

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

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/26/2013 10:23 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 04/26/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 04/26/2013 12:36 PM
First Team Leader Assigned: [REDACTED] Date/Time 04/26/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 04/26/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	4 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother
[REDACTED]	4 Yrs	Neglect Death	Yes	[REDACTED]	Other Non-relative

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: No History Found (There is history listed for the mother, [REDACTED] when she was a minor)

Names spelled as given by the referent

Open Court Custody/FSS/FCIP: None

Prior INV/ASMT of Abuse: None
Prior INV/ASMT of Neglect: None
Screen Out: None

DUPLICATE REFERRAL: None

County: [REDACTED]
Notification: None



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

School/ Daycare: None
Native American Descent: None
Directions: None

Reporters name/relationship: [REDACTED]

Reporter states:

[REDACTED] (3) was in the custody of his mother, [REDACTED]. The name of the father of [REDACTED] is unknown, but he is reported to be incarcerated. [REDACTED] has a boyfriend named [REDACTED] that resides in her home as well. At this time, there is a worker with the Tennessee Department of Children Services at the hospital with the referent. The worker is named [REDACTED]

[REDACTED] was taken to [REDACTED] Hospital around 6 AM on April 26, 2013 by ambulance. [REDACTED] was non-responsive upon arrival and was later pronounced deceased. [REDACTED] reported that prior at their home; [REDACTED] was non-responsive and that [REDACTED] attempted to conduct CPR on [REDACTED] with no success. Emergency personnel was contacted and that is when [REDACTED] was transported to [REDACTED] Hospital.

[REDACTED] claimed that [REDACTED] had gotten sick several times the day before and had been vomiting throughout the night. [REDACTED] reported that she had given [REDACTED] several baths yesterday evening in hopes that it would help [REDACTED] feel better. It was stated that around 5 AM [REDACTED] became non-responsive. [REDACTED] was the one that attempted CPR and after 5 AM is when EMTs were called to the scene. There is no explanation given by [REDACTED] or [REDACTED] of what could have caused [REDACTED] to be unresponsive. The referent notes that there are concerns surrounding the situation and there are several unanswered questions.

Law enforcement has been contacted and is present at the hospital. [REDACTED] detectives [REDACTED] and Detective [REDACTED] are working the case at this time.

This is all the information given at this time.

Per SDM: Investigation Track P1-Child Fatality
[REDACTED] TL, on 4/26/13 @ 11:09am

Notified Fatality/Near Fatality Notification Group via Email:

[REDACTED]
[REDACTED] Commissioner [REDACTED]

[REDACTED] County RA: [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 30 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

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: 21 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

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: 04/26/2013

Assignment Date: 04/26/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	*Allegation Indicated / Perpetrator Indicated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			07/22/2013
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	*Allegation Indicated / Perpetrator Indicated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			07/22/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The child died while he was in the care of the mother's paramour [REDACTED]. The paramour was arrested for the alleged cause of [REDACTED] death. Mr. [REDACTED] is in [REDACTED] jail awaiting trial. The case is closed as AIPI. The mother of the child was not in the home when the abuse took place and she has not been arrested by [REDACTED] PD. She is currently in counseling at [REDACTED] for other mental health issues but she is in need of grief counseling which will be set up for her to deal with the death of her son. CSPL [REDACTED] called [REDACTED] to request this form of counseling on 8/21/13.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/09/2013

Team Leader: [REDACTED]

Date: 07/09/2013

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:

[REDACTED] (3) was in the custody of his mother, [REDACTED]. The name of the father of [REDACTED] is unknown, but he is reported to be incarcerated. [REDACTED] has a boyfriend named [REDACTED] that resides in her home as well. At this time, there is a worker with the Tennessee Department of Children Services at the hospital with the referent. The worker is named [REDACTED].

[REDACTED] was taken to [REDACTED] Childrens Hospital around 6 AM on April 26, 2013 by ambulance. [REDACTED] was non-responsive upon arrival and was later pronounced deceased. [REDACTED] reported that prior at their home; [REDACTED] was non-responsive and that [REDACTED] attempted to conduct CPR on [REDACTED] with no success. Emergency personnel was contacted and that is when [REDACTED] was transported to [REDACTED] Childrens Hospital.



