

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

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 02/21/2022 04:59 PM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 02/21/2022

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 02/22/2022 07:41 AM  
First Team Leader Assigned: [REDACTED] [REDACTED] Date/Time 02/22/2022 12:00 AM  
First Case Manager [REDACTED] [REDACTED] Date/Time 02/22/2022 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED] [REDACTED]	3 Yrs	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	

Preliminary Near Death: [REDACTED] [REDACTED]

**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: NON-CUSTODIAL CHILD PRELIMINARY NEAR DEATH

Family Case IDs: [REDACTED]  
Associated Case IDs: [REDACTED]

Family Case ID Detailed History: [REDACTED] name is [REDACTED] [REDACTED] She has a history from when she was a child. [REDACTED] also has a history from when he was a child.

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Pending: No

Awaiting Screening: No

Submitted: Referral # [REDACTED] / Investigation / PHA (S) PAIR / 02.21.2022 (This was reconsidered to Screen out based on the open PND Case)



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

Open CPS: No  
Substantiated: No  
Death: No

Screen Outs: Yes- [REDACTED]

History (not listed above): Yes

Track ASMT / Case # [REDACTED] / DEC/ No Services Needed and Services Recommended Approved:  
06.24.2021/ ACV: [REDACTED] End Date-07.30.2021

County of Jurisdiction: [REDACTED]  
School/ Daycare: None.  
Active Military Status: No.

Reporter's name/relationship: [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (2) resides with his mother, [REDACTED] (22), and [REDACTED] paramour, [REDACTED] (21), in [REDACTED] County. [REDACTED] (age unknown) is the father of the child and his whereabouts are unknown.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?

An immediate response from DCS is requested to [REDACTED] Children's Hospital @ [REDACTED] ([REDACTED]).

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.

Today (2-21-22), [REDACTED] transferred to [REDACTED] Children's Hospital by EMS with CPR in progress. [REDACTED] was originally admitted to another hospital (name unknown) in [REDACTED] County.

Initially, [REDACTED] called EMS for [REDACTED] because he had fallen in the home along with [REDACTED] experiencing respiratory arrest. It is unknown where or how [REDACTED] fell in the home. It is unknown if [REDACTED] respiratory arrest is related to him allegedly falling in the home. Medical personnel believes that [REDACTED] accumulated his injuries through non accidental trauma. [REDACTED] was transported to the hospital in [REDACTED] County, where he was found to be in cardiac arrest. Medical personnel completed CPR on [REDACTED] before incubating him and transferring him to [REDACTED]. It is unknown what condition [REDACTED] was in he was transported to [REDACTED].

Currently, [REDACTED] is at [REDACTED] Children's Hospital. Medical personnel notes that [REDACTED] has substantial bruising to back, a bite mark on his right leg, and significant bruising around his scrotum and rectum area. [REDACTED] is currently receiving a CT scan. It is believed that [REDACTED] is being examined by Dr. [REDACTED] and other members of [REDACTED] care team. However, medical personnel are extremely close to pronouncing [REDACTED] brain dead.

At this time, it is believed that [REDACTED] caused [REDACTED] injuries because he was the only one home when EMS responded. [REDACTED] was not present in the home when this incident occurred. [REDACTED] attends classes daily from 8am-2:30pm at a local community college. Medical personnel notes that the sheriff's department and TBI are present at the hospital, and they both have concerns about non accidental trauma.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?

None.

-Anything additional to add to this initial report for the responding worker to know prior to response?

None.



**Tennessee Department of Children's Services  
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CM Notation: No

Screeners Notation: This is currently being sent to the county as the referent is requesting immediate assistance. The referral is pending approval by CAH Director [REDACTED]

Emailed/Paged CPSI On Call:

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	02-21-22 05:39:27 PM	[REDACTED]	---	+
	02-21-22 05:39:27 PM	[REDACTED]	---	
Email Sent				
[REDACTED]	02-21-22 05:39:27 PM	[REDACTED]	02-21-22 05:39:53 PM	[REDACTED] + Received
	02-21-22 05:39:27 PM	[REDACTED]	---	+
	02-21-22 05:39:27 PM	[REDACTED]	[REDACTED]	tn.gov
Email Sent				

Notified Child Death/Preliminary Near-Death Notification Group via Email:

Region RA : [REDACTED]

Per SDM: Investigation P1 [REDACTED] CM3 02.21.2022 @ 6:12 p.m. (Per approval by CAH Director [REDACTED])



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** 24 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Case #2022.027

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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** White **Age:** 3 Yrs

**Address:** [REDACTED], Tennessee [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Case #2022.027

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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Case #2022.027

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

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

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Case #2022.027

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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** 22 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**





## Tennessee Department of Children's Services

### Case Recording Summary

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

#### Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-01-11 08:00:00.0	Contact Method:
Contact Time: 08:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/11/2023
Completed date: 01/11/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

#### Children Concerning

#### Participant(s)

#### Narrative Details

Narrative Type: Original      Entry Date/Time: 01/11/2023 11:19 AM      Entered By: [REDACTED] [REDACTED]

The Department of Children's Services (DCS) received a referral on 21 February 2022 with allegations of Physical Abuse (PHA) regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] [REDACTED]. The Alleged Perpetrator (AP) was identified as Unknown (later identified as [REDACTED] [REDACTED] [REDACTED] mothers paramour). [REDACTED] [REDACTED] passed away on 23 February 2022, at which time an allegation of Abuse Death was added, with [REDACTED] [REDACTED] named as the AP. This investigation was assigned to Child Protective Services Case Manager (CM) [REDACTED] [REDACTED] by Team Leader (TL) [REDACTED] [REDACTED]. This case was worked in conjunction with [REDACTED] Sheriff's Office (CSO) Detectives, [REDACTED] [REDACTED] and [REDACTED] [REDACTED] and Tennessee Bureau of Investigations (TBI) Agents, [REDACTED] [REDACTED] and [REDACTED] [REDACTED].

[REDACTED] [REDACTED] (2 years) resided with his birth mother, [REDACTED] [REDACTED] [REDACTED] and his mothers paramour, [REDACTED] [REDACTED] in [REDACTED] County. [REDACTED] [REDACTED] birth father, [REDACTED] [REDACTED] resided in [REDACTED] County, TN. At the time of the referral, Mrs. [REDACTED] was at school at [REDACTED] [REDACTED] at [REDACTED] [REDACTED] and [REDACTED] was in the care of Mr. [REDACTED].

It was reported on 21 February 2022 that Mr. [REDACTED] had called emergency management systems for [REDACTED] due to [REDACTED] falling in the home and experiencing respiratory arrest. It was reported medical personnel believed that [REDACTED] received his injuries from non-accidental trauma. It was reported [REDACTED] was initially transported to [REDACTED] Regional Medical Center, where it was discovered [REDACTED] was in cardiac arrest. It was reported medical personnel completed CPR on [REDACTED] prior to intubating him and transferring him to [REDACTED] Children's Hospital. It was reported medical personnel are close to pronouncing [REDACTED] brain dead.

On 21 February 2022, [REDACTED] [REDACTED] was observed by CM [REDACTED] [REDACTED] at [REDACTED] Children's Hospital. [REDACTED] was observed connected to a monitor, wearing a c-collar, and was intubated. [REDACTED] was unclothed, aside from a diaper and a blanket. [REDACTED] was observed with bruising on his arm and on his forehead. Nurses removed [REDACTED] diaper, and a bruise and scratch was observed on his scrotum. [REDACTED] was observed a second time later in the evening; during the second observation, [REDACTED] c-collar was changed, and blood was suctioned from his mouth. [REDACTED] was observed to show no signs of discomfort, and nurses confirmed there



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

was no paralytic provided. There were no physical or audible sounds of pain or distress. Doctors did not begin the brain death tests until after [REDACTED] was at the hospital for 24-hours, therefore no one specifically stated he was brain dead, only they would be performing tests. There were no signs of life other than what the machines were providing.

On 21.February.2022, CM [REDACTED] CSO Detective [REDACTED] and TBI Agent [REDACTED] interviewed Mrs. [REDACTED] (birth mother). Mrs. [REDACTED] reported being in a relationship with Mr. [REDACTED] (AP) for almost a year. Mrs. [REDACTED] reported [REDACTED] was diagnosed with febrile seizures, however he has had four seizures that were non-febrile related in the last year. Mrs. [REDACTED] reported receiving a phone call from Mr. [REDACTED] while at school that [REDACTED] had a seizure, fell, and was not breathing. Mrs. [REDACTED] reported [REDACTED] also had two injuries in the last two weeks, both while in the care of Mr. [REDACTED]. Mrs. [REDACTED] reported [REDACTED] had a burn on his buttocks due to playing with a hair dryer after his bath and putting the hair dryer to his buttocks. Mrs. [REDACTED] reported [REDACTED] has a knot on his forehead from falling in the garage. Mrs. [REDACTED] reported there is no set visitation with Mr. [REDACTED] (birth father), however Mr. [REDACTED] typically cancels the visits. Mrs. [REDACTED] denied knowledge of a prognosis or timeframe of how long [REDACTED] would be in the hospital. Mrs. [REDACTED] displayed no signs of emotional distress and did not appear to comprehend the severeness of situation. Mrs. [REDACTED] was interviewed a second time, later the same night. Mrs. [REDACTED] stated the doctors are unsure if [REDACTED] will pull through. Mrs. [REDACTED] denied knowledge of any item in the home [REDACTED] could have climbed on to cause the injuries sustained today. Mrs. [REDACTED] was informed the injuries were not accidental or due to a fall and were intentional. Mrs. [REDACTED] denied Mr. [REDACTED] being physical with [REDACTED] and denied any thoughts, concerns, or beliefs that Mr. [REDACTED] would harm [REDACTED].

On 21.February.2022, CM [REDACTED] interviewed Mr. [REDACTED]. Mr. [REDACTED] reported understanding [REDACTED] would not survive his injuries, however there was no definite timeline. Mr. [REDACTED] reported the last visit he had with [REDACTED] was approximately 2-3 months ago. Mr. [REDACTED] reported he could not afford the gas to drive from [REDACTED] TN to [REDACTED] TN. Mr. [REDACTED] reported concerns with Mr. [REDACTED] due to Mr. [REDACTED] kissing [REDACTED] on his hand, cheek, and head frequently after only knowing him for a few weeks. Mr. [REDACTED] reported concerns with the home due to the flooring being pallets and wood in places, boxes of garbage piled to the ceiling, no doors in certain rooms, and fiberglass insulation was exposed.

On 21.February.2022, TBI Agent [REDACTED] asked Mrs. [REDACTED] to call Mr. [REDACTED] for a recorded interview. Mrs. [REDACTED] agreed and was instructed on what to say in an attempt to obtain any additional information or facts from Mr. [REDACTED] without his knowledge of TBI Agent [REDACTED] presence. Throughout the phone call, Mr. [REDACTED] denied knowledge of what happened to [REDACTED].

