



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 07/12/2013 03:23 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 07/12/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 07/12/2013 04:39 PM
First Team Leader Assigned: [REDACTED] Date/Time 07/15/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 07/15/2013 12:00 AM

Allegations

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

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: Letter

Narrative: TFACTS: There was no demographic information provided, so no history could be completed.

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Indicated No

Fatality No

Screened out No



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

History (not listed above): None

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: Letter
School: None
Native American Descent: Unknown
Directions: none given

Reporters name/relationship: [REDACTED] [REDACTED] [REDACTED]

Reporter stated that the [REDACTED] Sheriff's Department is responding to a call with a child that is reported to be deceased. The child is a four year old male, but no other demographic information is known at this time.

Reporter stated that officers were dispatched to the home and it is reported that the parents stated that the four year old was observed last night sleeping (time unknown). It was then discovered that he was not breathing today at around 3:05 pm.

It is unknown if there are any other children in the home. There is no other information known at this time by the reporter. There has been no police report number generated as of yet.

Investigator [REDACTED] is responding to the scene now and is requesting immediate DCS assistance.

No special needs or disabilities are known.

Per SDM: Investigative Track / P 1-Child Fatality, [REDACTED] TL on 7-12-13 @ 4:14 pm
County group emailed at 4:14 pm.

Notified Child Fatality Group:

[REDACTED]

[REDACTED] and [REDACTED] were copied on the notification email.



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

Participant(s)

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Unable to

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:

Name: Unknown Participant [REDACTED], Unknown

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

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
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED], Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

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: 07/12/2013

Assignment Date: 07/15/2013

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 Classified Date |
|---|-----------------|--------------------------|------------------------------------|----------------------------|--------------------------|--|--------------|----------------------------------|
| | | SSN | | | SSN | | | |
| 1 | [REDACTED] | [REDACTED] [REDACTED] | Physical Abuse | [REDACTED] | [REDACTED] [REDACTED] | Allegation Substantiated / Perpetrator Substantiated | Yes | [REDACTED] 10/31/2013 |
| 2 | [REDACTED] | [REDACTED] [REDACTED] | Physical Abuse | [REDACTED] | [REDACTED] [REDACTED] | Allegation Substantiated / Perpetrator Substantiated | Yes | [REDACTED] 10/31/2013 |
| 3 | [REDACTED] | [REDACTED] [REDACTED] | Lack of Supervision | [REDACTED] | [REDACTED] [REDACTED] | Allegation Substantiated / Perpetrator Substantiated | Yes | [REDACTED] 10/31/2013 |
| 4 | [REDACTED] | [REDACTED] [REDACTED] | Abuse Death | [REDACTED] | [REDACTED] [REDACTED] | Allegation Substantiated / Perpetrator Substantiated | Yes | [REDACTED] 10/31/2013 |
| 5 | [REDACTED] | [REDACTED] [REDACTED] | Neglect Death | [REDACTED] | [REDACTED] [REDACTED] | Allegation Substantiated / Perpetrator Substantiated | Yes | [REDACTED] 10/31/2013 |
| 6 | [REDACTED] | [REDACTED] [REDACTED] | Physical Abuse | [REDACTED] | [REDACTED] [REDACTED] | Allegation Substantiated / Perpetrator Substantiated | Yes | [REDACTED] 10/31/2013 |
| 7 | [REDACTED] | [REDACTED] [REDACTED] | Physical Abuse | [REDACTED] | [REDACTED] [REDACTED] | Allegation Substantiated / Perpetrator Substantiated | Yes | [REDACTED] 10/31/2013 |
| 8 | [REDACTED] | [REDACTED] [REDACTED] | Lack of Supervision | [REDACTED] | [REDACTED] [REDACTED] | Allegation Substantiated / Perpetrator Substantiated | Yes | [REDACTED] 10/31/2013 |
| 9 | [REDACTED] | [REDACTED] [REDACTED] | Neglect Death | [REDACTED] | [REDACTED] [REDACTED] | Allegation Substantiated / Perpetrator Substantiated | Yes | [REDACTED] 10/31/2013 |

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments:



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]