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

Case Name : ██████████

Investigation ID: ██████████

██████████ claimed that ██████████ had gotten sick several times the day before and had been vomiting throughout the night. ██████████ reported that she had given ██████████ several baths yesterday evening in hopes that it would help ██████████ feel better. It was stated that around 5 AM ██████████ became non-responsive. ██████████ was the one that attempted CPR and after 5 AM is when EMTs were called to the scene. There is no explanation given by ██████████ or ██████████ of what could have caused ██████████ to be unresponsive. The referent notes that there are concerns surrounding the situation and there are several unanswered questions.

Law enforcement has been contacted and is present at the hospital. ██████████ detectives ██████████ and Detective ██████████ are working the case at this time.

This is all the information given at this time.

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

The medical records and findings are in the case file. The Chief Complaint: Altered mental status with vomiting, diarrhea and cardiopulmonary arrest.

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

The mother stated she allow an old friend ██████████ to keep the ACV on Wednesday 04/24/2013 evening while she went to work. She picked up the ACV after work at approximately 8:00 p.m. When she and the ACV arrived home the ACV informed his mother his stomach was hurting. She looked at his stomach and there were bruises. Ms. ██████████ stated she waited for her boyfriend to come home at 10:00 p.m. and that's when she put the ACV in the tub. Ms. ██████████ stated the ACV has a speech problem and was unable to tell her what happen or who did this to him. The next day on Thursday 4/25/2013 Ms. ██████████ stated she confronted Ms. ██████████ and questioned her about the bruises on her son's body. Ms. ██████████ denied doing anything to her son. Ms. ██████████ was unable to give Ms. ██████████ address but stated she resides at ██████████. As the day progressed the ACV continued to not feel well. He would not eat and he regurgitated several times. However, the ACV asked his mother to place him in their tub she did at 8:00 p.m.; 10:00 p.m.; 2:00 a.m 3:00 a.m and 4:50 a.m. At approximately 5:00 a.m. the ACV stopped breathing. Ms. ██████████ called 911 but the call did not go through. She ran next door and got her next door neighbor, he came over and told the ██████████ (Boyfriend) to administer CPR. 911 was called again, EMS did arrive at the home and the ACV was transported to ██████████.

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:

None at this time.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/23/2013

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/23/2013

Completed date: 09/23/2013

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: 09/23/2013 06:09 PM Entered By: [REDACTED]

DCS received a Neglect Death referral for [REDACTED]. Based on the information from the provided by Medical Examiner's Office and the [REDACTED] Police Department the case has been indicated for the Abuse Death of [REDACTED]. This TL has changed the allegation to Abuse Death before the CPIT meeting on 9.19.2013. The perpetrators of this abuse are [REDACTED] and the birth mother, [REDACTED]. The case is now ready for closure as the remaining investigated tasks required by this TL has been 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: 09/19/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 06:03 PM Entered By: [REDACTED]

TL [REDACTED] presented this case to CPIT on this date. The CPIT team agreed to indicate the investigation for Abuse Death based on the information provided by the medical examiner and the police department.



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: Draft

Contact Date: 09/16/2013

Contact Method: Correspondence

Contact Time: 08:20 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/16/2013

Completed date:

Completed By:

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: 09/16/2013 11:19 AM Entered By: [REDACTED]

Diligent Search and Criminal Background Checks received for [REDACTED] and [REDACTED]. The information has been uploaded to the TFACTS case and added to the hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/13/2013

Contact Method: Correspondence

Contact Time: 06:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2013

Completed date: 09/13/2013

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: 09/13/2013 06:18 PM Entered By: [REDACTED]

A review of [REDACTED] criminal history shows an arrest on August 7, 2013 for driving without a license. Based on this information this TL requested a diligent search and background check of [REDACTED] and [REDACTED]. This is an investigative task TL [REDACTED] has previously instructed the CPSI to 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: Draft

Contact Date: 09/04/2013

Contact Method:

Contact Time: 07:36 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/21/2013

Completed date:

Completed By:

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2013 04:20 PM Entered By: [REDACTED]

This case came to the attention the Department with an allegation of Neglect Death. The ACV was identified as [REDACTED] (3). The AP was identified as [REDACTED] the paramour of the mother [REDACTED]. Ms [REDACTED] is still a possible suspect in the death of her child. The Grand Jury has not convene to make that decision. Mr. [REDACTED] was arrested and is not in jail. The autopsy report and Detective [REDACTED] Case Summary is within the case file. [REDACTED] passed away April 26, 2013. According to our Legal Department no petition is required since [REDACTED] was Ms. [REDACTED] only child. However, Mr. [REDACTED] was sent a letter of Indication to [REDACTED] Justice Center and Ms. [REDACTED] was sent a letter of Indication also.



