



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 09/05/2015 09:46 AM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 09/05/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 09/05/2015 04:13 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 09/05/2015 04:13 PM  
 First Case Manager [REDACTED] Date/Time 09/05/2015 04:13 PM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	4 Yrs	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address: [REDACTED]  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: E-mail  
 Narrative: \*\*\*\*\*The child is not in custody\*\*\*\*\*

Family Case IDs: [REDACTED] \* [REDACTED] \* [REDACTED] \* [REDACTED] \* [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody : No

Open: INV# [REDACTED] / LOS\*\*PHA(S) / 08.20.2015 / [REDACTED] (CM) & [REDACTED] (Supervisor)

Substantiated: INV# [REDACTED] / DEC / [REDACTED] / Allegation Substantiated / Perpetrator  
 Substantiated / 05.29.2015

INV# [REDACTED] / DEI / [REDACTED] / Allegation Substantiated / Perpetrator  
 Substantiated / 05.29.2015

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

INV# [REDACTED] / SEE(S) [REDACTED] / Allegation Substantiated / Perpetrator Substantiated / 01.29.2010  
INV# [REDACTED] / LOS / [REDACTED] / Allegation Substantiated / Perpetrator Substantiated / 02.17.2010  
INV# [REDACTED] / ENN / [REDACTED] / Allegation Substantiated / Perpetrator Substantiated / 10.15.2008  
INV# [REDACTED] / PHA / [REDACTED] / Allegation Substantiated / Perpetrator Substantiated / 10.15.2008  
INV# [REDACTED] / PHA / [REDACTED] / Allegation Substantiated / Perpetrator Substantiated / 12.20.2012  
INV# [REDACTED] / PHA / Unknown [REDACTED] Unknown [REDACTED] / Allegation Substantiated / Perpetrator Unknown / 12.20.2012  
INV# [REDACTED] / SEE / [REDACTED] / Allegation Substantiated / Perpetrator Substantiated / 08.23.2002

Number of Screen Outs: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**History:**

[REDACTED] / Lack of Supervision, Physical Abuse / No approved classification  
[REDACTED] / Physical Abuse / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 6.02.2015  
[REDACTED] / Lack of Supervision, Environmental Neglect / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 5.29.2015  
[REDACTED] / Drug Exposed Child / Services Recommended and Accepted / 4.28.2014  
[REDACTED] / Drug Exposed Child / Services Recommended and Refused / 3.06.2013  
[REDACTED] / Environmental Neglect / No Services Needed / 3.06.2013  
[REDACTED] / Drug Exposed Infant / Unable to Complete / 1.25.2012  
[REDACTED] / SEE / [REDACTED] and [REDACTED] / Unable to Complete [REDACTED] / Physical Abuse / Services Required / 4.22.2010  
[REDACTED] / Sexual Abuse / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 1.29.2010  
[REDACTED] / Physical Abuse / Services Required / 1.29.2010  
[REDACTED] / Lack of Supervision, Educational Neglect / Unable to Complete / 10.01.2009  
[REDACTED] / Abandonment / No Services Needed / 10.01.2009  
[REDACTED] / Nutritional Neglect / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 10.01.2009  
[REDACTED] / Lack of Supervision, Drug Exposed Child / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 10.15.2008  
[REDACTED] / Sexual Abuse, Environmental Neglect, Psychological Harm, Lack of Supervision, Nutritional Neglect / Administrative Closure / 8.01.2008  
[REDACTED] / Environmental Neglect, Sexual Abuse, Lack of Supervision / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 8.01.2008  
[REDACTED] / Environmental Neglect / Services Recommended and Accepted / 12.11.2007  
[REDACTED] / Environmental Neglect / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 2.08.2004  
[REDACTED] / SEE / [REDACTED] / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 11.13.2015  
[REDACTED] / Physical Neglect / [REDACTED] / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 9.4.2001  
[REDACTED] / Minor Physical Abuse / [REDACTED] / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 2.9.2001  
[REDACTED] / Minor Physical Abuse / [REDACTED]\_BLANK / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 2.9.2001

Duplicate Referral: No

County: [REDACTED]  
Notification: Email  
School/ Daycare: None



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

Native American Descent: No  
Directions: None Reported

The child is not in custody.

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] (3) has been residing with his father, [REDACTED] (47 years old), and [REDACTED] girlfriend, [REDACTED] (39 years old) in [REDACTED] County, TN since Sunday, August 30, 2015. The birth mother is [REDACTED] (26), and she resides in a separate residence with her boyfriend, [REDACTED] (24).

[REDACTED] is in the joint custody of [REDACTED] and [REDACTED]

Today, September 5, 2015, [REDACTED] City Police Department and Emergency Medical Services responded to [REDACTED] residence after receiving a report of an unresponsive child. The child was later identified as [REDACTED] was transported to [REDACTED] Hospital, where he was pronounced dead at 5:45am.

Responding LE personnel advised that the death is currently being investigated as a homicide; however, as a result of the ongoing investigation, LE was unable to provide any further details pertaining to the investigation or the death. At the time of the incident the only individuals in the residence were [REDACTED] and [REDACTED]. A search warrant has been ordered and served on [REDACTED] residence. During the search of the residence, no drugs nor alcohol were found in the residence. Currently [REDACTED] and [REDACTED] are at [REDACTED] City Police Department being interviewed by [REDACTED] City Police Detectives.

The Medical Examiner has been contacted and an autopsy will be performed, but it has not been scheduled at this time.

Until further information is known, responding law enforcement personnel are documenting the incident as a "DOA Unknown". Reference [REDACTED] City Police Report #: [REDACTED]

Special Needs or Disabilities: Unknown

Child's current location/is the child safe at this time:

Perpetrator's location at this time: [REDACTED] Police Department

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

Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P1

[REDACTED] @ 11:39 a.m. on 9/5/15

\*\*A copy of this referral was emailed to the [REDACTED] County Regional Administrator, Ms. [REDACTED], and the [REDACTED] email notification group. \*\*

[REDACTED]	09-05-15 12:54:21 PM	[REDACTED]	---	[REDACTED]	Left Message
09-05-15 12:54:21 PM	[REDACTED]	---	[REDACTED]		
Email Sent					
09-05-15 12:59:19 PM	[REDACTED]	---	9015502810	Call Completed-Message Played	
09-05-15 12:59:21 PM	[REDACTED]	09-05-15 01:00:10 PM	[REDACTED]	[REDACTED]	received



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 26 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 25 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 4 Yrs

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:** Male

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** Black/African      **Age:** 48 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:** Unable to

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** Black/African      **Age:** 39 Yrs

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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 09/05/2015

Assignment Date: 12/10/2015

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]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 12/22/2015
2	[REDACTED]	[REDACTED]	Abuse Death	Participant, Participant	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 12/29/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: During the investigation Mr. [REDACTED] confessed to beating [REDACTED] and causing the child to die. [REDACTED] sibling [REDACTED] was removed from the care of the mother due to concerns of failure to protect with [REDACTED] and domestic violence with Mr. [REDACTED] and her current boyfriend [REDACTED].