On 21.February.2022, CM [REDACTED] TCSO Detective [REDACTED] and TBI Agent [REDACTED] met with CARE Team Social Worker (SW) [REDACTED]. SW [REDACTED] reported [REDACTED] currently has a subdermal bleed, a midline shift, and retinal hemorrhage. SW [REDACTED] reported the midline shift was preventing [REDACTED] from breathing on his own and that a neurosurgeon has completed an exam and determined the damage is too extensive for surgery. SW [REDACTED] reported [REDACTED] had a nose fracture, but no skull fracture.

On 23.February.2022, CM [REDACTED] spoke with TBI Agent [REDACTED] who reported concerns for the inside of the home. TBI Agent [REDACTED] reported there was subflooring exposed throughout the home, bowls of food and water with mold growing that were in the floor in the room [REDACTED] spent the majority of the time for [REDACTED] to eat and drink.

On 31.August.2022, CM [REDACTED] received the results of the autopsy completed on [REDACTED]. The Autopsy was completed on 26.February.2022 by [REDACTED], M.D. Center for Forensic Medicine, [REDACTED] TN. Cause of death is listed as blunt force injuries of the head. Manner of death is listed as homicide.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The autopsy stated, Autopsy showed a well-developed body with male phenotype. There were multiple blunt force injuries with contusions of the head, torso, extremities, and genitalia. On the buttocks were multiple patterned injuries consisting of parallel, linear abrasions and faint scars of varying ages and orientation. The brain showed marked and diffuse edema and softening. There was a hypoxic ischemic injury of the brain, acute subdural hemorrhage, laceration of the corpus callosum with adjacent intraventricular hemorrhage, disruption of the midbrain with adjacent hemorrhage, and intraparenchymal hemorrhage of the pons. The eyes showed bilateral optic nerve subdural hemorrhage, bilateral intraretinal hemorrhage, and bilateral retinal detachment. Toxicological studies were performed on blood collected on 22 February 2022 and did not detect alcohol or drugs included in the panel. Death was caused by blunt force injuries of the head. Reports of the death investigation and autopsy findings indicate the manner of death to be homicide.

On 04 May 2022, CM [REDACTED] [REDACTED] presented this case to the [REDACTED] Child Protective Investigative Team. The Team was in agreement that there is a preponderance of evidence that supports substantiation of Abuse Death and Physical Abuse.

Per DCS Policy Work Aid 1:

Child Death is defined as:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

Per DCS Policy Work Aid 1:

Physical Abuse is defined as:

Any non-accidental physical injury or trauma that could cause injury inflicted by a parent, legal custodian, relative, or any other person who is responsible for the care, supervision, or treatment of the child. Physical abuse also includes, but is not limited to:

- a) A parent or legal custodian/caretakers failure to protect a child from another person who perpetrated physical abuse on a child;
- b) Injuries, marks, and/or bruising that go beyond temporary redness or are in excess of age appropriate corporal punishment (e.g. a bruise, broken bone, cut, burn);
- c) Violent behavior by the parent or legal custodian/caretaker that demonstrates a disregard for the presence of a child in and could reasonably result in serious injury. Striking (hitting, kicking, punching, slapping, ect) a child in such a way that would result in internal injury. Factitious Disorder Imposed on Another (FDIA), formerly known as Munchausen by proxy Syndrome could be considered physical abuse, medical neglect, or psychological abuse.

This case will be classified and closed as Allegation Substantiated, Perpetrator Substantiated for the allegations of Abuse Death and Physical Abuse against [REDACTED] [REDACTED] [REDACTED] concerning [REDACTED] [REDACTED] [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2023-01-09 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 01:58 PM Entered By: [REDACTED] [REDACTED]

There are no updates to provide at this time. Mr. [REDACTED] was arrested and posted bond in October. Mr. [REDACTED] is charged with Aggravated Child Abuse and Felony Murder. CM has had no communication with the family since February.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-12-29 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 01:56 PM Entered By: [REDACTED] [REDACTED]

There are no updates to provide at this time. Mr. [REDACTED] was arrested and posted bond in October. Mr. [REDACTED] is charged with Aggravated Child Abuse and Felony Murder. CM has had no communication with the family since February.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 2022-11-30 09:00:00.0 Contact Method:  
 Contact Time: 09:00 AM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Group Home Created Date: 01/09/2023  
 Completed date: 01/09/2023 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 01:50 PM Entered By: [REDACTED] [REDACTED]

There are no updates to provide at this time. Mr. [REDACTED] was arrested and posted bond in October. Mr. [REDACTED] is charged with Aggravated Child Abuse and Felony Murder. CM has had no communication with the family since February.

Narrative Type: Created In Error Entry Date/Time: 01/09/2023 01:55 PM Entered By: [REDACTED] [REDACTED]

note entered twice



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-11-30 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 01:54 PM Entered By: [REDACTED] [REDACTED]

There are no updates to provide at this time. Mr. [REDACTED] was arrested and posted bond in October. Mr. [REDACTED] is charged with Aggravated Child Abuse and Felony Murder. CM has had no communication with the family since February.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-10-31 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 01:48 PM Entered By: [REDACTED] [REDACTED]

There are no updates to provide at this time. Mr. [REDACTED] was arrested and posted bond in October. Mr. [REDACTED] is charged with Aggravated Child Abuse and Felony Murder. CM has had no communication with the family since February.





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-10-21 12:42:00.0

Contact Method:

Contact Time: 12:42 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 09:26 AM Entered By: [REDACTED] [REDACTED]

On 21.October.2022, CM [REDACTED] [REDACTED] received notification from Mobile Patrol that Mr. [REDACTED] [REDACTED] was released after posting bail.

CM [REDACTED] [REDACTED] immediately contacted Detective [REDACTED] [REDACTED] Detective [REDACTED] confirmed Mr. [REDACTED] was released. Detective [REDACTED] reported [REDACTED] County Sheriff's Department reached out to Ms. [REDACTED] [REDACTED] Detective [REDACTED] reported Ms. [REDACTED] reported no contact with Mr. [REDACTED] since February. Detective [REDACTED] reported Ms. [REDACTED] stated she is doing well.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-10-19 16:30:00.0

Contact Method:

Contact Time: 04:30 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 09:20 AM Entered By: [REDACTED] [REDACTED]

On 19.October.2022, CM [REDACTED] learned Mr. [REDACTED] [REDACTED] was arrested due to a Facebook post.

CM [REDACTED] immediately checked mobile patrol and confirmed Mr. [REDACTED] was incarcerated on a \$50,000 bail.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-10-17 16:30:00.0

Contact Method:

Contact Time: 04:30 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 09:18 AM Entered By: [REDACTED] [REDACTED]

On 17.October.2022, CM [REDACTED] [REDACTED] was informed Mr. [REDACTED] [REDACTED] was indicted on charges of Felony Murder and Aggravated Child Abuse.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-09-30 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 01:47 PM Entered By: [REDACTED] [REDACTED]

There are no updates to provide at this time. CM has had no communication with the family since February.



## Tennessee Department of Children's Services

### Case Recording Summary

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

#### Case Recording Details

Recording ID: [REDACTED]	Status: Created In Error
Contact Date: 2022-09-01 12:16:00.0	Contact Method:
Contact Time: 12:16 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/01/2022
Completed date: 09/01/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

#### Children Concerning

#### Participant(s)

#### Narrative Details

Narrative Type: Original      Entry Date/Time: 09/01/2022 12:17 PM      Entered By: [REDACTED] [REDACTED]

On 21.February.2022, the Department of Childrens Services (DCS) received a referral for an allegation of Preliminary Near Death Physical Abuse (later the allegation of Abuse Death was added) regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] (2 years 10 months). The alleged perpetrator was identified as [REDACTED] [REDACTED] (mothers paramour). This investigation was assigned to Child Protective Service Investigator (CPSI) [REDACTED] [REDACTED] by Lead Investigator (LI) [REDACTED]. This case was worked in conjunction with [REDACTED] County Sheriffs Department (CSO) Detective [REDACTED] and Detective [REDACTED] and Tennessee Bureau of Investigations (TBI) Investigator [REDACTED] [REDACTED] and Investigator [REDACTED] [REDACTED].

[REDACTED] (2 years 10 months) resided in he home with [REDACTED] [REDACTED] (birth mother) and [REDACTED] [REDACTED] (mothers paramour) in [REDACTED] Tennessee. [REDACTED] biological father, [REDACTED] [REDACTED] resided in [REDACTED] Tennessee.

On 21.February.2022, due to an open investigation regarding the family (Investigation ID # [REDACTED]) the Department of Childrens Services were notified of the Preliminary Near Death of [REDACTED] [REDACTED]. Upon receiving the information, Detective [REDACTED] was contacted at which time it was confirmed that on 21.February.2022 [REDACTED] County Emergency Management responded to the family home in response to an unresponsive toddler with seizure activity and a male adult due to a 9-1-1 call that identified the toddler as [REDACTED] [REDACTED] and the adult as Mr. [REDACTED] [REDACTED]. Detective [REDACTED] reported Detective [REDACTED] was at [REDACTED] Childrens Hospital along with Investigator [REDACTED] [REDACTED]. At this time, CM [REDACTED] traveled to [REDACTED] Childrens Hospital. Interviews were conducted with hospital staff, Ms. [REDACTED] [REDACTED] (mother) and Mr. [REDACTED] [REDACTED] (father).

On 21.February.2022, CARE Team Social Worker (SW) [REDACTED] reported [REDACTED] currently has a subdermal bleed, a midline shift, and retinal hemorrhage. SW [REDACTED] reported the midline shift was preventing [REDACTED] from breathing on his own. SW [REDACTED] reported the neurosurgeon has completed an exam on [REDACTED] and refused surgery due to the extensive damage. SW [REDACTED] reported [REDACTED] was not responding to stimuli, including touch, eye reaction, and gag reflexes. SW [REDACTED] reported [REDACTED] had a nose fracture, but there was no skull fracture. SW [REDACTED] reported that during interviews with hospital staff, Ms. [REDACTED] reported [REDACTED] fell the previous week and his nose appeared swollen, and Ms. [REDACTED] assumed this was the cause of the nose fracture. SW [REDACTED] [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

reported Ms. [REDACTED] also stated [REDACTED] is diagnosed with febrile seizures, and there has been an increase in seizures in the last year, however he has not had his medications for about a week.