CPSI [REDACTED] is closing the case as Allegation Indicated / Perpetrator Indicated in regards to Neglect Death on [REDACTED] by [REDACTED]. CPSI [REDACTED] is closing the case as Allegation Indicated / Perpetrator Indicated in regards to Neglect Death on [REDACTED] by [REDACTED]. CPSI [REDACTED] is closing the case as Allegation Indicated / Perpetrator Indicated in regards to Lack of Supervision on [REDACTED] by [REDACTED]. CPSI [REDACTED] is closing the case as Allegation Indicated / Perpetrator Indicated in regards to Lack of Supervision on [REDACTED] by [REDACTED]. CPSI [REDACTED] is closing the case as Allegation Indicated / Perpetrator Indicated in regards to Physical Abuse on [REDACTED] by [REDACTED]. CPSI [REDACTED] is closing the case as Allegation Indicated / Perpetrator Indicated in regards to Physical Abuse on [REDACTED] by [REDACTED].

D. Case Workers

Case Worker: [REDACTED]

Date: 10/31/2013

Team Leader: [REDACTED]

Date: 10/31/2013

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] spoke with the forensic interviewer, [REDACTED] on 07/14/2013 at the Child Advocacy Center. [REDACTED] stated [REDACTED] is sleep forever. [REDACTED] stated he slept on the couch because he was being nasty. [REDACTED] stated [REDACTED] saw him and [REDACTED] being nasty. [REDACTED] stated [REDACTED] touched his pee with some hot stuff. [REDACTED] stated [REDACTED] got in trouble for being nasty. [REDACTED] stated [REDACTED] got a whooping hard and he peed on the bed. [REDACTED] stated they get whooping on their butt.

[REDACTED] spoke with the forensic interviewer, [REDACTED] on 07/14/2013 at the Child Advocacy Center. [REDACTED] stated [REDACTED] was snoring all night until it was dark. [REDACTED] stated when she woke up [REDACTED] s lips and teeth were blue, but she had not eaten anything. [REDACTED] stated [REDACTED] was sleep in her bed and when she woke up and seen her lips she called her mother. [REDACTED] stated her mother, [REDACTED] called for her father, [REDACTED] and they made her and [REDACTED], go to the living room. [REDACTED] stated they waited and then her mother called the doctors. [REDACTED] stated her mother cooked breakfast but her and [REDACTED], could not eat because [REDACTED] was sick. [REDACTED] stated they then waited a while and her mother called her friends and then she called the doctors. [REDACTED] stated the doctors came. [REDACTED] stated her mother and father moved [REDACTED] from her bed to [REDACTED] bed so the doctors could get to her.

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

CPSI [REDACTED] spoke with Detective [REDACTED] on 7/13 at via phone. Detective [REDACTED] stated [REDACTED] had bruises all over her body. Det. [REDACTED] stated they attended the Autopsy on this date and [REDACTED] had internal and external injuries and there were injuries to her organs. Det. [REDACTED] stated [REDACTED] s brain was full of blood and there was severe damage to her brain. Det. [REDACTED] stated the Medical Examiner referred to [REDACTED] s condition as Battered Child Syndrome. Det. [REDACTED] stated the Medical Examiner Dr. [REDACTED] stated it would have sounded like [REDACTED] was snoring but it would have been her suffering as she was dying. Det. [REDACTED] stated the Medical Examiners office has stated the cause of death is Homicide. Det. [REDACTED] stated Mrs. [REDACTED] contacted 911 Dispatch at 2:56pm on 7/12. Det. [REDACTED] stated the first responder arrived at the family home at 3:01pm. Det. [REDACTED] stated when they arrived at the family home around 3:30pm, the noticed that the



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and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

rigamortis was leaving her body. Det. [REDACTED] stated rigamortis begins leaving the body after someone been deceased for over 12 hours.