**D. Case Workers**

Case Worker: [REDACTED]

Date: 12/29/2015

Team Leader: [REDACTED]

Date: 12/29/2015

**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:**

According to Work Aid 2 the investigator does not have to observe the deceased child. [REDACTED] was observed on 9/5/2015 and medically cleared by [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)?**

According to the autopsy the cause of death is homicide.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

Mr. [REDACTED] confessed to beating [REDACTED] and causing head injury to [REDACTED]. Ms. [REDACTED] reported leaving [REDACTED] with his father after having knowledge that the child did not want to stay there. Ms. [REDACTED] also had knowledge that Mr. [REDACTED] had already disciplined the child prior to the child telling her he did not want to stay at the home with Mr. [REDACTED].

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

There were no witnesses

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

Mr. [REDACTED] admitted physical abuse and the autopsy report says the manner of death is homicide.

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/28/2015 Contact Method:  
 Contact Time: 02:53 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/28/2015  
 Completed date: 12/28/2015 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: 12/28/2015 02:55 PM Entered By: [REDACTED]

This case has been submitted for review. It has been reviewed by IC [REDACTED] and RID [REDACTED]. The case has been approved for closure by RID [REDACTED]. Notification of the classification will be forwarded to the DA and Juvenile Court according to local protocol.



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 12/22/2015 Contact Method:  
Contact Time: 04:49 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 12/22/2015  
Completed date: 12/22/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Case Summary  
Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 12/22/2015 04:53 PM Entered By: [REDACTED]

## 1. Referral Assigned

a. The Department of Children Services received a referral on 09/05/2015 with allegation of Abuse Death. It was reported that on September 5, 2015, [REDACTED] City Police Department and Emergency Medical Services responded to [REDACTED] residence after receiving a report of an unresponsive child. The child was later identified as [REDACTED] was transported to [REDACTED] Hospital, where he was pronounced dead at 5:45 am. It was reported that the death is currently being investigated as a homicide. It was also reported that at the time of the incident the only individuals in the residence were [REDACTED] and [REDACTED].

b. During the initiation of the investigation the Department learned that [REDACTED] had a sibling. [REDACTED] mother, [REDACTED] identified [REDACTED] sibling as 10 month old [REDACTED]. Ms. [REDACTED] advised [REDACTED] was in the physical custody of her sister, [REDACTED].

During the initiation of the investigation a DCS history search was completed on the family. The history consists of :

10/24/12 [REDACTED] PHA- victim [REDACTED] perpetrator, [REDACTED] & Unknown Perpetrator - ASPS  
10/31/02 [REDACTED] PHA- victim [REDACTED] perpetrator AUPU  
5/17/05 [REDACTED] SRSA- victims, [REDACTED], & [REDACTED] perpetrator, [REDACTED] ASPS  
5/16/08 [REDACTED] SEA, EN, LOS- victims, [REDACTED], [REDACTED] perpetrators [REDACTED] and [REDACTED] AUPU  
5/30/2005 [REDACTED] PHA- victims [REDACTED], & PERSON UNKNOWN- perpetrators [REDACTED] - ASPS- [REDACTED] / AUPU- [REDACTED] or [REDACTED]  
1/5/2010 [REDACTED] SAE-victim, [REDACTED] ASPS [REDACTED], AUPU [REDACTED]  
11/5/2012 [REDACTED] DEC/EN-victim [REDACTED] -Services Recommended and Accepted for DEC and No Services Needed for EN  
10/6/2011 [REDACTED] DEI-victim unknown-UABC  
3/7/2014 [REDACTED] DEC-victim [REDACTED] Services Recommended and Accepted  
5/3/2015 [REDACTED] DEC/I, LOS, EN-victims [REDACTED] and [REDACTED] ASPS DEC/I [REDACTED] and AUPU [REDACTED] for LOS and EN  
5/5/2015 [REDACTED] PHA-victim- [REDACTED] AUPU- [REDACTED]



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

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

8/18/2015 [REDACTED] PHA/LOS victim-[REDACTED] and [REDACTED]-open

**2. Synopsis of event**

a. During this investigation it was reported that on 09/04/2015 [REDACTED] age 3 received a whipping by his father, [REDACTED]. It was further reported that Mr. [REDACTED] used a belt to whip [REDACTED] and also used other physical discipline (punching in the face with a closed fist) which caused [REDACTED] to sustain a head injury from hitting his head on a door frame in the home. Mr. [REDACTED] contacted the [REDACTED] mother, [REDACTED] and 911 to inform about the child not being responsive on the morning of 09/05/2015. [REDACTED] Police Department and Emergency Medical Services responded to Mr. [REDACTED] home. [REDACTED] was taken to [REDACTED] Hospital. DCS was contacted to conduct an investigation. Investigator, [REDACTED] was assigned to the case. She made response time to conduct interviews with [REDACTED] Ms. [REDACTED] Mr. [REDACTED], [REDACTED] and collaterals. After conducting necessary interviews the case was staffed with Investigations Coordinator, [REDACTED] and [REDACTED]. It was determined that [REDACTED] would be placed on an Immediate Protection Agreement with [REDACTED] due to the concerns of Ms. [REDACTED] failing to protect [REDACTED]. [REDACTED] was referred to [REDACTED] Hospital for medical clearance. b [REDACTED] was pronounced dead at 5:45 a.m. on 09/05/2015.

**3. Investigators Involved**

a. This case was investigated, by DCS investigator, [REDACTED] Lieutent, and [REDACTED] County Medical Examiner, [REDACTED] M.D..

**4. Alleged Perpetrator**

a. The alleged perpetrator is listed as Unknown Unknown in the referral.  
 b. Interviews were conducted with the mother [REDACTED], the father, [REDACTED], Mr. [REDACTED] paramour, [REDACTED] Ms. [REDACTED] cousin, [REDACTED], and law enforcement.