On 21.February.2022 CM [REDACTED] Detective [REDACTED] and Investigator [REDACTED] interviewed Ms. [REDACTED] (birth mother). Ms. [REDACTED] reported next week is her and Mr. [REDACTED] (paramour, AP) one-year-anniversary. Ms. [REDACTED] reported [REDACTED] is diagnosed with febrile seizures, and [REDACTED] has had four seizures in the last year that were non-fever related. Ms. [REDACTED] reported she was at school [REDACTED] in [REDACTED] when she received the phone call from Mr. [REDACTED] that [REDACTED] had a seizure, fell, and was not breathing. Ms. [REDACTED] reported arriving at the family home as the ambulance left with [REDACTED] Ms. [REDACTED] reported [REDACTED] had two previous injuries in the last two weeks. Ms. [REDACTED] reported [REDACTED] was playing with the hairdryer after his bath and put it to his buttocks and burned himself. Ms. [REDACTED] reported [REDACTED] has a knot on his forehead from falling in the garage. Ms. [REDACTED] denied being present for either injury and reported only knowing details based on what Mr. [REDACTED] (paramour) told her. Ms. [REDACTED] reported Mr. [REDACTED] (father) is allowed visitations whenever he wants, however he typically cancels the visits. Ms. [REDACTED] reported Mr. [REDACTED] last saw [REDACTED] around Thanksgiving. Ms. [REDACTED] denied any concerns with either Mr. [REDACTED] or Mr. [REDACTED] Ms. [REDACTED] reported Mr. [REDACTED] is the caregiver for [REDACTED] Monday through Friday from 8am until 230pm due to her being in school. Ms. [REDACTED] denied a timeline of how long [REDACTED] would be in the hospital or a prognosis. Ms. [REDACTED] did not display signs of emotional distress. Ms. [REDACTED] did not appear to comprehend the severeness of the case. Ms. [REDACTED] was interviewed a second time this evening. Ms. [REDACTED] then stated the doctors are unsure if [REDACTED] will pull through. Investigator [REDACTED] informed Ms. [REDACTED] that a medical professional spoken with on this date believed [REDACTED] will survive. Ms. [REDACTED] denied knowledge of any item [REDACTED] could have climbed on and fallen to have the injuries sustained. Investigator [REDACTED] informed Ms. [REDACTED] the injuries sustained were not accidental, were not due to a fall, and were intentional. Ms. [REDACTED] denied knowledge of Mr. [REDACTED] being physical with [REDACTED] Ms. [REDACTED] denied any thoughts, concerns, or beliefs that Mr. [REDACTED] would harm [REDACTED]

On 21.February.2022, CM [REDACTED] interviewed Mr. [REDACTED] (father). Mr. [REDACTED] reported understanding that [REDACTED] will pass, however there has not been a timeline provided. Mr. [REDACTED] reported the last visit he had with [REDACTED] was around two-three months ago. Mr. [REDACTED] reported difficulties affording gas to travel to pick [REDACTED] up, and Ms. [REDACTED] (mother) refuses to meet half-way. Mrs. [REDACTED] denied a history of abuse against [REDACTED] Mr. [REDACTED] reported doubts that Ms. [REDACTED] was the abuser or that she was aware of the abuse. Mr. [REDACTED] reported Mr. [REDACTED] (mothers paramour) seems weird and that he is geeky and likes video games. Mr. [REDACTED] reported something seemed off with Mr. [REDACTED] due to Mr. [REDACTED] kissing [REDACTED] on the hand and cheek and head frequently and was holding [REDACTED] just a few weeks after Mr. [REDACTED] and Ms. [REDACTED] knowing each other. Mr. [REDACTED] reported concerns with the home due to the flooring being pallets and wood in places, boxes of garbage to the ceiling, no doors in certain rooms, and fiberglass insulation exposed. Mr. [REDACTED] was visibly upset during the interview.

On 21.February.2022, CM [REDACTED] observed ACV [REDACTED] (2 years 10 months). [REDACTED] was observed in a hospital bed covered with a Paw Patrol blanket. [REDACTED] was hooked up to a monitor, was intubated, and was wearing a c-collar. [REDACTED] was unclothed, except for a diaper. [REDACTED] was observed with bruising on his arms and a bruise and a small (2-3 centimeter) scratch on his scrotum. [REDACTED] was observed a second time later in the night. During the second observation, nurses changed the C-Collar, added bandages to prevent rubbing, and suctioned blood from [REDACTED] mouth. [REDACTED] was never observed to show signs of discomfort or pain. Nurses confirmed there was no paralytic given.

On 21.February.2022, CM [REDACTED] and Investigator [REDACTED] interviewed Ms. [REDACTED] (mother). Investigator [REDACTED] requested Ms. [REDACTED] call Mr. [REDACTED] (paramour) for a recorded interview. Investigator [REDACTED] instructed Ms. [REDACTED] on what to say in an attempt to obtain any additional facts or



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

information without Mr. [REDACTED] knowing Investigator [REDACTED] is listening. Ms. [REDACTED] agreed. During the phone call, Mr. [REDACTED] maintained that he did not know what happened to [REDACTED] Mr. [REDACTED] expressed love for Ms. [REDACTED] and Ms. [REDACTED] returned the affection.

On 22.February.2022, CM [REDACTED] [REDACTED] contacted [REDACTED] Childrens Hospital to request updates on [REDACTED] [REDACTED] It was reported there are no current up-dates, and the hospital would begin Brain Death Test this afternoon. It was reported the first test would be administered approximately 24-hours after admission, and the second would be 12-hours later and conducted by a different physician. It was reported no family was at the hospital. CM [REDACTED] later received a phone call from [REDACTED], Pediatric Social Worker. SW [REDACTED] reported the Brain Death Tests would begin this afternoon, however he does not have a timeframe of when they will be administer. SW [REDACTED] denied any changes and denied family presence.

On 22.February.2022, CM [REDACTED] [REDACTED] traveled to [REDACTED] Childrens Hospital. Upon arrival, CM [REDACTED] informed the doctors are performing the first Brain Death Test. The doctor was observed informing Ms. [REDACTED] [REDACTED] (mother) of the results of the test, and Ms. [REDACTED] was observed crying.

On 22.February.2022, CM [REDACTED] [REDACTED] spoke with Dr. [REDACTED], pediatric doctor at [REDACTED] Childrens Hospital. Dr. [REDACTED] reported the initial Brain Death Test coincided with Brain Death. Dr. [REDACTED] reported the next test would be performed the following morning. Dr. [REDACTED] reported the family arrived at the hospital between 11:30 am and noon.

On 23.February.2022, CM [REDACTED] [REDACTED] contacted [REDACTED] Childrens hospital. It was reported the second Brain Death Test had not been performed due to no family being present. It was reported Ms. [REDACTED] [REDACTED] (mother) has arrived at the hospital, and staff is waiting on Mr. [REDACTED] [REDACTED] (father) to perform the second test.

On 23.February.2022, CM [REDACTED] [REDACTED] spoke with Investigator [REDACTED] [REDACTED] Investigator [REDACTED] reported she followed up with the family the previous day at the hospital. Investigator [REDACTED] reported Mr. [REDACTED] (father) questioned Ms. [REDACTED] [REDACTED] (mother) custody rights over [REDACTED] Investigator [REDACTED] reported there was subflooding exposed throughout the home, bowls of food and water with mold growing that were in the floor for [REDACTED] to eat and drink.

On 23.February.2022 at 1:47pm, CM [REDACTED] [REDACTED] received a text message from CARE Team Social Worker [REDACTED] that stated: Time of Death 13:47

On 31.August.2022, Case Manager [REDACTED] [REDACTED] received the final autopsy report. The following information was reported:

Date of Death: 02/23/2022 1:47 PM  
 Type of Death: Suspected Homicide

Narrative Summary: Reportedly, the decedent was a 2 year-old, white male who was transferred from [REDACTED] Regional Medical Center to [REDACTED] University Medical Center on 02/21/2022 for possible seizure activity and higher level care. The decedent was diagnosed with non-accidental traumatic injury to a child, brain compression, acute encephalopathy, subdural hemorrhage, diabetes incipits, nasal fracture, coagulopahty, anemia, acute respiratory failure with hypoxia and hypercaribia, metabolic acidosis, lactic acidosis, retinal hemorrhages bilaterally, and retinal detachment in left eye. The decedent's condition continued to decline until death was pronounced by Dr. [REDACTED] on 02/23/2022 at 1347 hours. Medical Examiner jurisdiction was accepted to determine cause and manner of death. The decedent was pronounced brain death and



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

consented for organ donation by the family and will be transported to the Center for Forensic Medicine by [REDACTED] Removal Services after the organ donation process.

Cause of Death: Blunt force injuries of the head

Manner of Death: Homicide

On 04.May.2022, CM [REDACTED] [REDACTED] presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT). Those in Attendance were: LI [REDACTED] [REDACTED] CM [REDACTED] [REDACTED] District Attorney [REDACTED], CAC Director [REDACTED], CAC Forensic Interviewer [REDACTED], and Juvenile Court Liaison [REDACTED]. The team was in agreement that there is a preponderance of evidence that supports substantiation of Abuse Death.

Child Death is defined as:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

There is a preponderance of evidence that supports the substation for all allegations against [REDACTED] [REDACTED]. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Abuse Death and Preliminary Near Death Physical Abuse against [REDACTED] [REDACTED].

Narrative Type: Created In Error Entry Date/Time: 09/06/2022 02:48 PM Entered By: [REDACTED] [REDACTED]

OCS needs to approve closing summary





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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-08-31 09:37:00.0	Contact Method:
Contact Time: 09:37 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 09/01/2022
Completed date: 09/01/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 09/01/2022 11:58 AM      Entered By: [REDACTED] [REDACTED]

On 31.August.2022, Case Manager [REDACTED] [REDACTED] received the final autopsy report. The following information was reported:

Date of Death: 02/23/2022 1:47 PM  
 Type of Death: Suspected Homicide

Narrative Summary: Reportedly, the decedent was a 2 year-old, white male who was transferred from [REDACTED] Regional Medical Center to [REDACTED] University Medical Center on 02/21/2022 for possible seizure activity and higher level care. The decedent was diagnosed with non-accidental traumatic injury to a child, brain compression, acute encephalopathy, subdural hemorrhage, diabetes incipits, nasal fracture, coagulopahty, anemia, acute respiratory failure with hypoxia and hypercaribia, metabolic acidosis, lactic acidosis, retinal hemorrhages bilaterally, and retinal detachment in left eye. The decedent's condition continued to decline until death was pronounced by Dr. [REDACTED] on 02/23/2022 at 1347 hours. Medical Examiner jurisdiction was accepted to determine cause and manner of death. The decedent was pronounced brain death and consented for organ donation by the family and will be transported to the Center for Forensic Medicine by [REDACTED] [REDACTED] Removal Services after the organ donation process.