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: 09/04/2013

Contact Method:

Contact Time: 06:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2013

Completed date: 09/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2013 07:09 PM Entered By: [REDACTED]

Copied the case file to be sent to Detective [REDACTED] of the [REDACTED] PD. The file will be taken to her office on 9/5/13.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/23/2013

Contact Method:

Contact Time: 01:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/23/2013

Completed date: 08/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/23/2013 01:49 PM Entered By: [REDACTED]

Returned to the office and faxed the release of information form to Ms. [REDACTED] of [REDACTED] at [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/23/2013

Contact Method: Face To Face

Contact Time: 12:12 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/23/2013

Completed date: 08/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/23/2013 01:46 PM Entered By: [REDACTED]

Ms. [REDACTED] was home and had no problem signing the release of information form received from [REDACTED]. She indicated she had been sleep for her reason for not answering the phone when I called earlier.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/23/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/23/2013

Completed date: 08/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/23/2013 09:36 AM Entered By: [REDACTED]

Received back from [REDACTED] requesting additional information about Ms. [REDACTED] counseling sessions. [REDACTED] sent there own Release of information form to be complete by Ms. [REDACTED]. The form will be taken to Ms. [REDACTED] requesting her signature.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/23/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2013

Completed date: 09/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2013 06:55 PM Entered By: [REDACTED]

Letter of Indication was sent to Ms. [REDACTED] on August 23, 2013 by certified mail.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2013

Contact Method:

Contact Time: 03:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/22/2013

Completed date: 08/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/22/2013 03:27 PM Entered By: [REDACTED]

The release of information form regarding Ms. [REDACTED] was faxed to [REDACTED] : [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2013

Contact Method: Phone Call

Contact Time: 03:18 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/22/2013

Completed date: 08/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/22/2013 03:33 PM Entered By: [REDACTED]

Received call back from Mr. [REDACTED] the therapist at [REDACTED]. He stated his staff has tried to set up grief counseling for Ms. [REDACTED] but she has not been able to attend due to her job schedule. Ms. [REDACTED] direct counselor is [REDACTED] she can be reached by calling the main number at [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2013

Contact Method:

Contact Time: 02:47 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/22/2013

Completed date: 08/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/22/2013 03:07 PM Entered By: [REDACTED]

CPSI [REDACTED] placed another call to Mr. [REDACTED] of [REDACTED]. I left another voice mail requesting that he return my call. I called back and asked for the number and who I would address my request to; I was informed the number is: [REDACTED] and send it to Medical Records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/22/2013	Contact Method:	Face To Face
Contact Time:	01:15 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Detention/Jail	Created Date:	08/22/2013
Completed date:	08/22/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/22/2013 02:53 PM Entered By: [REDACTED]

On the above date and time CPSI [REDACTED] received from Detective [REDACTED] the autopsy report and her Case Summary. She was not able to release any photographs at this time since the case will be going to the Grand Jury. However, I was allowed to see the autopsy pictures. I informed Detective [REDACTED] a letter of indication has been sent to Mr. [REDACTED] and my question to her was would Ms. [REDACTED] be arrested because if so I will need to send her a letter of indication. Detective [REDACTED] requested that I hold off on sending the letter because she wanted the grand Jury to decide if the arrest of Ms. [REDACTED] will be happen. My response was I will speak to my supervisor about this matter. Detective [REDACTED] stated she was having a hard time receiving records from [REDACTED]; I stated to her that I called Mr. [REDACTED] one of Ms. [REDACTED] therapist and I will need to sent him a release of information. If she asked for the file the report will be in the file. I also stated that I visited Ms. [REDACTED] on yesterday to clarify the information she gave me about [REDACTED] does not exist but [REDACTED] is a real person. I did meet with her, she resides in building [REDACTED] the same apartment complex as does Ms. [REDACTED]. Detective [REDACTED] stated she had been trying to locate Ms. [REDACTED] she was evicted but now she is back in her apartment due to the possibility of not paying her light bill. Ms. [REDACTED] stated she was in Ms. [REDACTED] apartment the Wednesday before [REDACTED] death. He looked like any other normal child and did not notice that any thing was wrong with him. She was there because Ms. [REDACTED] was braiding her daughter's hair [REDACTED] (13). During this interview [REDACTED] was not home she was at school. She knew nothing until she heard it on TV that [REDACTED] had passed away.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2013