**5. Details of Interviews**

a. Mr. [REDACTED] girlfriend, Ms. [REDACTED] reported she saw [REDACTED] around 7:00pm sitting at the table holding food in his mouth. Ms. [REDACTED] reported [REDACTED] was eating a hamburger and fries. Ms. [REDACTED] stated she told [REDACTED] that he had to eat his food and not hold it in his mouth. Ms. [REDACTED] reported she was picked up from Mr. [REDACTED] residence at 7:30 pm and went over to a friend's home. Ms. [REDACTED] stated Mr. [REDACTED] picked her up from over her friend's house after 9:00 pm. Ms. [REDACTED] reported she asked Mr. [REDACTED] how did he get that injury. Ms. [REDACTED] reported Mr. [REDACTED] told her he hit [REDACTED] and he fell and hit his head. Ms. [REDACTED] reported she kissed [REDACTED] on his forehead and went to bed around 10:00 pm. Ms. [REDACTED] reported [REDACTED] was breathing when she went to bed because he sounded congested when she kissed his forehead. Ms. [REDACTED] stated [REDACTED] always sounds congested and she has told Mr. [REDACTED] about her concern. Ms. [REDACTED] reported she woke up around 2:03 am and she checked in on [REDACTED] and he was sleep and still sounding congested. Ms. [REDACTED] stated Mr. [REDACTED] got up around 5:00 am to get ready to go to work and that's when he woke her up. Ms. [REDACTED] stated Mr. [REDACTED] told her that [REDACTED] was not breathing. Ms. [REDACTED] reported she went in the living room and blew into [REDACTED] mouth and "mucus" came out of his nose and mouth. Ms. [REDACTED] reported Mr. [REDACTED] called 911 and the operator began to coach them through the CPR procedure. Ms. [REDACTED] reported when they arrived at [REDACTED] hospital, they told that [REDACTED] was dead. Ms. [REDACTED] denied being responsible for the killing of [REDACTED]. Ms. [REDACTED] reported she has joint custody with Mr. [REDACTED] and [REDACTED] has been with his father since Sunday, August 30, 2015. Ms. [REDACTED] advised this investigator that she saw [REDACTED] Friday, September 4, 2015, a little after 7:00pm. Ms. [REDACTED] reported [REDACTED] birth father, Mr. [REDACTED] called her to come over his house because [REDACTED] would not eat. Ms. [REDACTED] reported she drove over to Mr. [REDACTED] home and when she got there she saw [REDACTED] sitting at the table. Ms. [REDACTED] reported [REDACTED] was holding a piece of his hamburger in his mouth. Ms. [REDACTED] stated she told [REDACTED] that he would get "momma" in trouble if he did not eat but he would not listen to her. Ms. [REDACTED] reported [REDACTED] began running around the house, playing, and was not focused while she was talking to him. Ms. [REDACTED] stated she grabbed [REDACTED] pulled down his pants over his butt, laid him across her legs, and gave him a whipping. Ms. [REDACTED] stated she used the end of Mr. [REDACTED] brown leather belt to whip [REDACTED]. Ms. [REDACTED] stated she did not use the buckle part and she did not fold the belt. Ms. [REDACTED] stated she hit [REDACTED] 4 times on his butt and then Mr. [REDACTED] asked for his belt back. Ms. [REDACTED] stated she did not know why he asked for his belt back but she gave it back to him and then hit [REDACTED] on his butt twice with her bare hands. Investigator asked Ms. [REDACTED] if [REDACTED] was hit with clothes on or off and Ms. [REDACTED] stated she hit [REDACTED] on his bare butt. Ms. [REDACTED] reported this was the only place she hit him. Ms. [REDACTED] reported she was not looking for any bruises at the time and she did not notice any marks or bruises on his butt. [REDACTED] pulled up his pants and told her he had to tell her something. Ms. [REDACTED] reported she went to light a cigarette on the stove and asked [REDACTED] if he wanted to tell her now or outside. Ms. [REDACTED] reported [REDACTED] stated outside. Ms. [REDACTED] stated she walked outside thinking that [REDACTED] was behind her. Ms. [REDACTED] reported when she made it outside on the porch she heard [REDACTED] yell and that's



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**Case Recording Summary**

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

when she ran back into the house and saw ██████████ pulling up his pants and Mr. ██████████ was sitting on the couch with the belt in his hand. Ms. ██████████ stated she did not ask Mr. ██████████ what he did but she assumes he whipped ██████████ too. Ms. ██████████ then stated she told ██████████ to come outside and that's when ██████████ told her that he did not like daddy but want to go home with her. Ms. ██████████ told ██████████ that she was going to pick up her boyfriend ██████████ and then she will come back to get him. Ms. ██████████ stated she told ██████████ that he had to be good and eat something and she will come back to get him. Ms. ██████████ stated she lied and regret lying to her son because now she will never get the chance to see him again.

## 6. Policy

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

## 7. CPIT

a. This case was initially presented to ██████████ County Child Protective Investigative Team on 09/07/2015 and it was stamped as DCS handle and return at the time. The case was presented back to CPIT on 10/18/2015 and it was classified as ASPS.

## 8. Results of Interviews

a. Mr. ██████████ eventually confessed to the death. Mr. ██████████ stated he whipped the child after Ms. ██████████ left his house around 9:00 pm because ██████████ wet himself, would not eat his food, kept going in and out the refrigerator getting food. He also mentioned he was upset with Ms. ██████████. Mr. ██████████ reported he hit ██████████ in the face and he fell into the door and hit his head. Mr. ██████████ reported he then picked ██████████ up and hit him in the face twice with his closed fist. Mr. ██████████ stated he put ██████████ to sleep afterwards. Mr. ██████████ reported the next morning he noticed ██████████ was not breathing and that's when he called the police

9. There is preponderance of evidence to substantiate the allegations.

10. The case will be closed and classified as ASPS for the allegation of Child Neglect Death and Lack of Supervision.



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**Case Recording Summary**

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/22/2015 Contact Method:  
 Contact Time: 08:16 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/23/2015  
 Completed date: 12/23/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/23/2015 08:18 AM Entered By: [REDACTED]  
 According to the foster case manager [REDACTED] Ms. [REDACTED] has completed parenting classes/assessment, A&D assessment, domestic violence classes, mental health evaluation, grief counseling, and individual counseling.



**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: 09:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 12:32 PM Entered By: [REDACTED]

Other criminal history pertaining to Mr. [REDACTED] arrest history with Ms. [REDACTED] was gathered: 9/21/2006, 12/11/2006, 6/7/2009, 7/14/2009, 1/12/2010, 3/8/2010, 4/9/2010, 9/23/2010, 3/24/2012, 5/17/2013, 11/26/2013, 11/19/2014, and 5/4/2015. These arrest dates were listed due to Mr. [REDACTED] violation of probation.