Cause of Death: Blunt force injuries of the head  
 Manner of Death: Homicide



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-07-29 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 01:46 PM Entered By: [REDACTED] [REDACTED]

There are no updates to provide at this time. CM has had no communication with the family since February.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-06-30 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 01:41 PM Entered By: [REDACTED] [REDACTED]

There are no updates to provide at this time. CM has had no communication with the family since February.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-05-04 14:00:00.0

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/01/2022

Completed date: 09/01/2022

Completed By: [REDACTED] [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: 09/01/2022 12:16 PM Entered By: [REDACTED] [REDACTED]

On 04.May.2022, CM [REDACTED] [REDACTED] presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT). Those in Attendance were: LI [REDACTED] [REDACTED] CM [REDACTED] [REDACTED] District Attorney [REDACTED], CAC Director [REDACTED], CAC Forensic Interviewer [REDACTED], and Juvenile Court Liaison [REDACTED]. The team was in agreement that there is a preponderance of evidence that supports substantiation of Abuse Death.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-04-29 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 01:44 PM Entered By: [REDACTED] [REDACTED]

There are no updates to provide at this time. CM has had no communication with the family since February.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-03-31 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/09/2023

Completed date: 01/09/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/09/2023 01:43 PM Entered By: [REDACTED] [REDACTED]

There are no updates to provide at this time. CM has had no communication with the family since February.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-23 13:47:00.0

Contact Method:

Contact Time: 01:47 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:34 PM Entered By: [REDACTED] [REDACTED]

On 23.Febraury.2022 at 13:47, CASE MANAGER [REDACTED] [REDACTED] received a text message from Care Team Social Worker [REDACTED] [REDACTED] that stated, Time of Death 13:47.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-23 11:45:00.0

Contact Method:

Contact Time: 11:45 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:34 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] spoke with TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] [REDACTED]. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] reported speaking with the family again at the hospital the previous day. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] reported there is currently no additional leads in the investigation. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] reported after leaving the hospital, Mr. [REDACTED] called TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] and requested her return. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] reported Mr. [REDACTED] was asking about Ms. [REDACTED] custody rights over [REDACTED]. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] reported an allegation of Environmental Neglect should be added to CASE MANAGER [REDACTED] investigation. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] reported there was subflooring exposed throughout the home. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] reported there were bowls of food and water with mold growing that were in the floor for [REDACTED] to eat and drink from. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] reported willingness to send some of the photos from the home to CASE MANAGER [REDACTED]. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] and CASE MANAGER [REDACTED] discussed adding Lack of Supervision allegations against Ms. [REDACTED] to the investigation due to the belief she was aware in some fashion of the abuse and failed to protect. This concluded the conversations. CASE MANAGER [REDACTED] thanked TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED].





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-23 07:15:00.0

Contact Method:

Contact Time: 07:15 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/24/2022 12:32 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] contacted [REDACTED] Childrens Hospital and spoke with a Nurse with the Pediatric Intensive Care Unit. It was reported there is no additional update at this time. It was reported Ms. [REDACTED] was at the hospital, and her sister had presented. It was reported the second Brain Death Test has not been completed due to no family being present. It was reported the doctors are now waiting on Mr. [REDACTED] to arrive. CASE MANAGER [REDACTED] requested a phone call once the second Brain Death Test was completed. It was agreed. CASE MANAGER [REDACTED] thanked staff and terminated the phone call soon thereafter.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 2022-02-22 16:45:00.0 Contact Method: Attempted Face To Face  
 Contact Time: 04:45 PM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 02/24/2022  
 Completed date: 02/24/2022 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/24/2022 12:31 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] briefly spoke with Mr. and Ms. [REDACTED]. The family denied any needs of CASE MANAGER [REDACTED] at the present time. CASE MANAGER [REDACTED] thanked the family and exited the premises soon thereafter.

Narrative Type: Created In Error Entry Date/Time: 02/24/2022 12:32 PM Entered By: [REDACTED] [REDACTED]

incorrect contact type



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-22 16:45:00.0

Contact Method: Face To Face

Contact Time: 04:45 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:33 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] briefly spoke with Mr. and Ms. [REDACTED]. The family denied any needs of CASE MANAGER [REDACTED] at the present time. CASE MANAGER [REDACTED] thanked the family and exited the premises soon thereafter.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-22 16:20:00.0

Contact Method:

Contact Time: 04:20 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:30 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] traveled to [REDACTED] Childrens Hospital. Upon arrival, CASE MANAGER [REDACTED] introduced herself to staff. CASE MANAGER [REDACTED] was informed the doctors are currently performing the first Brain Death Test. CASE MANAGER [REDACTED] waited outside the room for the Team to complete the test. CASE MANAGER [REDACTED] observed a nurse from inside the room step outside the room and state to another nurse something inaudible about Brain Death. After the test was completed, a doctor was observed informing Ms. [REDACTED] of the results. Ms. [REDACTED] was observed crying and walked to [REDACTED] and held his hand. Mr. [REDACTED] was observed asking someone on the team about medical records. After the team finished talking to the family, a doctor stepped out and introduced himself as Dr. [REDACTED]; CASE MANAGER [REDACTED] introduced herself to Dr. [REDACTED] and requested to speak with him privately. Dr. [REDACTED] agreed. Dr. [REDACTED] reported the first Brain Death Test coincided with Brain Death. Dr. [REDACTED] reported the next test would take place the following morning. Dr. [REDACTED] reported the test could be performed around 04:00am, however this is the same time as shift change, therefore the test may be postponed for a few hours. CASE MANAGER [REDACTED] reported understanding the timeframe, and the concerns with finishing shift change before a test is performed. Dr. [REDACTED] reported the family arrived at the hospital between 11:30 and Noon. Dr. [REDACTED] reported Ms. [REDACTED] appears to be responding appropriately to the news. Dr. [REDACTED] reported no additional updates. CASE MANAGER [REDACTED] requested a phone call once the second Brain Death test was completed. Dr. [REDACTED] agreed. CASE MANAGER [REDACTED] gave Dr. [REDACTED] a contact card. CASE MANAGER [REDACTED] thanked Dr. [REDACTED]



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-02-22 15:57:00.0	Contact Method:
Contact Time: 03:57 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 02/24/2022
Completed date: 02/24/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 02/24/2022 12:30 PM      Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] contacted Social Worker [REDACTED] via phone call. CASE MANAGER [REDACTED] explained to Social Worker [REDACTED] the decision was mutual by all investigating that the family may have supports as long as the hospital felt the supports were beneficial and appropriate with the family. CASE MANAGER [REDACTED] explained if any issues arose, the hospital had the rights to continue to follow hospital protocols/policies and have individuals removed if needed. CASE MANAGER requested if there was an update on the time of the Brain Death test. Social Worker [REDACTED] reported the first test would begin around 16:00 today. CASE MANAGER [REDACTED] thanked Social Worker [REDACTED] and terminated the phone call soon thereafter.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-22 15:50:00.0

Contact Method:

Contact Time: 03:50 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:29 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] contacted Detective [REDACTED] [REDACTED] via phone call. CASE MANAGER [REDACTED] explained the request for familial supports. Detective [REDACTED] said whatever decision TENNESSEE BUREAU OF INVESTIGATIONS chose would be followed by Detectives. CASE MANAGER [REDACTED] thanked Detective [REDACTED] and terminated the phone call soon thereafter.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-22 15:47:00.0

Contact Method:

Contact Time: 03:47 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:28 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] attempted to call TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED]. The phone rang several times and went to voicemail. CASE MANAGER [REDACTED] immediately sent a text message to TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] informing her of the request or familial supports. A few minutes later, CASE MANAGER [REDACTED] received a text message stating the familial supports are allowed.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-22 15:45:00.0

Contact Method:

Contact Time: 03:45 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:28 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] contacted Team Lead [REDACTED] [REDACTED] to confirm familial supports could be added to list of individuals who are allowed in [REDACTED] room. Team Lead [REDACTED] denied any objections. Team Lead [REDACTED] reported if there were any issues that arose, the hospital could follow whatever protocols/policies and have those individuals removed.





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-22 15:43:00.0

Contact Method:

Contact Time: 03:43 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:27 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] received a phone call from Social Worker [REDACTED]. Social Worker Chavez [REDACTED] requested permission to add familial supports to the list of persons allowed at the hospital. Social Worker [REDACTED] requested to add Ms. [REDACTED] mother ([REDACTED]), and sister ([REDACTED] [REDACTED] Mr. [REDACTED] father ([REDACTED] [REDACTED] and sister ([REDACTED] [REDACTED] CASE MANAGER [REDACTED] informed Social Worker [REDACTED] she would follow up with TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] [REDACTED] Supervisor Team Lead [REDACTED] [REDACTED] and Detectives [REDACTED] [REDACTED] and [REDACTED] [REDACTED]



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-02-22 09:00:00.0	Contact Method:
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 02/24/2022
Completed date: 02/24/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 02/24/2022 12:27 PM      Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] received a phone call from Pediatric Social Worker [REDACTED]. Social Worker [REDACTED] reported staff plan to begin the Brian Death tests this afternoon. Social Worker Matzel denied knowledge of a time frame the tests would occur. Social Worker [REDACTED] reported there is no family at the hospital currently. Social Worker [REDACTED] reported there have been no changes currently for [REDACTED]. This concluded the interview. CASE MANAGER [REDACTED] thanked Social Worker [REDACTED] and terminated the phone call soon thereafter.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-22 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:26 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] contacted [REDACTED] Childrens Hospital and requested updates on [REDACTED]. It was reported there are no current updates. It was reported there were no family members present. It was reported doctors would begin the Brain Death tests this afternoon. It was reported the first test would take place approximately 24hours after admission, and the second would be performed by a second physician and would occur approximately 12 hours after the first test. CASE MANAGER [REDACTED] thanked Staff and terminated the phone call soon thereafter.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-21 23:15:00.0

Contact Method:

Contact Time: 11:15 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:25 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] [REDACTED] and Detective [REDACTED] [REDACTED] exited [REDACTED] Childrens Hospital.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-21 23:00:00.0

Contact Method:

Contact Time: 11:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2022 12:24 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] [REDACTED] and Detective [REDACTED] [REDACTED] followed up with nursing staff prior to leaving. It was reported [REDACTED] has shown no signs of pain or discomfort while at the hospital. It was reported [REDACTED] is neither sedated nor receiving any pain medications. It was reported if [REDACTED] were to show any signs of discomfort, pain medication would be administered.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-21 22:20:00.0

Contact Method: Face To Face

Contact Time: 10:20 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/24/2022 12:23 PM Entered By: [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED] and TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] [REDACTED] entered [REDACTED] room. TENNESSEE BUREAU OF INVESTIGATIONS Agent spoke with Ms. [REDACTED] and requested her call Mr. [REDACTED] and participate in a recorded phone call while asking Mr. [REDACTED] about what could have happened to [REDACTED] Ms. [REDACTED] agreed. During the recorded phone call, Mr. [REDACTED] continued to deny knowledge of what happened. Mr. [REDACTED] stated [REDACTED] had a seizure and he called 9-1-1. During the course of the interview, Mr. [REDACTED] expressed love for Ms. [REDACTED] and Ms. [REDACTED] returned the affection.

After the recorded phone call, CASE MANAGER [REDACTED] requested Ms. [REDACTED] sign a Release of Information for CASE MANAGER [REDACTED] to obtain copies of [REDACTED] Medical Records.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-21 22:20:00.0

Contact Method: Face To Face

Contact Time: 10:20 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/24/2022 12:23 PM Entered By: [REDACTED] [REDACTED]

During the recorded phone call, CASE MANAGER [REDACTED] [REDACTED] observed [REDACTED] heartrate to be rising and being in the 140-160 range. Nurses changed [REDACTED] c-collar, placed bandages on his chest and shoulder to prevent rubbing from the c-collar, and suctioning blood from his mouth. [REDACTED] did not move or show any signs of discomfort or pain.