Contact Method:

Contact Time: 04:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/21/2013

Completed date: 08/21/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2013 04:45 PM Entered By: [REDACTED]

Emailed Detective [REDACTED] to inform her that I would be available on 8/21/13 after 1:00 p.m., to pick up the pictures and her summary.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2013

Contact Method:

Contact Time: 04:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/21/2013

Completed date: 08/21/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2013 04:16 PM Entered By: [REDACTED]

On the above date and time CPSL [REDACTED] called Mr. [REDACTED] of [REDACTED] to inform him that Ms. [REDACTED] is in need of grief counseling. I left my number requesting that he return my call me if there was a need for him to so. Ms. [REDACTED] is located at the [REDACTED] office, phone number : [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2013

Contact Method: Face To Face

Contact Time: 03:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/21/2013

Completed date: 08/21/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2013 04:06 PM Entered By: [REDACTED]

The person Ms. [REDACTED] mentioned during an initial interview, [REDACTED] is a person that never existed. She reminded when we met on the date and time above that she call me back and wanted to tell the truth. However [REDACTED] does exist. Ms. [REDACTED] took me to her apartments [REDACTED] in the same complex. Ms. [REDACTED] stated she did not see anything the night [REDACTED] passed away. However, she and her daughter were in Ms. [REDACTED] apartment the Wednesday before the death occurred. Ms. [REDACTED] was doing her daughter's [REDACTED] 13) hair. [REDACTED] appeared to be a normal child having a good time. She did not here about his death until it was broadcast on TV.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/19/2013

Contact Method: Correspondence

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/21/2013

Completed date: 08/21/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2013 04:42 PM Entered By: [REDACTED]

Receive email from Detective [REDACTED] stating that I could come to her office and pick out the pictures I wanted but she could not give to me the Police report. However, I could have a copy of her summary of the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/18/2013

Contact Method:

Contact Time: 04:54 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/21/2013

Completed date: 08/21/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/21/2013 04:39 PM

Entered By: [REDACTED]

Sent email to Detective [REDACTED] requesting her report and pictures of the [REDACTED] 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: Completed

Contact Date: 08/12/2013

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/18/2013

Completed date: 08/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/18/2013 05:15 PM Entered By: [REDACTED]

CPSL [REDACTED] called Ms. [REDACTED] to inquire about her thoughts of receiving counseling regarding her sons death. Ms. [REDACTED] stated she would like to have counseling and she should be able to get it from [REDACTED]. She is receiving counseling there for her other issues such as her Bi-Polar issues. She has not informed her counselors that she is in need of grief counseling. I suggested that she informed them of her needs and that I would make a call to encourage them to work with her on this issue.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/06/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/06/2013

Completed date: 08/06/2013

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: 08/06/2013 03:00 PM Entered By: [REDACTED]

This case was discussed at Severe Abuse Review on 8-6-13. Present at the review were Legal [REDACTED] TC [REDACTED] TL [REDACTED] and CPS [REDACTED] Child, [REDACTED], died 4/26/13; mother's boyfriend allegedly beat the child causing fatal internal injuries. AP was arrested and placed in jail. Detective [REDACTED] with Youth Services was assigned. CPS will get with legal in regards to filing a petition against AP and mother. CPS [REDACTED] offered the mother grief counseling, but mother hasn't responded.

No TPR-Non-Custodial and no living child.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/05/2013

Contact Method:

Contact Time: 12:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/05/2013

Completed date: 08/05/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/05/2013 01:57 PM Entered By: [REDACTED]

On the above date and time CPSL [REDACTED] received at copy of the medical report from [REDACTED]. The Chief Complaint: Altered mental status with vomiting, diarrhea and cardiopulmonary. The complete medical report is within the case file. The child passed away on 4/26/2013.