**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:	12/09/2015	Contact Method:	
Contact Time:	12:08 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 12:22 PM      Entered By: [REDACTED]

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/16/2015 Contact Method:  
 Contact Time: 09:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 12:14 PM Entered By: [REDACTED]  
 Autopsy report received on 11/16/2015.



**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: 11/04/2015 Contact Method:  
 Contact Time: 04:06 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 11/04/2015  
 Completed date: 11/04/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/04/2015 04:06 PM Entered By: [REDACTED]

This case was staffed with the Investigator [REDACTED] on 11/4/2015 at 4:04p.m. The autopsy records were pending last month according to the investigator. Follow up needs to be conducted on autopsy report.



**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: 10/18/2015 Contact Method: Correspondence  
 Contact Time: 01:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 12:01 PM Entered By: [REDACTED]

This case was presented to afternoon CPIT on 10/18/2015. The case was classified as ASPS. Mr. [REDACTED] has alerady been criminally charged.



**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: 10/15/2015 Contact Method:  
 Contact Time: 09:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 12:14 PM Entered By: [REDACTED]

Background checks (JSSI, Sex Offender, Meth Offender and Felony Offender) were completed on [REDACTED] and [REDACTED] Ms. [REDACTED] has JSSI history for Order of Protection in 2015 and there was no other history found. Mr. [REDACTED] has history regarding statutory rape, possession of a controlled substance with intent to manufacture and sell, shoplifting, and grand larceny.



**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: 10/07/2015 Contact Method: Phone Call  
 Contact Time: 03:48 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/16/2015  
 Completed date: 11/07/2015 Completed By: System Completed  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/16/2015 04:00 PM Entered By: [REDACTED]

Ms. [REDACTED] contacted this investigator and reported that Ms. [REDACTED] got into an altercation with Mr. [REDACTED], boyfriend/Fiancé. Ms. [REDACTED] reported Mr. [REDACTED] was upset because he found [REDACTED] panties in her pants pocket when he was washing her clothes. Ms. [REDACTED] reported he thought [REDACTED] was cheating on him. Ms. [REDACTED] reported it was [REDACTED] visitation day with [REDACTED] Ms. [REDACTED] stated that Mr. [REDACTED] had a gun on him and then he went and put it into the car. Ms. [REDACTED] stated that Mr. [REDACTED] told [REDACTED] that if he couldn't have her then no one could. Ms. [REDACTED] reported Mr. [REDACTED] left and [REDACTED] was called and Mr. [REDACTED] was chased down the street. Ms. [REDACTED] reported after Mr. [REDACTED] left the home, the next day Ms. [REDACTED] reported she saw [REDACTED] with him. Ms. [REDACTED] concern is that [REDACTED] will not leave this abusive man alone and that something might happened to [REDACTED] when he get upset with her [REDACTED] Ms. [REDACTED] reported [REDACTED] might stay with him. Ms. [REDACTED] reported she wants to meet with [REDACTED] at a safe environment and Mr. [REDACTED] is normally the person who takes her to all the visitations with [REDACTED] Ms. [REDACTED] reported she doesn't feel safe with Mr. [REDACTED] being around [REDACTED] and that's why she requested visitation to be held at a different location than her home. Ms. [REDACTED] reported that [REDACTED] and Mr. [REDACTED] got into an altercation and she had to go get her. Ms. [REDACTED] reported she didn't want him at her house. Ms. [REDACTED] reported she has expressed her concern and Ms. [REDACTED] is still with Mr. [REDACTED] Ms. [REDACTED] was advised this investigator that she was going to inform Ms. [REDACTED] FSW, regarding the incident. Ms. [REDACTED] was advised to keep this investigator updated on the outcome of visitation.



**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: 10/07/2015 Contact Method:  
 Contact Time: 09:40 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 10/07/2015  
 Completed date: 10/07/2015 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: 10/07/2015 09:41 AM Entered By: [REDACTED]

This case was reviewed by LI, [REDACTED]. The autopsy report is still pending. There are no known concerns at the time with any other children due to the sibling of the deceased child being removed from the 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: Completed  
 Contact Date: 10/02/2015 Contact Method: Phone Call  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/16/2015  
 Completed date: 10/16/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/16/2015 03:42 PM Entered By: [REDACTED]

Ms. [REDACTED] contacted this investigator and reported she was attending Innovative Counseling. Ms. [REDACTED] stated she will be taking grief counseling, A&D counseling, and parenting classes all in one place. Ms. [REDACTED] was advised to keep this investigator updated on her progress at the counseling sessions.



**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: 09/28/2015 Contact Method:  
 Contact Time: 11:05 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 10/16/2015  
 Completed date: 10/16/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/16/2015 04:13 PM Entered By: [REDACTED]  
 Medical Records were received from [REDACTED] [REDACTED] 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: 09/24/2015 Contact Method:  
Contact Time: 02:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 10/16/2015  
Completed date: 10/16/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/16/2015 03:40 PM Entered By: [REDACTED]

Investigator [REDACTED] contacted Ms. [REDACTED] and gave her this contact information for Grief counseling. She advised this investigator that she was going to contact them and scheduled an appointment. Ms. [REDACTED] also was advised that she was referred to The Exchange Club for Domestic Violence counseling.

[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: 09/24/2015 Contact Method:  
 Contact Time: 12:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 10/16/2015  
 Completed date: 10/16/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/16/2015 03:41 PM Entered By: [REDACTED]  
 Investigator [REDACTED] referred Ms. [REDACTED] to the Exchange Club for Domestic Violence classes.



**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: 09/24/2015 Contact Method:  
 Contact Time: 09:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 12:46 PM Entered By: [REDACTED]  
 Initial FAST completed.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/23/2015	Contact Method: Face To Face
Contact Time: 03:20 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/15/2015
Completed date: 10/16/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 10/16/2015 03:35 PM      Entered By: [REDACTED]

Investigator conducted a home visit and met with Ms. [REDACTED] at her residence [REDACTED]. Ms. [REDACTED] appeared to be happy when she greeted this investigator. Ms. [REDACTED] invited this investigator into her residence. Ms. [REDACTED] was asked who resides at the residence with her and she reported she lives alone. Ms. [REDACTED] showed this investigator [REDACTED] and [REDACTED] room and showed this investigator around the home. Ms. [REDACTED] reported she just had the funeral for [REDACTED] and she was taking one day at a time. Ms. [REDACTED] reported that it was different now that she doesn't have [REDACTED] or [REDACTED]. Ms. [REDACTED] advised this investigator that she wanted [REDACTED] to come home but she knows she has some steps she need to take before she is allowed to return home. Ms. [REDACTED] advised this investigator that she had a meeting with her attorney, [REDACTED], relative, and Ms. [REDACTED] FSW, to discussed the things she need to do. Ms. [REDACTED] reported she has to take Grief, A&D, Parenting, Domestic Violence counseling. Ms. [REDACTED] stated didn't know where to start looking for counseling. Ms. [REDACTED] was advised that this investigator could refer her to some places for counseling. Ms. [REDACTED] advised this investigator that she was informed that her benefits might get cut off because [REDACTED] was no longer in the home. Ms. [REDACTED] advised this investigator that she was going to do everything to get [REDACTED] back. Ms. [REDACTED] reported she knows [REDACTED] is in a safe environment with [REDACTED]. Investigator [REDACTED] advised Ms. [REDACTED] that she will contact regarding places to attend counseling. Ms. [REDACTED] lives in a two bedroom and one bath home. The home was observed to be clean with working utilities, clothing, and food.