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

CPSI [REDACTED] spoke with Detective [REDACTED] on July 12, 2013. Det. [REDACTED] stated [REDACTED] stated the last time she seen [REDACTED] awake was Wednesday July 10, 2013, around 9pm when she was putting her to bed. [REDACTED] stated she went to work at 9am on Thursday July 11, 2013 and [REDACTED] was still asleep. [REDACTED] stated when she got home on Thursday night at 7:30pm, [REDACTED] was asleep and snoring. [REDACTED] stated she went to wake [REDACTED] up on the afternoon of Friday July 12, 2013 and she was cold and not breathing. [REDACTED] stated she called 911 after finding her. CPSI [REDACTED] spoke with Detective [REDACTED] on July 12, 2013 via phone. Det. [REDACTED] spoke with [REDACTED] on this date and [REDACTED] stated sometime between 5-7pm on July 11, 2013, he caught [REDACTED] lying on top of [REDACTED] and doing some inappropriate things. [REDACTED] stated he separated [REDACTED] and [REDACTED] and sent [REDACTED] to her room. [REDACTED] stated [REDACTED] came out her room and stated she had hurt her head and [REDACTED] told her to go lie down. [REDACTED] stated [REDACTED] came home and cooked dinner and she tried to wake her up for dinner but she was sleep and snoring. [REDACTED] stated the put [REDACTED] and [REDACTED] to bed later on and [REDACTED] was still sleep. [REDACTED] stated he and [REDACTED] took a shower and went to bed. [REDACTED] stated [REDACTED] went to wake [REDACTED] up on the afternoon of Friday July 12, 2013 and she was not breathing. [REDACTED] stated they then called 911.

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

no witness to abuse or neglect

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

CPSI [REDACTED] is closing the case as Allegation Indicated / Perpetrator Indicated in regards to Physical Abuse on [REDACTED] by [REDACTED]. CPSI [REDACTED] is closing the case as Allegation Indicated / Perpetrator Indicated in regards to Physical Abuse on [REDACTED] by [REDACTED]. All of the following classification were classified based on [REDACTED] being arrested on 08/06/2013 for 1st degree/felony murder, false reporting, aggravated assault, and three counts of aggravated child abuse and neglect and [REDACTED] being arrested on 08/06/2013 for 1st degree/felony murder, false reporting, and 3 counts of aggravated child abuse and neglect. [REDACTED] and [REDACTED] entered state's custody on July 12, 2013.

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: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/02/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/03/2013

Completed date: 12/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/03/2013 02:10 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the Medical Examiners office. [REDACTED] stated [REDACTED]'s Autopsy Report is still pending



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/25/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/03/2013

Completed date: 12/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/03/2013 02:08 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the Medical Examiners office. [REDACTED] stated [REDACTED]'s Autopsy Report is still pending



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2013

Completed date: 12/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2013 03:38 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the Medical Examiners office. [REDACTED] stated [REDACTED]'s Autopsy Report is still pending



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/30/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/31/2013 11:58 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the Medical Examiners office. [REDACTED] stated [REDACTED]'s Autopsy Report is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/31/2013 11:58 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the Medical Examiners office. [REDACTED] stated [REDACTED]'s Autopsy Report is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/19/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

Completed By: [REDACTED]

Purpose(s): 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: 10/31/2013 11:54 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the Medical Examiners office. [REDACTED] stated [REDACTED]'s Autopsy Report is still pending.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/05/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/31/2013 11:54 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the Medical Examiners office. [REDACTED] stated [REDACTED]'s Autopsy Report is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2013

Completed date: 08/28/2013

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: 08/28/2013 08:51 AM Entered By: [REDACTED]

CPS received this case on 07/12/2013 as a (P1) with allegations of Neglect Death. The victim is listed as [REDACTED] and the perpetrator is [REDACTED] and [REDACTED]. The referral was assessed and assigned by TL, [REDACTED] on 07/12/2013 to CPSI [REDACTED]. Response is due on 07/13/2013.

Referral Summary: [REDACTED] Sheriff's Department is responding to a call with a child that is reported to be deceased. The child is a four year old female. Reporter stated that officers were dispatched to the home and is it reported that the parents stated that the four year old was observed last night sleeping (time unknown). It was then discovered that he was not breathing today at around 3:05 pm.

CPSI [REDACTED] verified the family's history of involvement with DCS through a search with DCS through a search of TNKids/TFACTS and the following history was found: [REDACTED], [REDACTED], and [REDACTED] exited states custody on November 08, 2012. [REDACTED] and [REDACTED] entered states custody on 4/14/2009 after was seen at her two month checkup having seizures. [REDACTED] had a left parietal skull fracture, left temporal bleeds, and rib fractures. [REDACTED] was observed with several on her butt as well. [REDACTED] was placed in states custody after he was born.

Initial Family Composition:

[REDACTED]

Notification of referral was sent to the Judge.
 Notification of this referral was sent to the District Attorney.