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: 07/29/2013

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/29/2013

Completed date: 07/29/2013

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: 07/29/2013 09:59 AM Entered By: [REDACTED]

TL [REDACTED] completed a legal consult with DCS attorney [REDACTED] to determine if a petition can be filed in juvenile court to request an adjudication on this case. This TL was told a petition could not be filed as [REDACTED] is now deceased and there were no additional siblings in [REDACTED] home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/22/2013

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/08/2013

Completed date: 08/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2013 11:00 AM Entered By: [REDACTED]

A letter of indication was mailed to Mr. [REDACTED] by regular Mail.
 There was an attachment for Letter A included. The two forms are in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/20/2013

Contact Method:

Contact Time: 01:16 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/20/2013

Completed date: 07/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/20/2013 01:19 PM Entered By: [REDACTED]

This case came to the attention of the Department due to the death of the ACV. The ACV was identified as [REDACTED] (3). The AP is identified as [REDACTED] the mothers paramour. The child died apparently by the Physical Abuse perpetrated by Mr. [REDACTED] when he had the child in his care. Mr. [REDACTED] is now in jail awaiting trial. A letter of indication was mailed to Mr. [REDACTED] to the following address: [REDACTED] This case is closed as APII.



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: 07/19/2013

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/22/2013

Completed date: 07/22/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/22/2013 10:10 AM Entered By: [REDACTED]

The medical report was hand delivered to me at [REDACTED]. The report is in the case file. [REDACTED] Police has pictures of the child when he was examined at [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/05/2013

Contact Method:

Contact Time: 03:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/05/2013

Completed date: 05/05/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/05/2013 03:26 PM Entered By: [REDACTED]

CPSi [REDACTED] faxed a release of information form to the office of Dr. [REDACTED] requesting all medical information regarding the death of [REDACTED]. The faxed number is: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/02/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/02/2013

Completed date: 05/30/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Medical Exam

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/02/2013 03:28 PM Entered By: [REDACTED]

On the above date CPSI [REDACTED] participated in a Forensic Medical review conducted by [REDACTED] M.D., Assistant Medical Examiner at his office [REDACTED]. The following individuals were in attendance: Detectives [REDACTED] and [REDACTED] Sergeant [REDACTED] of [REDACTED] Police; TC [REDACTED] and TL [REDACTED] Dr. [REDACTED] gave his opinion of what caused the death of [REDACTED] and his opinion will be in the report from his office as soon as he receives the release of information from DCS. However he did mention blunt force. Sergeant [REDACTED] asked the question is this a homicide and Dr. [REDACTED] response was yes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/02/2013

Contact Method:

Contact Time: 07:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/02/2013

Completed date: 05/05/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/02/2013 03:30 PM Entered By: [REDACTED]

On the above date and time CPSI [REDACTED] received phone call from Detective [REDACTED] stating Ms. [REDACTED] did come in and was caught in several false statements. She was not able to give me a call to have me there for the interview. Detective [REDACTED] reminded me of the Forensic meeting scheduled for 1:00 near the TBI Headquarters.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/29/2013

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2013

Completed date: 09/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2013 07:06 PM Entered By: [REDACTED]

Completed the Notice of Child Fatality/Near Fatality form CS-0635 and it was faxed to the appropriate individuals to Central Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/29/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/02/2013

Completed date: 05/05/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/02/2013 03:33 PM Entered By: [REDACTED]

On the above date and time, CPSI [REDACTED] received phone call from Detective [REDACTED] regarding the phone call I received from Ms. [REDACTED] on Saturday 4/27/13. Detective [REDACTED] requested that I not talk to Mr. [REDACTED] anymore but make sure that I get all dictation in so she would have the opportunity to review it. She is hoping Ms. [REDACTED] will come in soon for another interview but she is now making funeral arrangement for [REDACTED]. She requested that I be in attendance when this happens. Detective [REDACTED] stated she would let me know when it happens. Detective [REDACTED] stated [REDACTED] was interviewed on Friday 4/26/13; he became emotional and was taken to the hospital.

Narrative Type: Addendum 1 Entry Date/Time: 09/04/2013 07:02 PM Entered By: [REDACTED]

Correction; not talk 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: Completed

Contact Date: 04/27/2013

Contact Method:

Contact Time: 04:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/05/2013

Completed date: 05/05/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/05/2013 02:47 PM Entered By: [REDACTED]

CPSI [REDACTED] call the Cell number of Detective [REDACTED] leaving a message that Ms. [REDACTED] called me stating she wanted to tell the truth and me encouraging Ms. [REDACTED] to call the Police on this same day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/27/2013	Contact Method:	Phone Call
Contact Time:	03:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/02/2013
Completed date:	05/05/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/02/2013 03:35 PM Entered By: [REDACTED]

On the above date and time CPSI [REDACTED] received phone call from Ms. [REDACTED] the biological mother of [REDACTED] (deceased) stating she wanted to tell me the truth. Ms. [REDACTED] first statement to CPSI [REDACTED] was: "Mr. [REDACTED] I want to tell you the truth". CPSI [REDACTED] said to Mr. [REDACTED] okay tell me what happen. Ms. [REDACTED] stated on Monday 4/22/13 was the first time she noticed bruises on [REDACTED] at approximately 8:00 p.m. She arrived home at approximately 7:00 p.m. During the time she was at work from 4:00 p.m. to 6:00 p.m. her boyfriend [REDACTED] was home with her son. When she noticed the bruises on [REDACTED] person she did not inquire how they got there Ms. [REDACTED] did not say where the bruises were on [REDACTED] body. Ms. [REDACTED] did not seek medical attention.