**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: 09/17/2015 Contact Method: Face To Face  
 Contact Time: 11:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 09/17/2015  
 Completed date: 10/16/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Court Hearing  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/17/2015 12:07 PM Entered By: [REDACTED]

A preliminary court hearing was held today at Juvenile Court in Courtroom #3 regarding custody. [REDACTED] will remain in DCS custody and in [REDACTED] care. Next Court date is scheduled court date is October 19, 2105.



**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: 09/15/2015 Contact Method:  
 Contact Time: 02:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 09/17/2015  
 Completed date: 10/16/2015 Completed By: System Completed  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

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

A PCO was filed and court date was scheduled for September 17, 2015 at 9:30 am.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/11/2015	Contact Method:
Contact Time: 12:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/16/2015
Completed date: 10/16/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 10/16/2015 03:38 PM      Entered By: [REDACTED]

A CFTM was conducted to address the concerns regarding history of abuse [REDACTED], cousin, [REDACTED], aunt, CPIS [REDACTED] Supervisor [REDACTED], community rep, and [REDACTED], DCS facilitator, were present. During the meeting, Ms. [REDACTED] was explained why [REDACTED] was placed in DCS custody. Ms. [REDACTED] stated she understood and she understands that she has to get herself together before [REDACTED] could come home. The Team recommended that [REDACTED] remain in DCS Custody and in the home of [REDACTED] with supervised visits. There was questions regarding [REDACTED] last name and Ms. [REDACTED] reported [REDACTED] name changed because the guy she thought was [REDACTED] father was not. Ms. [REDACTED] reported she took a DNA test and [REDACTED] was not his child. She reported they sent anther Social security card with her correct name on it. Ms. [REDACTED] stated she missed placed it.



**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: 09/10/2015 Contact Method:  
 Contact Time: 09:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 12:49 PM Entered By: [REDACTED]  
 Notice of Death Form completed and submitted.



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/07/2015 Contact Method:  
 Contact Time: 09:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/22/2015 12:23 PM Entered By: [REDACTED]

A TFACTS history check was completed on [REDACTED], and [REDACTED] History check results:  
 10/24/12 [REDACTED] PHA-[REDACTED] & Unknown Perpetrator - ASPS  
 10/31/02 [REDACTED] PHA-[REDACTED] -AUPU  
 5/17/05 [REDACTED] SRSA-[REDACTED], & [REDACTED] - ASPS  
 5/16/08 [REDACTED] SEA, EN, LOS-[REDACTED],  
 [REDACTED] - AUPU  
 05/30/2005 [REDACTED] PHA-[REDACTED], & PERSON [REDACTED]  
 [REDACTED] & [REDACTED] - ASPS- [REDACTED] / AUPU- [REDACTED] or [REDACTED]  
 1/5/2010 [REDACTED] SAE-victim [REDACTED] ASPS [REDACTED], AUPU [REDACTED]  
 11/5/2012 [REDACTED] DEC/EN-victim [REDACTED] -Services Recommended and Accepted for DEC and No Services Needed  
 for EN  
 10/6/2011 [REDACTED] DEI-victim unknown-UABC  
 3/7/2014 [REDACTED] DEC-victim [REDACTED] Services Recommended and Accepted  
 5/3/2015 [REDACTED] DEC/I, LOS, EN-victims [REDACTED] and [REDACTED] ASPS DEC/I [REDACTED] and AUPU [REDACTED]  
 [REDACTED] for LOS and EN  
 5/5/2015 [REDACTED] PHA-victim-[REDACTED] AUPU-[REDACTED]  
 8/18/2015 [REDACTED] PHA/LOS victim-[REDACTED], [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: 09/07/2015 Contact Method:  
 Contact Time: 09:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 12:24 PM Entered By: [REDACTED]  
 Initial CPIT meeting held and referral was stamped as handle and return.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/05/2015 Contact Method:  
 Contact Time: 10:28 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/08/2015  
 Completed date: 09/08/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/08/2015 09:28 AM Entered By: [REDACTED]

Lead Investigator [REDACTED] was notified that [REDACTED] with DCS resource home division had completed the expedited study on [REDACTED]. He advised that paperwork had been completed and there were no safety hazards observed at the home. LI [REDACTED] has already completed JSSI, Sex Offender, Meth Offender, Felony Offender, and Code X.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/05/2015 Contact Method:  
 Contact Time: 06:44 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/05/2015  
 Completed date: 09/05/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/05/2015 06:49 PM Entered By: [REDACTED]  
 Lead Investigator [REDACTED] staffed the case with Investigations Coordinator, [REDACTED]. She was advised that Investigator [REDACTED] had met response. IC [REDACTED] was provided with preliminary information from Lt. [REDACTED] of [REDACTED] Police Department's Homicide Division. [REDACTED] will need to meet with the maternal aunt, [REDACTED] [REDACTED] Hospital to ensure 10 month old [REDACTED] receives medical clearance.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/05/2015 Contact Method:  
 Contact Time: 06:40 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/05/2015  
 Completed date: 09/05/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/05/2015 06:41 PM Entered By: [REDACTED]  
 Lead Investigator [REDACTED] contacted DCS resource staff, [REDACTED] to inform about the removal of [REDACTED] and need for custodial expedited home study on the maternal aunt [REDACTED] accepted the information and reported someone would be sent out on 9/5/2015 to completed the study.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/05/2015	Contact Method: Face To Face
Contact Time: 06:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Detention/Jail	Created Date: 09/09/2015
Completed date: 09/10/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 09/09/2015 04:25 PM      Entered By: [REDACTED]