CPSI faxed the referral to Sergeant [REDACTED] and the Child Advocacy Center in order to convene the Child Protective Investigate Team (CPIT).

Notification of the referral was mailed to the referent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

This CPSI [REDACTED] along with the family obtained the following information in order to assess the familys strengths and possible needs/risk:

Is Current on Immunizations and Doctor: Yes

Mental Health: None

Physical health/disabilities: none

Medications: No

Domestic Violence: yes

Alcohol/Drug Use: No

Department History: yes

Police History: yes

Employment: [REDACTED] is employed at the [REDACTED]

Government Assistance: yes



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/23/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/31/2013 11:53 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the Medical Examiners office. [REDACTED] stated [REDACTED]'s Autopsy Report is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/14/2013 Contact Method: Face To Face
 Contact Time: 08:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 10/31/2013
 Completed date: 10/31/2013 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: 10/31/2013 12:14 PM Entered By: [REDACTED]

CPSI [REDACTED] staffed this case with the CPIT on 08/14/2013. The CPIT made an agreement to classify the allegations of Neglect Death in regards to [REDACTED] by [REDACTED] as Allegation Indicated / Perpetrator Indicated.

The CPIT made an agreement to classify the allegations of Neglect Death in regards to [REDACTED] by [REDACTED] as Allegation Indicated / Perpetrator Indicated.

The CPIT made an agreement to classify the allegations of Lack of Supervision in regards to [REDACTED] by [REDACTED] as Allegation Indicated / Perpetrator Indicated.

The CPIT made an agreement to classify the allegations of Lack of Supervision in regards to [REDACTED] by [REDACTED] as Allegation Indicated / Perpetrator Indicated.

The CPIT made an agreement to classify the allegations of Physical Abuse in regards to [REDACTED] by [REDACTED] as Allegation Indicated / Perpetrator Indicated.

The CPIT made an agreement to classify the allegations of Physical Abuse in regards to [REDACTED] by [REDACTED] as Allegation Indicated / Perpetrator Indicated.

The CPIT made an agreement to classify the allegations of Physical Abuse in regards to [REDACTED] by [REDACTED] as Allegation Indicated / Perpetrator Indicated.

The CPIT made an agreement to classify the allegations of Physical Abuse in regards to [REDACTED] by [REDACTED] as Allegation Indicated / Perpetrator Indicated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/19/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/31/2013

Completed date: 10/31/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/31/2013 11:07 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] at the Medical Examiners office. [REDACTED] stated [REDACTED]'s Autopsy Report is still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/13/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2013

Completed date: 08/28/2013

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: 08/28/2013 08:28 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Detective [REDACTED] on 7/13 at via phone. Detective [REDACTED] stated [REDACTED] had bruises all over her body. Det. [REDACTED] stated they attended the Autopsy on this date and [REDACTED] had internal and external injuries and there were injuries to her organs. Det. [REDACTED] stated [REDACTED] s brain was full of blood and there was severe damage to her brain. Det. [REDACTED] stated the Medical Examiner referred to [REDACTED] s condition as Battered Child Syndrome. Det. [REDACTED] stated the Medical Examiner Dr. [REDACTED] stated it would have sounded like [REDACTED] was snoring but it would have been her suffering as she was dying. Det. [REDACTED] stated the Medical Examiners office has stated the cause of death is Homicide. Det. [REDACTED] stated [REDACTED] contacted 911 Dispatch at 2:56pm on 7/12. Det. [REDACTED] stated the first responder arrived at the family home at 3:01pm. Det. [REDACTED] stated when they arrived at the family home around 3:30pm, the noticed that the rigamortis was leaving her body. Det. [REDACTED] stated rigamortis begins leaving the body after someone been deceased for over 12 hours.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/13/2013 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 05 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/28/2013
 Completed date: 08/28/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Sibling Interview/Observation,Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/28/2013 08:46 AM Entered By: [REDACTED]

***Section I: Interview with the child**

[REDACTED] spoke with the forensic interviewer, [REDACTED] on 07/14/2013 at the Child Advocacy Center. [REDACTED] stated [REDACTED] is sleep forever. [REDACTED] stated he slept on the couch because he was being nasty. [REDACTED] stated [REDACTED] saw him and [REDACTED] being nasty. [REDACTED] stated [REDACTED] touched his pee with some hot stuff. [REDACTED] stated [REDACTED] got in trouble for being nasty. [REDACTED] stated [REDACTED] got a whooping hard and he peed on the bed. [REDACTED] stated they get whooping on their butt.