On Tuesday 4/23/13 Ms. [REDACTED] did not go to work. [REDACTED] was home with her all day. Ms. [REDACTED] applied cream on [REDACTED] but did not say were the cream was applied on his body. Ms. [REDACTED] stated [REDACTED] did not appear to be sick and the day continued as a normal day.

On Wednesday 4/24/13 Ms. [REDACTED] stated she and [REDACTED] were together all day. Ms. [REDACTED] made Hamburger Helper later that day when she had company over. The company was an adult lady named [REDACTED] last name unknown. According to Ms. [REDACTED] [REDACTED] appears to be in her 40's. About 5:45 [REDACTED] was fed the Hamburger Helper, at approximately 6:00 p.m. [REDACTED] started to throw-up. [REDACTED] was not taken to receive medical attention. CPSI [REDACTED] asked what time did [REDACTED] arrive home on Wednesday 4/24/13. Ms. [REDACTED] stated [REDACTED] went to work at 11:00 a.m. and was home by 7:00 p.m. Ms. [REDACTED] stated [REDACTED] informed her that he whipped [REDACTED] on Wednesday (same day) but according to Ms. [REDACTED] [REDACTED] got his days mixed up. Ms. [REDACTED] referred back to Monday 4/22/13 as to the time [REDACTED] whipped [REDACTED] the first time.

On Thursday 4/25/13 Ms. [REDACTED] stated she went to work arriving at 4:00 p.m., leaving [REDACTED] and [REDACTED] at home. When Ms. [REDACTED] returned home around 8:00 p.m., [REDACTED] was feeding [REDACTED] left-over Hamburger Helper. [REDACTED] informed Ms. [REDACTED] that he had whipped her son again because [REDACTED] had thrown up on a pillar on their sofa. Ms. [REDACTED] never said if [REDACTED] got up from a table and went to his room. Ms. [REDACTED] stated she immediately went to [REDACTED] room and found him on the bedroom floor. Ms. [REDACTED] stated she then noticed [REDACTED] had cuts on his face such as his nose, left eye and under his lip. After seeing that her son was injured and [REDACTED] wanted to get into the tub, Ms. [REDACTED] placed [REDACTED] in the tub at approximately 8:00 p.m.; 10:00p.m., on 4/25/13 and 2:00 a.m.; 3:00 a.m. and 4:50 a.m. on the morning of 4/26/13. During these times [REDACTED] continued to throw-up and would sometimes



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

have a bowel movement. At one point [REDACTED] just felled back with him in her arms, his eyes going back and forward.

During the conversation with Ms. [REDACTED] her phone cut off approximately 4 times. Each time CPSI [REDACTED] called back and continued the conversation.

CPSI [REDACTED] encouraged Ms. [REDACTED] to call [REDACTED] Police and tell them what she had told me, she stated she would.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/27/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/27/2013

Completed date: 04/27/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/27/2013 02:11 PM Entered By: [REDACTED]

CPSI [REDACTED] reminded Ms. [REDACTED] Social Worker at [REDACTED] to call in the referral after speaking with TL [REDACTED] Ms. [REDACTED] did so with CPSI [REDACTED] sitting next to her when she called in the referral. The Intake number given to her was: [REDACTED] In order for CPSI [REDACTED] to get the medical reports and pictures from [REDACTED] Ms. [REDACTED] gave me the medical records number: [REDACTED] At this time Ms. [REDACTED] stated the medical staff had not determined the caused of death but an autopsy will be performed on [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 04/27/2013 03:13 PM Entered By: [REDACTED]

The correct date on this note is 04/26/2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/26/2013

Contact Method: Face To Face

Contact Time: 11:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/27/2013

Completed date: 04/27/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/27/2013 03:11 PM Entered By: [REDACTED]

CPSI [REDACTED] met with Dr [REDACTED] (Emergency Doctor) at [REDACTED] and he gave an explanation for the bruises on [REDACTED] body. Dr. [REDACTED] stated in his opinion, if the child received these bruises on Wednesday 4/24/13, the child would have been in the ER on Wednesday night or Thursday due to the severity of the blow to the child's body. Where it looks like he was hit the organs in his body would have weakness very fast.