CPSI [REDACTED] interviewed Mr. [REDACTED] girlfriend, Ms. [REDACTED], at [REDACTED] Unit. Ms. [REDACTED] reported she saw [REDACTED] around 7:00 pm sitting at the table holding food in his mouth. Ms. [REDACTED] reported [REDACTED] was eating a hamburger and french fries. Ms. [REDACTED] stated she told [REDACTED] that he had to eat his food and not hold it in his mouth. Ms. [REDACTED] reported she got picked up from Mr. [REDACTED] residence at 7:30 pm and went over to a friend's home. Ms. [REDACTED] stated Mr. [REDACTED] picked her up from over her friend's house around 9:30 pm. Ms. [REDACTED] asked Mr. [REDACTED] where was [REDACTED] and she reported Mr. [REDACTED] told her he left [REDACTED] him at home sleep. Ms. [REDACTED] reported [REDACTED] was left at home alone. Ms. [REDACTED] reported when she arrived home she observed [REDACTED] sleep. Ms. [REDACTED] reported [REDACTED] was laying on love seat in the living room. Ms. [REDACTED] stated she noticed [REDACTED] had and small spot on his forehead and that he was laying on his back. Ms. [REDACTED] reported she asked Mr. [REDACTED] how did he get that injury. Ms. [REDACTED] reported Mr. [REDACTED] told her he hit [REDACTED] and he fell and hit his head. Ms. [REDACTED] reported she told Mr. [REDACTED] that if someone has a head injury that they should not go to sleep right after. Ms. [REDACTED] reported she kissed [REDACTED] on his forehead and went to bed around 10:00 pm. Ms. [REDACTED] reported [REDACTED] was breathing when she went to bed because he sounded congested when she kissed his forehead. Ms. [REDACTED] stated [REDACTED] always sounds congested and she has told Mr. [REDACTED] about her concern. Ms. [REDACTED] reported Ms. [REDACTED] would tell Mr. [REDACTED] that nothing was wrong with [REDACTED] Ms. [REDACTED] reported she woke up around 2:03 am and she checked in on [REDACTED] and he was sleep and still sounding congested. Ms. [REDACTED] reported she went back to sleep. Ms. [REDACTED] stated Mr. [REDACTED] got up around 5:00 am to get ready to go to work and that's when he woke her up. Ms. [REDACTED] stated Mr. [REDACTED] told her that [REDACTED] was not breathing. Ms. [REDACTED] reported she went in the living room and blew into [REDACTED] mouth and "mucus" came out of his nose and mouth. Ms. [REDACTED] reported she could not believe what she was seeing. Ms. [REDACTED] reported Mr. [REDACTED] called 911 and the operator began to coach them through the CPR procedure. Ms. [REDACTED] reported when they arrived at [REDACTED] hospital, they was told that [REDACTED] was dead.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/05/2015	Contact Method: Face To Face
Contact Time: 06:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Detention/Jail	Created Date: 09/10/2015
Completed date: 09/10/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact,Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 09/10/2015 08:40 AM      Entered By: [REDACTED]

CPSI [REDACTED] returned to [REDACTED] and Lieutenant [REDACTED] advised this investigator that Mr. [REDACTED] eventually confessed to the death of [REDACTED]. Lieutenant [REDACTED] told Detective [REDACTED] to give Mr. [REDACTED] statement to this investigator. Detective [REDACTED] reported Mr. [REDACTED] stated he whipped the child after Ms. [REDACTED] left his house around 9:00 pm because [REDACTED] he would not eat his food and he kept going in and out the refrigerator getting food. He also mentioned was upset with Ms. [REDACTED]. Mr. [REDACTED] reported he hit [REDACTED] in the face and he fell into the door and hit his head. Mr. [REDACTED] reported he then picked [REDACTED] up and hit him in the face with his closed fist twice. Mr. [REDACTED] stated he put [REDACTED] to sleep afterwards. Mr. [REDACTED] reported the next morning he noticed [REDACTED] was not breathing and that's when he called the 911.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/05/2015	Contact Method: Face To Face
Contact Time: 05:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Detention/Jail	Created Date: 09/09/2015
Completed date: 09/10/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 09/09/2015 04:07 PM      Entered By: [REDACTED]

On September 5, 2015, Child Protective Service Investigator [REDACTED] conducted a face to face interview with Ms. [REDACTED] at [REDACTED] Homicide Unit. CPSI [REDACTED] observed Ms. [REDACTED] sitting in an interview room crying. Ms. [REDACTED] was advised who this investigator was and why she was being interviewed. Ms. [REDACTED] denied being responsible for the killing of [REDACTED] Ms. [REDACTED] reported she would never harm [REDACTED] Ms. [REDACTED] reported she has joint custody with Mr. [REDACTED] and [REDACTED] has been with his father since Sunday, August 30, 2015. Ms. [REDACTED] advised this investigator that she saw [REDACTED] Friday, September 4, 2015, a little after 7:00 pm. Ms. [REDACTED] reported [REDACTED] birth father, Mr. [REDACTED], called her to come over his house because [REDACTED] would not eat. Ms. [REDACTED] reported she drove over to Mr. [REDACTED] home and when she got there she saw [REDACTED] sitting at the table. Ms. [REDACTED] reported [REDACTED] was holding a piece of his hamburger in his mouth. Ms. [REDACTED] reported [REDACTED] does this from time to time when he wants to eat junk food instead of "table" food. Ms. [REDACTED] stated she told [REDACTED] that he has to eat and to spit the food he was holding in his mouth out. Ms. [REDACTED] stated she told [REDACTED] that he would get "momma" in trouble if he did not eat but he would not listen to her. Ms. [REDACTED] reported [REDACTED] began running around the house, playing, and was not focused while she was talking to him. Ms. [REDACTED] stated she grabbed [REDACTED] pulled down his pants over his butt, laid him across her legs, and gave him a whipping. Ms. [REDACTED] stated she used the end of Mr. [REDACTED] brown leather belt to whip [REDACTED] Ms. [REDACTED] stated she did not use the buckle part and she did not fold the belt. Ms. [REDACTED] stated she hit [REDACTED] 4 times on his butt and then Mr. [REDACTED] asked for his belt back. Ms. [REDACTED] stated she did not know why he asked for his belt back but she gave it back to him and then hit [REDACTED] on his butt twice with her bare hands. Investigator asked Ms. [REDACTED] if [REDACTED] was hit with clothes on or off and Ms. [REDACTED] stated she hit [REDACTED] on his bare butt. Ms. [REDACTED] reported this was the only place she hit him at. Investigator asked Ms. [REDACTED] if [REDACTED] cried and she reported barely. Ms. [REDACTED] stated he whimpered a little but that was it. Investigator asked Ms. [REDACTED] if she saw any bruises or marks on [REDACTED] before or after she was whipped? Ms. [REDACTED] reported she was not looking for any bruises at the time and she did not notice any marks or bruises on his butt. Ms. [REDACTED] reported she figured that he was going to have a little swelling due to the fact that she whipped his bare butt but nothing too serious. Investigator [REDACTED] asked Ms. [REDACTED] what happened afterwards and she reported that [REDACTED] pulled up his pants and told her he had to tell her something. Ms. [REDACTED] reported she went to light a cigarette on the stove and asked [REDACTED] if he wanted to tell her now or outside. Ms. [REDACTED] reported [REDACTED] stated outside. Ms. [REDACTED] stated she walked outside thinking that [REDACTED] was behind her. Ms. [REDACTED] reported when she made it outside on the porch she heard [REDACTED] yell and that's when she ran back into the house and saw [REDACTED] pulling up his pants and Mr. [REDACTED] sitting on the couch with the belt in his hand. Ms. [REDACTED] stated she did not ask Mr. [REDACTED] what he did but she assumes he whipped [REDACTED] too. Ms. [REDACTED] then stated she



