead Investigator [REDACTED] attempted to meet response with [REDACTED] at [REDACTED]  
 [REDACTED], TN. LI [REDACTED] spoke with the next door neighbor who reported that no one was home.



**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: Created In Error  
 Contact Date: 06/13/2015 Contact Method: Attempted Face To Face  
 Contact Time: 05:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/16/2015  
 Completed date: 06/19/2015 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: 06/16/2015 02:10 PM Entered By: [REDACTED]  
 Per Work Aid 2: It is not required for DCS case manager to observe the deceased child.

Narrative Type: Created In Error Entry Date/Time: 10/27/2015 12:17 PM Entered By: [REDACTED]  
 It was not an attempted face to face.



**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: 06/13/2015 Contact Method: Face To Face  
 Contact Time: 05:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 10/27/2015  
 Completed date: 10/27/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Well Being  
 Contact Type(s): Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/27/2015 12:20 PM Entered By: [REDACTED]  
 Per Work Aid 2: It is not required for DCS case manager to observe the deceased child.



**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: 06/13/2015 Contact Method:  
 Contact Time: 05:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/15/2015  
 Completed date: 06/19/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/15/2015 03:03 PM Entered By: [REDACTED]

The Department of Children's Services received a P1 referral on 6/13/15. The referral included ACV [REDACTED] and AP [REDACTED] (birth mother) for allegations of Abuse Death.

It was reported [REDACTED] was brought to [REDACTED] Hospital by EMS AT 11:21 a.m. today. [REDACTED] was not breathing when he came to the hospital. Staff began performing CPR on him but was unable to revive him and he passed away at 11:55 a.m. It was also reported [REDACTED] was found not breathing by [REDACTED] before EMS arrived. No physical injuries were observed on [REDACTED] when he came to [REDACTED] and there were no visible signs of trauma. [REDACTED] has been contacted and they are speaking with [REDACTED] at the home. An autopsy has not been performed on [REDACTED] at this time. [REDACTED] is still at the hospital.



**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:	06/13/2015	Contact Method:	
Contact Time:	03:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/17/2015
Completed date:	06/17/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/17/2015 02:16 PM      Entered By: [REDACTED]

This case is assigned to Investigator, [REDACTED]. The case is being assigned on 06/13/15. The allegation is abuse death. The alleged child victim is [REDACTED], age 2. The alleged perpetrator is his mother [REDACTED]. The referent did not request notification of the referral. The District Attorney and Juvenile Court will be notified about the report according to policy.



**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: Created In Error  
 Contact Date: 12/16/2014 Contact Method:  
 Contact Time: 04:27 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/09/2015  
 Completed date: 12/09/2015 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: 12/09/2015 12:32 PM Entered By: [REDACTED]

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

Narrative Type: Created In Error Entry Date/Time: 12/09/2015 12:34 PM Entered By: [REDACTED]

The date entered is incorrect. The date should be 11-16-2015



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 6/13/15 1:59 PM

Date of Assessment: 6/13/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

**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): The child is deceased.

#### 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:** \_\_\_\_\_