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: 04/26/2013 Contact Method:
 Contact Time: 11:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/27/2013
 Completed date: 04/27/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/27/2013 02:53 PM Entered By: [REDACTED]

CPSI [REDACTED] met the following relatives at [REDACTED] (maternal grandmother) [REDACTED] phone number [REDACTED]. [REDACTED] (aunt) [REDACTED], Phone number [REDACTED] (aunt), phone number [REDACTED] (uncle), [REDACTED] (stepmother) [REDACTED] (paternal aunt), [REDACTED] (paternal aunt) [REDACTED]

All the above stated [REDACTED] and [REDACTED] are co-habituating together at [REDACTED]. The matter of the time discrepancy was presented to the family members but none was aware that Ms. [REDACTED] took the ACV to a person named [REDACTED] who resides at [REDACTED] on Wednesday night. Ms. [REDACTED] stated she took the ACV there because Mr. [REDACTED] had to work. The maternal grandmother then spoke up and stated the child could have been dropped off at her house since she resides on the next street. No one was aware that [REDACTED] had been abused until all arrives at [REDACTED]

Ms. [REDACTED] stated while she was talking to Mr. [REDACTED] on the phone, she overheard Ms. [REDACTED] say to Mr. [REDACTED] you have not done anything to [REDACTED] again. Ms. [REDACTED] arrived at the home before EMS left the home, Police where there in the home and not allowing anyone to come or go.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/26/2013	Contact Method:	Face To Face
Contact Time:	09:10 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	04/27/2013
Completed date:	04/27/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/27/2013 01:58 PM Entered By: [REDACTED]

CPSI [REDACTED] was directed to a closed door directly across from the emergency room where [REDACTED] (ACV) was being examined by the [REDACTED] medical staff. Detective [REDACTED] and Sergeant [REDACTED] stated that Detective [REDACTED] was with the mother of the child conducting an interview. Shortly thereafter Detective [REDACTED] emerged from the room and the medical examiner took her place. Soon after Sergeant [REDACTED] stated that CPSI [REDACTED] could enter the room where the mother and medical examiner were discussing the case. After the examiner completed her interview with Ms. [REDACTED] CPSI [REDACTED] engaged Ms. [REDACTED] by expressing my condolences and asking if she was up to completing some paper work and if I could sit next to her to explained the procedures. Ms. [REDACTED] completed all HIPAA paperwork and reiterated her statement regarding how the incident occurred to her son. Ms. [REDACTED] is an African American woman 21 years old; she resides at [REDACTED] Ms. [REDACTED] phone is: [REDACTED]

Ms. [REDACTED] stated she allow an old friend [REDACTED] to keep the ACV on Wednesday 04/24/2013 evening while she went to work. She picked up the ACV after work at approximately 8:00 p.m. When she and the ACV arrived home the ACV informed his mother his stomach was hurting. She looked at his stomach and there were bruises. Ms. [REDACTED] stated she waited for her boyfriend to come home at 10:00 p.m. and that's when she put the ACV in the tub. Ms. [REDACTED] stated the ACV has a speech problem and was unable to tell her what happen or who did this to him. The next day on Thursday 4/25/2013 Ms. [REDACTED] stated she confronted Ms. [REDACTED] and questioned her about the bruises on her son's body. Ms. [REDACTED] denied doing anything to her son. Ms. [REDACTED] was unable to give Ms. [REDACTED] address but stated she resides at [REDACTED] As the day progressed the ACV continued to not feel well. He would not eat and he regurgitate several times. However, the ACV asked his mother to place him in their tub she did at 8:00 p.m.; 10:00 p.m.; 2:00 a.am 3:00 a.am and 4:50 a.m. At approximately 5:00 a.m. the ACV stopped breathing. Ms. [REDACTED] called 911 but the call did not go through. She ran next door and got her next door neighbor, he came over and told the [REDACTED] (Boyfriend) to administer CPR. 911 was called again, EMS did arrive at the home and the ACV was transported to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/26/2013	Contact Method:	Face To Face
Contact Time:	08:25 AM	Contact Duration:	Less than 04 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	04/27/2013
Completed date:	04/27/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/27/2013 01:03 PM Entered By: [REDACTED]

CPSI [REDACTED] received call from on-call TL [REDACTED] at 6:22 a.m. indicating that I have a death case, the victim is at [REDACTED] Hospital. CPSI [REDACTED] arrive at the emergency room at 8:25 a.m. to observe the ACV being examined by the police medical examiner and [REDACTED] medical staff. Pictures were taken of the ACV by the police medical examiner, there appeared to be several bruises and scratches on the ACV's face, chest, thighs and back.