## Tennessee Department of Children's Services

### Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

#### Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-21 22:00:00.0

Contact Method:

Contact Time: 10:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

#### Children Concerning

#### Participant(s)

#### Narrative Details

Narrative Type: Original Entry Date/Time: 02/24/2022 12:21 PM Entered By: [REDACTED] [REDACTED]

Shortly after the final interview with Ms. [REDACTED] Mr. and Ms. [REDACTED] were observed exiting the hospital. The couple returned approximately 20 minutes later.





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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-02-21 21:30:00.0	Contact Method: Face To Face
Contact Time: 09:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 02/24/2022
Completed date: 02/24/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/24/2022 12:21 PM Entered By: [REDACTED] [REDACTED]

On 21.February.2022, CASE MANAGER [REDACTED] [REDACTED] Detective [REDACTED] [REDACTED] and TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] [REDACTED] interviewed Ms. [REDACTED] [REDACTED]. Ms. [REDACTED] reported the doctors are unsure of whether [REDACTED] will pull through. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] informed Ms. [REDACTED] that no medical professional spoken with on this date believed [REDACTED] will survive. Ms. [REDACTED] reported she most likely will not remain in a relationship with Mr. [REDACTED] after the events today. Ms. [REDACTED] reported she is unaware of any item [REDACTED] could have climbed onto in his room to fall and receive injuries. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] informed Ms. [REDACTED] that the injuries are not from a fall nor an accident. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] informed Ms. [REDACTED] the injuries were intentional. Ms. [REDACTED] denied any thoughts, concerns, or beliefs that Mr. [REDACTED] could have caused any harm to [REDACTED]. Ms. [REDACTED] denied any domestic violence in the home. Ms. [REDACTED] reported herself and Mr. [REDACTED] do not typically argue or fight. Ms. [REDACTED] reported Mr. [REDACTED] has never been physical with herself or with [REDACTED] to her knowledge. Ms. [REDACTED] reported Mr. [REDACTED] typically leaves when he becomes angry and has slammed the door. Ms. [REDACTED] reported Mr. [REDACTED] has punched the wall on a singular occasion. Ms. [REDACTED] reported Mr. [REDACTED] understood she does not participate or agree with physical discipline for her child. Ms. [REDACTED] denied popping him [REDACTED] on the hand. Ms. [REDACTED] reported when disciplining [REDACTED] she will tell him no and hold him until he calms down. Ms. [REDACTED] reported this technique has always worked. Ms. [REDACTED] reported [REDACTED] is in the process of potty training. Ms. [REDACTED] admitted Mr. [REDACTED] has become frustrated with [REDACTED] per reports of other members of the home. Ms. [REDACTED] reported she has not observed this behavior and is unsure of what Mr. [REDACTED] did when he became frustrated. Ms. [REDACTED] denied Mr. [REDACTED] intentionally causing any harm to [REDACTED]. Ms. [REDACTED] reported changing [REDACTED] diaper the previous day after a bowel movement, and only observing the previously discussed burns from the hairdryer. Ms. [REDACTED] denied observing any other injuries. Ms. [REDACTED] reported [REDACTED] will bite himself when angry, and this is how the bite mark on his arm was received. Ms. [REDACTED] reported giving [REDACTED] a bath recently. Ms. [REDACTED] denied observing any bruising on [REDACTED]. Ms. [REDACTED] was observed emotional at times during the interview. This concluded the interview.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-02-21 20:45:00.0	Contact Method:
Contact Time: 08:45 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 02/24/2022
Completed date: 02/24/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 02/24/2022 12:20 PM      Entered By: [REDACTED] [REDACTED]

On 21.February.2022, CASE MANAGER [REDACTED] [REDACTED] Detective [REDACTED] [REDACTED] and TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] [REDACTED] discussed the current known information. TENNESSEE BUREAU OF INVESTIGATIONS Agent [REDACTED] reported informing Ms. [REDACTED] of the seriousness of the situation and the fact that no medical professional felt that [REDACTED] would survive. CASE MANAGER [REDACTED] requested TENNESSEE BUREAU OF INVESTIGATIONS [REDACTED] along with CASE MANAGER Slauosn and Detective [REDACTED] have another interview with Ms. [REDACTED] regarding the seriousness of the situation. TENNESSEE BUREAU OF INVESTIGATIONS [REDACTED] agreed.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-21 20:10:00.0

Contact Method: Face To Face

Contact Time: 08:10 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/24/2022 12:19 PM Entered By: [REDACTED] [REDACTED]

On 21 February 2022, CASE MANAGER [REDACTED] [REDACTED] interviewed Mr. [REDACTED] [REDACTED] (father). Mr. [REDACTED] reported he prefers the name [REDACTED] CASE MANAGER [REDACTED] introduced herself to Mr. [REDACTED] Mr. [REDACTED] reported awareness that [REDACTED] will pass, however there is no set timeline. Mr. [REDACTED] immediately stated, I want to be there. Mr. [REDACTED] reported the last visitation was around two or three months ago. Mr. [REDACTED] stated he has difficulties paying for the gas to travel from [REDACTED] to [REDACTED] Mr. [REDACTED] reported Ms. [REDACTED] and Mr. [REDACTED] refuse to meet in the middle. Mr. [REDACTED] reported [REDACTED] was in [REDACTED] with Mr. [REDACTED] during the previous DCS Investigation. Mr. [REDACTED] reported having [REDACTED] for approximately two months. Mr. [REDACTED] reported telling Ms. [REDACTED] if she was a real parent, she would travel to [REDACTED] to pick [REDACTED] up. Mr. [REDACTED] reported Ms. [REDACTED] met him half-way, however he did drive a few minutes further than she did, by his choosing. Mr. [REDACTED] denied a history of abuse against [REDACTED] Mr. [REDACTED] reported doubts that Ms. [REDACTED] knew there was abuse, or that Ms. [REDACTED] was the abuser. Mr. [REDACTED] reported he had met Mr. [REDACTED] a couple of times. Mr. [REDACTED] stated Mr. [REDACTED] seems weird. When asked for explanation, Mr. [REDACTED] stated Mr. [REDACTED] is geeky and likes video games. Mr. [REDACTED] reported something seemed off with Mr. [REDACTED] while he was around [REDACTED] Mr. [REDACTED] reported the off-ness was never enough to raise concerns. Mr. [REDACTED] reported Mr. [REDACTED] would kiss [REDACTED] on the hand and cheek and head frequently and was holding him. Mr. [REDACTED] reported Mr. [REDACTED] barely knows [REDACTED] Mr. [REDACTED] reported these behaviors were occurring after Mr. [REDACTED] and Ms. [REDACTED] had been together for a few weeks. Mr. [REDACTED] reported no knowledge of any previous injuries. Mr. [REDACTED] reported having concerns with Ms. [REDACTED] due to the conditions of the home. Mr. [REDACTED] reported the home is messy. Mr. [REDACTED] reported the corner of one room is filled with boxes of garbage to the ceiling. Mr. [REDACTED] reported there are no doors in certain rooms. Mr. [REDACTED] reported the flooring is pallets and wood in places. Mr. [REDACTED] reported the drywall is missing and there is exposed pink, fiberglass insulation. Mr. [REDACTED] was observed visibly upset. This concluded the interview. CASE MANAGER [REDACTED] thanked Mr. [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-21 19:30:00.0

Contact Method: Face To Face

Contact Time: 07:30 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/24/2022

Completed date: 02/24/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/24/2022 12:18 PM Entered By: [REDACTED] [REDACTED]

On 21.February.2022, CASE MANAGER [REDACTED] [REDACTED] observed ACV [REDACTED] [REDACTED] [REDACTED] was observed in the bed under a Paw Patrol blanket. [REDACTED] was hooked up to a monitor, was intubated, was wearing a c-collar, and wearing only a diaper. CASE MANAGER requested permission from nurses to uncover [REDACTED] permission was granted. [REDACTED] was observed with bruising on his arms. There was a bruise and a small (2-3 Case Manager) scratch on his scrotum. [REDACTED] was observed with his eyes closed. [REDACTED] did not respond to the blanket being removed from him. [REDACTED] heart rate was observed at 100 beats per minute. CASE MANAGER [REDACTED] took photos of the monitor, observed bruising, and uploaded them into the family case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 2022-02-21 18:50:00.0 Contact Method: Face To Face  
 Contact Time: 06:50 PM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Hospital Created Date: 02/24/2022  
 Completed date: 02/24/2022 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/24/2022 12:17 PM Entered By: [REDACTED] [REDACTED]

On 21.February.2022, CASE MANAGER [REDACTED] [REDACTED] interviewed Ms. [REDACTED] [REDACTED] (Mother). CASE MANAGER [REDACTED] introduced herself to Ms. [REDACTED] CASE MANAGER [REDACTED] confirmed Ms. [REDACTED] was willing to have a conversation. Ms. [REDACTED] reported herself and Mr. [REDACTED] (paramour) will have their one-year anniversary in a week. Ms. [REDACTED] reported [REDACTED] has febrile seizures, however within the last year he has had four that were non-fever related. Ms. [REDACTED] reported leaving this morning around 8am for school. Ms. [REDACTED] reported attending school at [REDACTED] in [REDACTED] and studying IT. Ms. [REDACTED] reported Mr. [REDACTED] contacted her around 13:30 stating he thought [REDACTED] had a seizure and fell and was not breathing. Ms. [REDACTED] reported leaving school and traveling to the family home. Ms. [REDACTED] reported arriving home as the ambulance left. Ms. [REDACTED] reported traveling to [REDACTED] Regional Medical Center, and then to [REDACTED] Childrens hospital. Ms. [REDACTED] reported two previous injuries that occurred within the last two weeks. Ms. [REDACTED] denied knowledge of any other injuries to [REDACTED] Ms. [REDACTED] denied being home when the injuries occurred, and only knowing what happened based on what Mr. [REDACTED] stated to her. Ms. [REDACTED] reported one-and-a-half to two weeks ago, [REDACTED] was playing with the hairdryer after his bath and put it to his buttocks and burned himself. Ms. [REDACTED] reported there is a knot on [REDACTED] forehead from falling on the cement in the garage the previous week on either Thursday or Friday. Ms. [REDACTED] reported Mr. [REDACTED] [REDACTED] is [REDACTED] father. Ms. [REDACTED] reported herself and Mr. [REDACTED] are still married. Ms. [REDACTED] reported Mr. [REDACTED] can see [REDACTED] whenever he chooses, however he typically cancels the visits. Ms. [REDACTED] reported Mr. [REDACTED] last saw [REDACTED] around Thanksgiving. Ms. [REDACTED] denied any concerns with Mr. [REDACTED] Ms. [REDACTED] denied any concerns with Mr. [REDACTED] Ms. [REDACTED] reported previous history with the Department of Childrens Services about a year ago for marijuana usage. Ms. [REDACTED] reported the case worker came to the home and spoke with the family, but there were no actions taken. Ms. [REDACTED] denied any extensive history with the Department of Childrens Services. Ms. [REDACTED] reported she aged out of custody and was in custody due to her mother being unfit. Ms. [REDACTED] denied any communication with her family or with Mr. [REDACTED] family. Ms. [REDACTED] denied knowledge of a timeline of how long [REDACTED] would be in the hospital or a prognosis. Ms. [REDACTED] denied having any family or friends that she trusted in the area. Ms. [REDACTED] reported Mr. [REDACTED] watches [REDACTED] weekdays, except Tuesday, while she is at school from 08:00-14:30. Ms. [REDACTED] denied employment. Ms. [REDACTED] reported Mr. [REDACTED] works at the [REDACTED] in [REDACTED] Ms. [REDACTED] did not display any signs of emotional distress