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

told [REDACTED] to come outside and that's when [REDACTED] told her that he did not like daddy but want to go home with her. Ms. [REDACTED] told [REDACTED] that she was going to pick up her boyfriend [REDACTED] and come back and get him. Ms. [REDACTED] stated she told [REDACTED] that he had to be good and eat something and she will come back to get him. Ms. [REDACTED] stated she lied and regret lying to her son because now she will never get the chance to see him again. Ms. [REDACTED] reported she left Mr. [REDACTED] residence a little before 9:00 pm.

Ms. [REDACTED] reported she left Mr. [REDACTED] home because he was trying to have sex with her. Ms. [REDACTED] reported this was the last time she saw [REDACTED] alive. Ms. [REDACTED] stated Mr. [REDACTED] starting rubbing on her and was trying to kiss her. Ms. [REDACTED] reported she is engaged to Mr. [REDACTED] and wasn't trying to get caught up with Mr. [REDACTED]. Ms. [REDACTED] reported Mr. [REDACTED] was upset about her having another man and he would take his anger out on [REDACTED]. According to Ms. [REDACTED] has come home several times with bruises over his body and she has called the police on Mr. [REDACTED] regarding her concerns of abuse. Ms. [REDACTED] reported recently Mr. [REDACTED] got mad at her and called DCS on her and her fiancé. Ms. [REDACTED] stated Mr. [REDACTED] has been to jail several times and has history of abuse. Ms. [REDACTED] reported Mr. [REDACTED] has only hit her once and that was enough for her. Investigator [REDACTED] asked Ms. [REDACTED] if anyone else lived in the home with Mr. [REDACTED] and she reported only his girlfriend, Ms. [REDACTED]. Investigator asked Ms. [REDACTED] if anyone was at home when she arrived at Mr. [REDACTED] residence and Ms. [REDACTED] reported she think Mr. [REDACTED] and [REDACTED] were the only one's there but she only stayed in the living room and kitchen area. Ms. [REDACTED] advised this investigator that the next day on Saturday September 5, 2015, Mr. [REDACTED] called her around 5:00 am. Ms. [REDACTED] reported her fiancé, [REDACTED], answered her phone and Mr. [REDACTED] began going off on him because he answered the phone. Ms. [REDACTED] reported Mr. [REDACTED] gave her the phone and told her that Mr. [REDACTED] was on the phone. Ms. [REDACTED] stated grabbed the phone and Mr. [REDACTED] told her that [REDACTED] was unresponsive and to head to [REDACTED]. Ms. [REDACTED] reported she told Mr. [REDACTED] he was lying and that's when he gave the phone to the paramedics and they confirmed that [REDACTED] was being rushed to the hospital. Ms. [REDACTED] arrived at the hospital around 5:00 and she found out that [REDACTED] was dead. Ms. [REDACTED] stated [REDACTED] was innocent and she can't believe that he gone.

Ms. [REDACTED] signed the following documents: HIPAA Notice of Privacy Practices- Client Acknowledgment Native American Heritage Veto Verification, Notification of Equal Access to Programs and Services and Grievance Procedures, Acknowledgment of Receipt of Client Rights Handbook, and Authorization for release of Information form. Ms. [REDACTED] advised this investigator that she would love to have some grief counseling because of [REDACTED] death. Investigator [REDACTED] asked Ms. [REDACTED] about [REDACTED] father and she reported he was unknown. Ms. [REDACTED] reported [REDACTED] and [REDACTED] does not have any medical conditions and that [REDACTED] was up to date on her shots. Ms. [REDACTED] reported she took [REDACTED] to the doctor because he had a sty on his left eye. Ms. [REDACTED] reported she took [REDACTED] to [REDACTED] hospital and then to [REDACTED] eye institute regarding the sty. According to Ms. [REDACTED] and [REDACTED] has [REDACTED] for insurance. [REDACTED] primary physician is located at [REDACTED] Specialist and [REDACTED] was seen at [REDACTED] Group. Ms. [REDACTED] reported she receives a little over \$500.00 in food stamps and is currently unemployed. Ms. [REDACTED] reported she has only been ticketed but haven't had any encounters with law enforcement. Ms. [REDACTED] began to cry and stated her child is gone. Ms. [REDACTED] then advised this investigator that [REDACTED] was with her cousin [REDACTED]. She was advised that this investigator saw [REDACTED] at [REDACTED] and she was doing fine. Ms. [REDACTED] was advised that this investigator will call her regarding where [REDACTED] would be placed. Ms. [REDACTED] reported all she wanted was for [REDACTED] to be safe. Ms. [REDACTED] was advised that [REDACTED] removed out of her care was for safety purposes. Ms. [REDACTED] advised this investigator that she understood.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/05/2015 Contact Method:  
 Contact Time: 03:37 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/05/2015  
 Completed date: 09/05/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/05/2015 05:37 PM Entered By: [REDACTED]  
 Lead Investigator [REDACTED] staffed the case with Regional General Counselor [REDACTED]. RGC [REDACTED] approved removal of the deceased victim's sibling, [REDACTED] age 10 months. The removal was approved at 4:09 p.m.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/05/2015 Contact Method:  
 Contact Time: 03:28 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/05/2015  
 Completed date: 09/05/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/05/2015 05:34 PM Entered By: [REDACTED]

The Department received notification on 9/5/2015 of an abuse death report. The alleged victim is [REDACTED] age 4 and the alleged perpetrator is unknown. Investigator [REDACTED] was assigned the case. Notification to to referent was sent by CARAT system. Notification of this report will be sent to the DA and Juvenile Court per protocol.