The ACV had a medical mask on his face with a plastic tube running from his nose. There was blood dripping from the tube. The ACV also had a what appeared to be a plastic tube inserted in his left thigh. The medical staff performing the exam were: Dr. [REDACTED] (phone number [REDACTED]; [REDACTED] Nurse; [REDACTED] Nurse and [REDACTED] Nurse. The ACV had been pronounced dead before CPSI [REDACTED] arrived at the hospital.

The ACV was an African American male, he was 3 years old, his name was [REDACTED] CPSI [REDACTED] called TL [REDACTED] and informed him of what was going on, he instructed me to request the Social Worker to call in the referral as soon as possible.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/26/2013

Contact Method:

Contact Time: 06:22 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/26/2013

Completed date: 04/26/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/26/2013 01:14 PM Entered By: [REDACTED]

The Tennessee Bureau of Investigation Meth Offender Registry (<https://apps.tn.govmethor/>).CM did a search of the Tennessee Felony Offender Registry (https://apps.tn.gov/foil/foil_index.jsp)

A criminal Background check and SSMS check will be requested from DCS [REDACTED]

Daily notice of referral pursuant to 37-105 sent to Juvenile Court, Law Enforcement as applicable per local Protocol.

Case Manager received referral as a P1 on 4/26/13

Sent Referral LE/DA/CAC.

HIPPA, Release of Information, Parents/Clients Bill of Right, Native American Heritage Veto verification forms will be discussed, reviewed and signed at the meeting.

SDM will be scored and placed in file upon completion of initial ACV interview.

TFACTS history checked, family has a history in TFACTS.

Referent notification will be made by phone during initial referent interview.

Severe Abuse Notification is made to the District Attorneys Office. A copy of such notification is contained within the file. ICWA form signed, HIPPA form signed, parent rights handbook and grievance procedures explained and signed by the parents.

Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff/or Supervisors) as requested per Juvenile Court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CM did a search of the Tennessee Bureau of Investigation sex offender registry (<https://www.tbi.tn.gov/sorint/SOMainpg.aspx>).



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:	04/26/2013	Contact Method:	
Contact Time:	06:22 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/27/2013
Completed date:	04/27/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/27/2013 05:07 PM Entered By: [REDACTED]

The Tennessee Bureau of Investigation Meth Offender Registry (<https://apps.tn.govmethor/>).

CM did a search of the Tennessee Felony Offender Registry (https://apps.tn.gov/foil/foil_index.jsp)

A criminal Background check and SSMS check will be requested from DCS [REDACTED]

Daily notice of referral pursuant to 37-105 sent to Juvenile Court, Law Enforcement as applicable per local Protocol.

Case Manager received referral as a P1 on 04/26/13

Sent Referral LE/DA/CAC.

HIPPA, Release of Information, Parents/Clients Bill of Right, Native American Heritage Veto verification forms will be discussed, reviewed and signed at the meeting.

SDM will be scored and placed in file upon completion of initial ACV interview.

TFACTS history checked, family has a history in TFACTS.

Referent notification will be made by phone during initial referent interview.

Severe Abuse Notification is made to the District Attorneys Office. A copy of such notification is contained within the file. ICWA form signed, HIPPA form signed, parent rights handbook and grievance procedures explained and signed by the parents.

Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff/or Supervisors) as requested per Juvenile Court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

CM did a search of the Tennessee Bureau of Investigation sex offender registry (<https://www.tbi.tn.gov/sorint/SOMainpg.aspx>).



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 4/26/13 10:23 AM Date of Assessment: 4/27/13 12:00 AM
 Assessment Type: Initial Closing Other 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 ACV passed away 04/26/13

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: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 4/26/13 10:23 AM Date of Assessment: 7/22/13 12:00 AM
 Assessment Type: Initial Closing Other 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.
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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): _____

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.
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Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____