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

during this interview. This completed the interview with Ms. [REDACTED] CASE MANAGER [REDACTED] thanked Ms. [REDACTED]



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-02-21 18:15:00.0	Contact Method:
Contact Time: 06:15 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 02/22/2022
Completed date: 02/24/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/24/2022 12:16 PM      Entered By: [REDACTED] [REDACTED]

On 21.February.2022, CASE MANAGER [REDACTED] [REDACTED] arrived at [REDACTED] Childrens hospital. Upon arrival, CASE MANAGER [REDACTED] introduced herself to staff and was escorted to a room for the Care Team Meeting. The following individuals were present:

Detective [REDACTED] [REDACTED]

Tennessee Bureau of Investigation Agent [REDACTED] [REDACTED]

Dr. [REDACTED]

Care Team Social Worker [REDACTED] [REDACTED]

CASE MANAGER [REDACTED] [REDACTED]

It was reported [REDACTED] currently has a subdermal bleed and a 5mm midline shift. It was reported the midline shift is causing his brain to sit on his brainstem, which is preventing him from breathing on his own. It was reported his brainstem will eventually herniate, causing death. It was reported the neurosurgeon has examined [REDACTED] and will not perform surgery due to the damage being too extensive. It was reported [REDACTED] is not responding to stimuli; it was reported [REDACTED] is not responding to touch, has no eye reactions, and has no gag reflexes. It was reported [REDACTED] has a nose fracture, but no skull fractures. It was reported [REDACTED] also has retinal hemorrhage. It was reported Ms. [REDACTED] stated during interviews with doctors that [REDACTED] fell last week and his nose appeared a little swollen and she had concerns this was the cause of the nose fracture. It was reported Ms. [REDACTED] stated [REDACTED] has febrile seizures, with an increase in seizures in the last year, and he has not been on his seizure mediations for a week.

The team decided only Mr. and Ms. [REDACTED] were allowed in the hospital room and [REDACTED] would be put on the No Info List, meaning no one could contact the hospital to obtain more information.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-02-21 17:40:00.0

Contact Method:

Contact Time: 05:40 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/22/2022

Completed date: 02/22/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/22/2022 11:18 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] [REDACTED] received a second P1 on this case.

P1 Intake Ids: [REDACTED]





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 2022-02-21 17:00:00.0 Contact Method: Correspondence  
 Contact Time: 05:00 PM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 02/22/2022  
 Completed date: 02/22/2022 Completed By: [REDACTED] [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)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/22/2022 11:23 AM Entered By: [REDACTED] [REDACTED]

On 21.February.2022, CM [REDACTED] [REDACTED] contacted Detectives [REDACTED] [REDACTED] and [REDACTED] [REDACTED] Detective [REDACTED] reported Detective [REDACTED] is at [REDACTED] Children's Hospital with [REDACTED] and Ms. [REDACTED] [REDACTED] Detective [REDACTED] reported there was also a TBI Agent (name unknown) at the hospital. Detective [REDACTED] reported being at the home with TBI interviewing Mr. [REDACTED] [REDACTED] paramour to Ms. [REDACTED] and the caretaker at the time of the injury. Detective [REDACTED] reported [REDACTED] is brain dead and is expected to only survive the next 24-48 hours. CM [REDACTED] thanked Detective [REDACTED] and terminated the phone call soon thereafter.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 2022-02-21 15:32:00.0 Contact Method:  
 Contact Time: 03:32 PM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 02/22/2022  
 Completed date: 02/22/2022 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type: Opening

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

Narrative Type: Original Entry Date/Time: 02/22/2022 11:15 AM Entered By: [REDACTED] [REDACTED]

**CASE SUMMARY**

This intake was screened into [REDACTED] County on 21.February.2022 with allegations of Preliminary Near Death Physical Abuse against alleged perpetrator (AP), [REDACTED] [REDACTED] The alleged child victim(s) (ACV) is/are [REDACTED] [REDACTED] [REDACTED] The reader [REDACTED] assigned the case.

**HOUSEHOLD COMPOSITION (D.O.B./Age & Relationship)**

The ACV(s) primary household is comprised of the following individuals:

- [REDACTED] [REDACTED] [REDACTED] (27.May.1999, birth mother)
- [REDACTED] [REDACTED] [REDACTED] (03.November.2001, paramour)
- [REDACTED] [REDACTED] [REDACTED] (28.October.2019, ACV)

**BACKGROUND CHECKS**

A TFACTS search was performed on 21.February.2022 for DCS history on the family members and other involved individuals and the following results were found:

-- 25.May.2021, 1434140632

ACV: [REDACTED] [REDACTED] [REDACTED]

AP: [REDACTED] [REDACTED] [REDACTED] &amp; [REDACTED] [REDACTED] [REDACTED]

Classification: Drug Exposed Child Services Recommended (Mr. [REDACTED] and No Services Needed (Ms. [REDACTED])

All internet checks

A search of the National Sex Offender Public Website was performed on the family members and other involved individuals and the following results were found:

-- No results found based on information provided.

A search of the [REDACTED] County Criminal County Clerk Website was performed on the family members and other involved individuals and the following results were found:



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

-- No results found based on information provided.

**REFERENT CONTACT**

-- Notification of case assignment to the referent is automatically generated through the DCS CARAT System as requested.  
-- Case Manager contacted the referent to inquire about reported information and any additional case relevant information available.

**CPIT**

-- Upon receipt of referral, CPIT was convened with the Child Advocacy Center and Law Enforcement. Detective [REDACTED] [REDACTED] Detective [REDACTED] [REDACTED] and TBI [REDACTED] [REDACTED] were assigned.

**DCS REQUIRED FORMS & ASSESSMENTS**

The following required DCS legal forms and procedures were discussed and signed where applicable: Client's Rights Handbook, HIPAA, Equal Access/Grievance Procedures, Native American Heritage Veto Verification, and Releases of Information as needed.

The local Juvenile Court and the District Attorneys Office are notified of referrals at case initiation and case closures per local protocol.



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

### A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 02/21/2022

Assignment Date: 02/22/2022

Street Address: [REDACTED]

City/State/Zip: [REDACTED] Tennessee [REDACTED]

### B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
							CSEM	
1	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED]
								06/23/2022
2	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	Fixes, Data
								07/22/2022

### C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: On 21.February.2022, the Department of Children's Services (DCS) received a referral for an allegation of Preliminary Near Death Physical Abuse (later the allegation of Abuse Death was added) regarding Alleged Child Victim (ACV) [REDACTED] (2 years 10 months). The alleged perpetrator was identified as [REDACTED] (mother's paramour). This investigation was assigned to Child Protective Service Investigator (CPSI) [REDACTED] by Lead Investigator (LI) [REDACTED]. This case was worked in conjunction with [REDACTED] County Sheriff's Department (CSO) Detective [REDACTED] and Detective [REDACTED] and Tennessee Bureau of Investigations (TBI) Investigator [REDACTED] and Investigator [REDACTED].

There is a preponderance of evidence that supports the substation for all allegations against [REDACTED]. This case will be closed and classified as AS/PS for Abuse Death and Preliminary Near Death Physical Abuse against [REDACTED].

### D. Case Workers

Case Worker: [REDACTED]

Date: 06/23/2022

Team Leader: [REDACTED]

Date: 06/23/2022

### E. Investigation Summary

**Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.**

**Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:**

On 21.February.2022, CM [REDACTED] observed ACV [REDACTED] (2 years 10 months). [REDACTED] was observed in a hospital bed covered with a Paw Patrol blanket. [REDACTED] was hooked up to a monitor, was intubated, and was wearing a c-collar. [REDACTED] was unclothed, except for a diaper. [REDACTED] was observed with



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

bruising on his arms and a bruise and a small (2-3 centimeter) scratch on his scrotum. [REDACTED] was observed a second time later in the night. During the second observation, nurses changed the C-Collar, added bandages to prevent rubbing, and suctioned blood from [REDACTED] mouth. [REDACTED] was never observed to show signs of discomfort or pain. Nurses confirmed there was no paralytic given.

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

On 21.February.2022, [REDACTED] was admitted to [REDACTED] Children's Hospital with the following injuries: a subdermal bleed, a midline shift, and retinal hemorrhage (the midline shift was preventing [REDACTED] from breathing on his own)

On 23.February.2022, [REDACTED] was diagnoses as brain dead. On 23.February.2022 at 1337, [REDACTED] was pronounced deceased.

On 31.Aug.2022, the autopsy reported was obtained. Cause of Death was "blunt force injuries of the head" and Manner of Death was "Homicide"

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

CM did not complete an interview with AP [REDACTED] TBI Investigators [REDACTED] and [REDACTED] conducted the interviews. CM was informed Mr. [REDACTED] denied causing harm to [REDACTED]

On 21.February.2022, CM [REDACTED] and Investigator [REDACTED] interviewed Ms. [REDACTED] (mother). Investigator [REDACTED] requested Ms. [REDACTED] call Mr. [REDACTED] (paramour) for a recorded interview. Investigator [REDACTED] instructed Ms. [REDACTED] on what to say in an attempt to obtain any additional facts or information without Mr. [REDACTED] knowing Investigator [REDACTED] is listening. Ms. [REDACTED] agreed. During the phone call, Mr. [REDACTED] maintained that he did not know what happened to [REDACTED] Mr. [REDACTED] expressed love for Ms. [REDACTED] and Ms. [REDACTED] returned the affection.