[REDACTED] spoke with the forensic interviewer, [REDACTED] on 07/14/2013 at the Child Advocacy Center. [REDACTED] stated [REDACTED] was snoring all night until it was dark. [REDACTED] stated when she woke up [REDACTED] s lips and teeth were blue, but she had not eaten anything. [REDACTED] stated [REDACTED] was sleep in her bed and when she woke up and seen her lips she called her mother. [REDACTED] stated her mother, [REDACTED] called for her father, [REDACTED] and they made her and [REDACTED] go to the living room. [REDACTED] stated they waited and then her mother called the doctors. [REDACTED] stated her mother cooked breakfast but her and [REDACTED] could not eat because [REDACTED] was sick. [REDACTED] stated they then waited a while and her mother called her friends and then she called the doctors. [REDACTED] stated the doctors came. [REDACTED] stated her mother and father moved [REDACTED] from her bed to [REDACTED] bed so the doctors could get to her.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/12/2013 Contact Method: Phone Call
 Contact Time: 04:30 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/28/2013
 Completed date: 08/28/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/28/2013 08:26 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Detective [REDACTED] on July 12, 2013. Det. [REDACTED] stated [REDACTED] stated the last time she seen [REDACTED] awake was Wednesday July 10, 2013, around 9pm when she was putting her to bed. [REDACTED] stated she went to work at 9am on Thursday July 11, 2013 and [REDACTED] was still asleep. [REDACTED] stated when she got home on Thursday night at 7:30pm, [REDACTED] was asleep and snoring. [REDACTED] stated she went to wake [REDACTED] up on the afternoon of Friday July 12, 2013 and she was cold and not breathing. [REDACTED] stated she called 911 after finding her.

CPSI [REDACTED] spoke with Detective [REDACTED] on July 12, 2013 via phone. Det. [REDACTED] spoke with [REDACTED] on this date and [REDACTED] stated sometime between 5-7pm on July 11, 2013, he caught [REDACTED] lying on top of [REDACTED] and doing some inappropriate things. [REDACTED] stated he separated [REDACTED] and [REDACTED] and sent [REDACTED] to her room. [REDACTED] stated [REDACTED] came out her room and stated she had hurt her head and [REDACTED] told her to go lie down. [REDACTED] stated [REDACTED] came home and cooked dinner and she tried to wake her up for dinner but she was sleep and snoring. [REDACTED] stated the put [REDACTED] and [REDACTED] to bed later on and [REDACTED] was still sleep. [REDACTED] stated he and [REDACTED] took a shower and went to bed [REDACTED] stated [REDACTED] went to wake [REDACTED] up on the afternoon of Friday July 12, 2013 and she was not breathing. [REDACTED] stated they then called 911.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/12/2013 Contact Method: Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 05 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/28/2013
 Completed date: 08/28/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face,Notation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/28/2013 08:49 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) made a home visit/face to face to initiate the investigation, to insure safety, well-being and permanency.

[REDACTED] and [REDACTED] were present during this visit.

***Section I: Interview with the child**

CPSI [REDACTED] did not interview [REDACTED] and [REDACTED] on this date due to them the nature of the investigation and [REDACTED] and [REDACTED] requiring a forensic interview at a later time.

Section V: CPSI observed:

2. observation and presentation CPSI [REDACTED] observed [REDACTED] and [REDACTED] on this date and he appeared well dressed for the weather. CPSI [REDACTED] did observe any marks or bruises on [REDACTED] and [REDACTED]. CPSI [REDACTED] observed bruising on [REDACTED] and [REDACTED] butt and legs. (Photos are located in the CPS File). Bruises were observed on [REDACTED] as well.

4. observation of physical environment (inside and outside) CPSI [REDACTED] went to the family home on this date. The home was clean and appropriate. There was food in the home and all utilities appeared to working properly.

Section VI: Next Steps:

Due to the prior history and the concern of [REDACTED]'s cause of death [REDACTED]. was placed in state's custody. CPSI [REDACTED] will continue to monitor the case and conduct monthly face to face visits, to insure safety, permanency, and well being.