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

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

**Case Recording Details**

Recording ID: ██████████	Status: Completed
Contact Date: 09/05/2015	Contact Method: Face To Face
Contact Time: 03:00 PM	Contact Duration:
Entered By: ██████████	Recorded For:
Location: Hospital	Created Date: 09/10/2015
Completed date: 09/10/2015	Completed By: ██████████
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact,Notation,Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 09/10/2015 12:44 PM      Entered By: ██████████

Investigator ██████████ met with Ms. ██████████, maternal cousin, at ██████████ hospital. Ms. ██████████ was accompanied by ██████████, sibling, ██████████, maternal aunt. ██████████ appeared to be dressed appropriately with no visible marks or bruises at the time of the interview. Ms. ██████████ was advised who this investigator was and why she was being interviewed. Ms. ██████████ advised this investigator that she was hurt because ██████████ was dead. Ms. ██████████ explained that Ms. ██████████ called her from ██████████ Hospital this morning and told her to come and pick up ██████████ because ██████████ was dead. Ms. ██████████ reported she immediately rushed to the hospital. Ms. ██████████ stated she hopes Ms. ██████████ won't get arrested because she is not responsible for ██████████ death. Ms. ██████████ stated she has heard and seen text messages of Mr. ██████████ threaten Ms. ██████████ Ms. ██████████ reported Ms. ██████████ would tell her that Mr. ██████████ would hit ██████████ when he was angry with her. CPSI ██████████ asked Ms. ██████████ if she witnesses Mr. ██████████ physically abuse ██████████ and she stated no because she do not talk to him. Ms. ██████████ recalled a time when Mr. ██████████ sent text messages to Ms. ██████████ stating that "he would put his penis in ██████████ mouth and cum in her until she die." Ms. ██████████ stated they have called the police regarding Mr. ██████████ hitting ██████████ and DCS. Ms. ██████████ reported Mr. ██████████ has been beating ██████████ since he was born. Ms. ██████████ stated she has never seen Ms. ██████████ discipline ██████████ Ms. ██████████ reported Ms. ██████████ loved ██████████ and would never harm him. Ms. ██████████ advised this investigator that she will help Ms. ██████████ and take care of ██████████ if she has to. Ms. ██████████ advised this investigator that she has been the Path programs and all of her information should be on file. Ms. ██████████ appeared to be very concern regarding the well- being of ██████████ Ms. ██████████ reported she has a 6 bedroom house and she lives there alone. Investigator asked Ms. ██████████ if anyone else have hit ██████████ and she stated Ms. ██████████ was very protective of ██████████ and she has not heard of anyone harming him besides Mr. ██████████ Ms. ██████████ reported every time Ms. ██████████ would try to keep ██████████ from Mr. ██████████ he would call the police on her. Ms. ██████████ reported Ms. ██████████ has kept all of the text messages and ██████████ injuries on her phone.

Ms. ██████████ was interviewed and she reported that Ms. ██████████ has had problems with Mr. ██████████ birth father, since ██████████ was born. Ms. ██████████ stated Mr. ██████████ has whipped/spanked ██████████ several times and nothing was done. Ms. ██████████ reported they would call the police every time ██████████ would come home with Bruises on his body. Ms. ██████████ reported she can remember on incident where ██████████ told her Mr. ██████████ made him bend over and touch his toes



**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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and he beat him cross his back with a belt. Ms. [REDACTED] reported the family has had concerns/issues with Mr. [REDACTED] abusing [REDACTED] Ms. [REDACTED] advised this investigator that she will help to take care of [REDACTED] until Ms. [REDACTED] is able to.

[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: 09/05/2015 Contact Method: Face To Face  
 Contact Time: 12:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Detention/Jail Created Date: 09/09/2015  
 Completed date: 09/10/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

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

CPSI [REDACTED] met with Lt. [REDACTED] at [REDACTED] regarding interviewing Mr. [REDACTED]. Lt. [REDACTED] reported they were still questioning Mr. [REDACTED]. Lt. [REDACTED] reported Mr. [REDACTED] initially stated that Ms. [REDACTED] was the one responsible for [REDACTED] death. Lt. [REDACTED] reported Mr. [REDACTED] stated Ms. [REDACTED] struck [REDACTED] in the head with a closed fist twice. Mr. [REDACTED] then advised Lt. [REDACTED] that Ms. [REDACTED] grabbed a belt and struck [REDACTED] on his bottom several times. Mr. [REDACTED] reported that Ms. [REDACTED] told him to leave the room because [REDACTED] would not do what she said as long as he was in the room. Mr. [REDACTED] reported he went for a walk outside and when he came back to the house he notice blood coming from [REDACTED] mouth. Mr. [REDACTED] reported Ms. [REDACTED] left the residence and [REDACTED] was put to sleep because he was complaining of not feeling good. Per Lt. [REDACTED] Mr. [REDACTED] girlfriend, [REDACTED], checked on [REDACTED] at 2:00am and [REDACTED] was fine. The next morning Mr. [REDACTED] noticed [REDACTED] not breathing and called 911.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/05/2015 Contact Method: Face To Face  
 Contact Time: 12:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 12:36 PM Entered By: [REDACTED]  
 According to Work Aid 2 it is not required for the DCS investigator 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: 09/05/2015 Contact Method:  
 Contact Time: 12:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 12:45 PM Entered By: [REDACTED]  
 Household Composition: [REDACTED], and [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: 09/05/2015 Contact Method: Phone Call  
 Contact Time: 12:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Referent Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 04:38 PM Entered By: [REDACTED]

The referent was contacted regarding the referral. The initial concerns were discussed and there were no additional concerns expressed by the referent.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 09/05/2015 Contact Method:  
 Contact Time: 09:46 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 09/10/2015  
 Completed date: 09/10/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/10/2015 12:48 PM Entered By: [REDACTED]

The Department of Children Services received a referral on 09/05/2015 with allegation of Abuse Death. It was reported that on September 5, 2015, [REDACTED] City Police Department and Emergency Medical Services responded to [REDACTED] residence after receiving a report of an unresponsive child. The child was later identified as [REDACTED] was transported to [REDACTED] Hospital, where he was pronounced dead at 5:45 am. It was reported that the death is currently being investigated as a homicide; however, as a result of the ongoing investigation. It was also reported that at the time of the incident the only individuals in the residence were [REDACTED] and [REDACTED]. A search warrant has been ordered and served on [REDACTED] residence. During the search of the residence, no drugs nor alcohol were found in the residence.