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

On 21.February.2022 CM [REDACTED] Detective [REDACTED] and Investigator [REDACTED] interviewed Ms. [REDACTED] (birth mother). Ms. [REDACTED] reported next week is her and Mr. [REDACTED] (paramour, AP) one-year-anniversary. Ms. [REDACTED] reported [REDACTED] is diagnosed with febrile seizures, and [REDACTED] has had four seizures in the last year that were non-fever related. Ms. [REDACTED] reported she was at school ([REDACTED]) in [REDACTED] when she received the phone call from Mr. [REDACTED] that [REDACTED] had a seizure, fell, and was not breathing. Ms. [REDACTED] reported arriving at the family home as the ambulance left with [REDACTED] Ms. [REDACTED] reported [REDACTED] had two previous injures in the last two weeks. Ms. [REDACTED] reported [REDACTED] was playing with the hairdryer after his bath and put it to his buttocks and burned himself. Ms. [REDACTED] reported [REDACTED] has a knot on his forehead from falling in the garage. Ms. [REDACTED] denied being present for either injury and reported only knowing details based on what Mr. [REDACTED] (paramour) told her. Ms. [REDACTED] reported Mr. [REDACTED] (father) is allowed visitations whenever he wants, however he typically cancels the visits. Ms. [REDACTED] reported Mr. [REDACTED] last saw [REDACTED] around Thanksgiving. Ms. [REDACTED] denied any concerns with either Mr. [REDACTED] or Mr. [REDACTED] Ms. [REDACTED] reported Mr. [REDACTED] is the caregiver for [REDACTED] Monday through Friday from 8am until 230pm due to her being in school. Ms. [REDACTED] denied a timeline of how long [REDACTED] would be in the hospital or a prognosis. Ms. [REDACTED] did not display signs of emotional distress. Ms. [REDACTED] did not appear to comprehend the severeness of the case. Ms. [REDACTED] was interviewed a second time this evening. Ms. [REDACTED] then stated the doctors are unsure if [REDACTED] will "pull through". Investigator [REDACTED] informed Ms. [REDACTED] that n medical professional spoken with on this date believed [REDACTED] will survive. Ms. [REDACTED] denied knowledge of any item [REDACTED] could have climbed on and fallen to have the injuries sustained. Investigator [REDACTED] informed Ms. [REDACTED] the injuries sustained were not accidental, were not due to a fall, and were intentional. Ms. [REDACTED] denied knowledge of Mr. [REDACTED] being physical with [REDACTED] Ms. [REDACTED] denied any thoughts, concerns, or beliefs that Mr. [REDACTED] would harm [REDACTED]

On 21.February.2022, CM [REDACTED] interviewed Mr. [REDACTED] (father). Mr. [REDACTED] reported understanding that [REDACTED] will pass, however there has not been a timeline provided. Mr. [REDACTED] reported the



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

last visit he had with [REDACTED] was around two-three months ago. Mr. [REDACTED] reported difficulties affording gas to travel to pick [REDACTED] up, and Ms. [REDACTED] (mother) refuses to meet half-way. Mrs. [REDACTED] denied a history of abuse against [REDACTED]. Mr. [REDACTED] reported doubts that Ms. [REDACTED] was the abuser or that she was aware of the abuse. Mr. [REDACTED] reported Mr. [REDACTED] (mother's paramour) "seems weird" and that he is "geeky and likes video games." Mr. [REDACTED] reported something "seemed off" with Mr. [REDACTED] due to Mr. [REDACTED] kissing [REDACTED] on the hand and cheek and head frequently and was holding [REDACTED] just a few weeks after Mr. [REDACTED] and Ms. [REDACTED] knowing each other. Mr. [REDACTED] reported concerns with the home due to the flooring being "pallets" and wood in places, boxes of garbage to the ceiling, no doors in certain rooms, and fiberglass insulation exposed. Mr. [REDACTED] was visibly upset during the interview.

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

Per the autopsy, [REDACTED] death was a homicide. The evidence obtained during the investigation by TBI and CM [REDACTED] interviews confirmed Mr. [REDACTED] was the caregiver at the time of the injuries.

Detective [REDACTED] was contacted at which time it was confirmed that on 21.February.2022 [REDACTED] County Emergency Management responded to the family home in response to an unresponsive toddler with seizure activity and a male adult due to a 9-1-1 call that identified the toddler as [REDACTED] and the adult as Mr. [REDACTED]. Detective [REDACTED] reported Detective [REDACTED] was at [REDACTED] Children's Hospital along with Investigator [REDACTED]. At this time, CM [REDACTED] traveled to [REDACTED] Children's Hospital. Interviews were conducted with hospital staff, Ms. [REDACTED] (mother) and Mr. [REDACTED] (father).

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Tennessee Department of Children's Services  
FAST 2.0 Assessment Summary Report

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 02/22/2022					
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]					
<b>OVERVIEW</b>						
<b>Safety Level:</b> Immediate Intervention Recommended	<b>Assessed at Location:</b> DCS Office					
<b>Risk Level:</b> High Need/Risk						
<b>Event Start Date:</b> 01/11/2023	<b>Last Assessed Date:</b>					
<b>Assessment Status:</b> Approved	<b>Assessor:</b> [REDACTED] [REDACTED]					
<b>Date Approved:</b> 02/24/2022	<b>Approver:</b> [REDACTED] [REDACTED]					
<b>PARTICIPANTS</b>						
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] [REDACTED] [REDACTED]	22 Yrs	Primary Caregiver	F	[REDACTED]	N/A	N/A
[REDACTED] [REDACTED] [REDACTED] (AP)	21 Yrs	Caregiver	M	[REDACTED]	N/A	N/A
[REDACTED] [REDACTED] [REDACTED] (ACV)	Deceased	Youth	M	[REDACTED]	7	Low
[REDACTED] [REDACTED]	22 Yrs	Caregiver	M	[REDACTED]	N/A	N/A



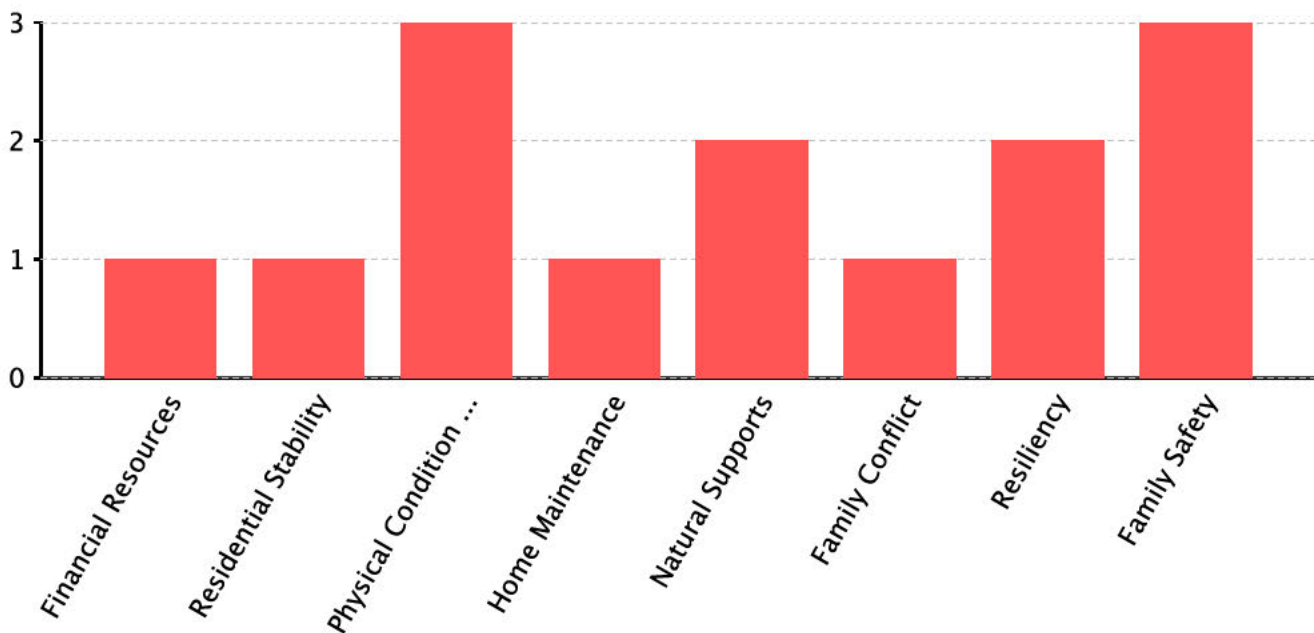


**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 02/22/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

**THE FAMILY TOGETHER**

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).



Item	Score	Justification/Narrative
Financial Resources	1	Ms. [REDACTED] reported she does not work and is attending school at [REDACTED]. Mr. [REDACTED] works at the [REDACTED] that is owned by his parents. Mr. [REDACTED] reported having difficulty affording gas to visit his son.
Residential Stability	1	Previous: Ms. [REDACTED] reported that she has recently been kicked out of her sister's home and that she and Mr. [REDACTED] are now living with Mr. [REDACTED] aunt. Current: There were no concerns reported during the investigation.
Physical Condition of Home	3	CM has not observed the home. It was reported by TBI, Detectives, and Mr. [REDACTED] the home Mr. [REDACTED] Ms. [REDACTED] and [REDACTED] reside in has no flooring, no doors, and exposed fiberglass insulation.
Home Maintenance	1	Previous: It was observed that the bedroom reserved for [REDACTED] has recently had the carpet pulled out and that there is carpet padding poking out around the edges of the room.
Natural Supports	2	Ms. [REDACTED] reported she does not have a relationship with her family nor does she have a relationship with Mr. [REDACTED] family. Ms. [REDACTED] reported she will stay the night Sunday (21.Feb.2022) with her sister in [REDACTED].





**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 02/22/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

Family Conflict	1	Ms. [REDACTED] reported Mr. [REDACTED] used to become angry and "stomp around" and she did not feel that was a good environment for [REDACTED]
Resiliency	2	There are concerns due to Ms. [REDACTED] not understanding the severity of the situation at hand. Ms. [REDACTED] floundered about whether [REDACTED] would survive, even after being told by multiple hospital staff, TBI, detective and CPS that [REDACTED] will not survive. Ms. [REDACTED] initially stated she was not going to remain in a relationship with Mr. [REDACTED] however during the recorded phone call, she reciprocated love.
Family Safety	3	There are concerns due to the referral of preliminary death physical abuse. Ms. [REDACTED] continuously denied any concerns for [REDACTED] although [REDACTED] is currently unable to breath on his own due to physical abuse. There are concerns Ms. [REDACTED] could be lying for Mr. [REDACTED] as Mr. [REDACTED] was the only person with [REDACTED] the day of the injury.



**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

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<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

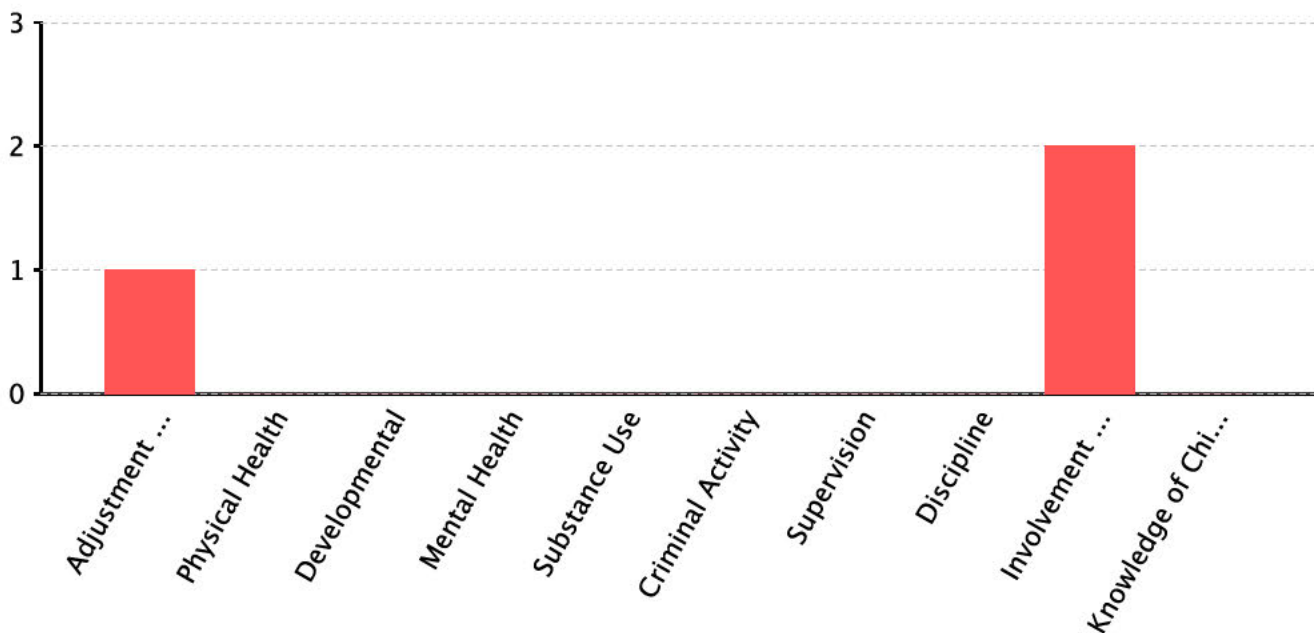
**CAREGIVERS**

Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.

Participant: [REDACTED] [REDACTED]

Person ID: [REDACTED]

Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	1	Mr. [REDACTED] son is currently in the hospital on a ventilator. Mr. [REDACTED] was visibly upset and reported he wanted to be with his son when he passes.
Physical Health	0	There were no obvious signs of physical health.
Developmental	0	There were no obvious signs of developmental concerns.
Mental Health	0	There were no obvious signs of mental health.
Substance Use	0	There were no obvious signs of substance usage.
Criminal Activity	0	There is no known criminal history at this time.
Supervision	0	There were no concerns for supervision.
Discipline	0	there were no concerns for discipline.
Involvement in Caregiving Functions	2	There are concerns due to Mr. [REDACTED] not seeing [REDACTED] often. Mr. [REDACTED] reported living in [REDACTED] and often times not having the financial means to travel to [REDACTED] to see [REDACTED] and Ms. [REDACTED] would not meet half-way.
Knowledge of Child and Family	0	There were no obvious concerns during the interview.



**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 02/22/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

Needs



**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 02/22/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

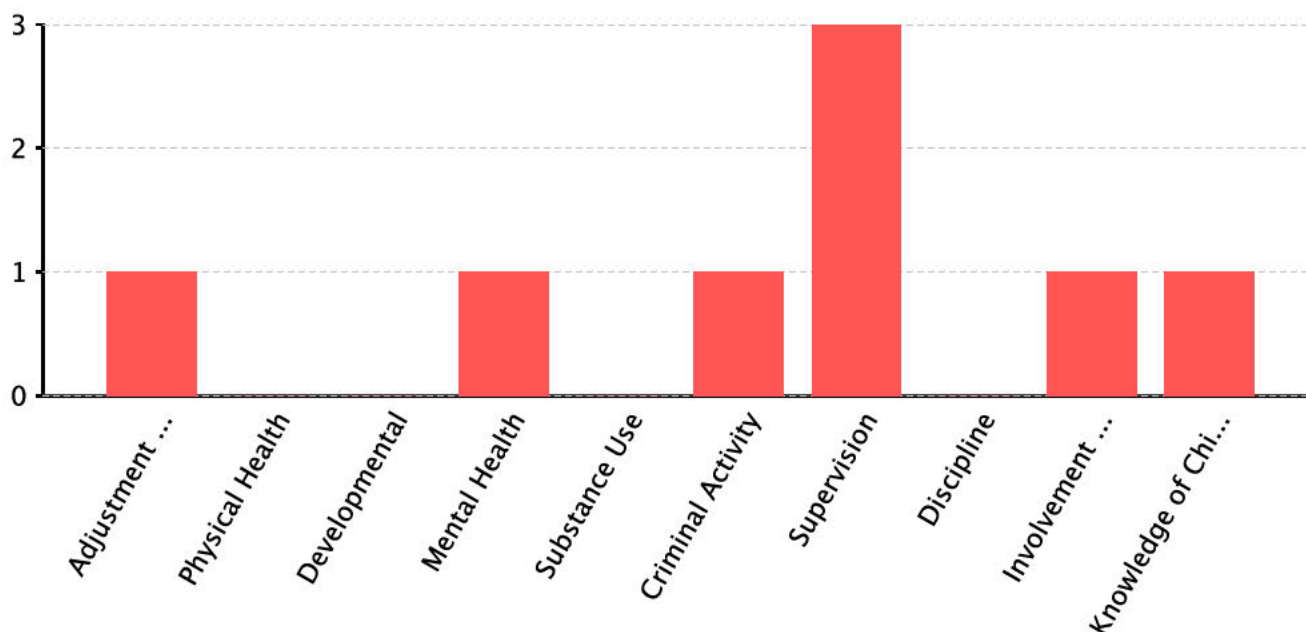
**CAREGIVERS**

Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.

Participant: [REDACTED]

Person ID: [REDACTED]

Role Primary Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	1	Ms. [REDACTED] reported sexual, physical, and psychological abuse as a child. Ms. [REDACTED] son is currently in PICU on a ventilator waiting brain death tests.
Physical Health	0	There were no obvious signs of physical health.
Developmental	0	There were no concerns for developmental.
Mental Health	1	Ms. [REDACTED] reported that she takes medication for depression, anxiety, and PTSD.
Substance Use	0	There were no concerns tonight for substance usage.
Criminal Activity	1	Previous: Ms. [REDACTED] reported that she was issued two citations when law enforcement found her and Mr. [REDACTED] with marijuana and paraphernalia in the car. Ms. [REDACTED] reported that she does not smoke marijuana, but was still issued citations and will have to attend court. Current: there are no additional concerns to add at this time.
Supervision	3	There are concerns due to [REDACTED] repeatedly being injured with Mr. [REDACTED] and Ms. [REDACTED] continuing to leave [REDACTED] in Mr. [REDACTED] care. Ms. [REDACTED] denied natural supports.



**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

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<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

Discipline	0	Ms. [REDACTED] reported she refused corporal discipline, including a single pop on [REDACTED] hand. Ms. [REDACTED] reported she makes this clear to everyone and will not allow anyone to use corporal discipline.
Involvement in Caregiving Functions	1	There was an incident last summer that Mr. [REDACTED] kept [REDACTED] for two months due to Ms. [REDACTED] not going to [REDACTED] to get [REDACTED]
Knowledge of Child and Family Needs	1	Ms. [REDACTED] is aware of [REDACTED] needs, however there are concerns due to the reported injuries sustained over the last couple of weeks.





**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

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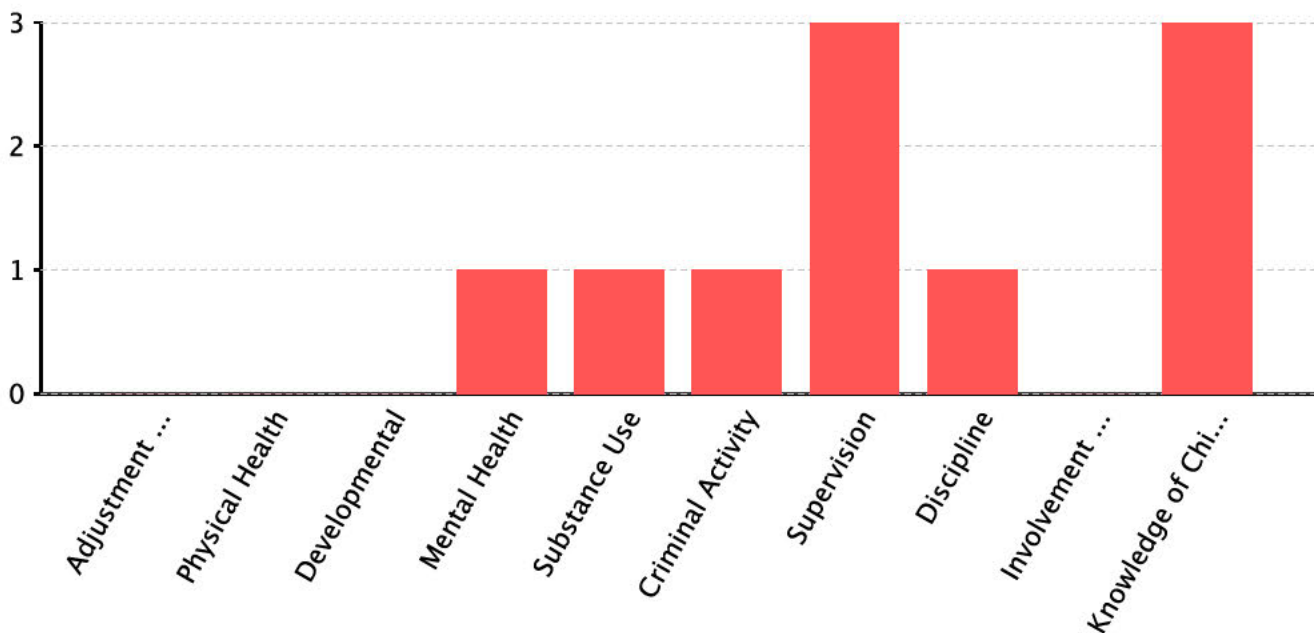
**CAREGIVERS**

Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.

Participant: [REDACTED] [REDACTED] [REDACTED]

Person ID: [REDACTED]

Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	There is no known trauma.
Physical Health	0	There are no known physical health concerns.
Developmental	0	There are no known developmental concerns.
Mental Health	1	<p>Previous: Mr. [REDACTED] that he smokes marijuana to help him deal with stress and when he can't sleep. Mr. [REDACTED] reported that he has not been to the doctor for these issues due to lack of insurance and because he has tried therapy and medication in the past and it didn't work for him.</p> <p>Current: There are concerns due to Mr. [REDACTED] calmness while being asked about the abuse and being informed [REDACTED] will die.</p>
Substance Use	1	<p>Previous: Mr. [REDACTED] reported smoking marijuana on 5/25/21 to help him focus and to help him sleep. Mr. [REDACTED] reported that he has not smoked since he got caught by law enforcement. Update: Mr. [REDACTED] reported on 7/14/21 that he no longer smokes marijuana and tested negative for all substances on a UDS.</p> <p>Current: there are no current concerns.</p>



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<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

Criminal Activity	1	<p>Previous: Mr. [REDACTED] reported that he was issued citations for having paraphernalia and marijuana on 5/25/21. Mr. [REDACTED] reported that he has a court hearing coming up.</p> <p>Current: There are no additional concerns to add at this time. there may be criminal charges due to the abuse at a later date.</p>
Supervision	3	<p>There are concerns due to the amount and types of injuries [REDACTED] received while in Mr. [REDACTED] care during the last couple of weeks. There are concerns due to [REDACTED] being on a ventilator at [REDACTED] PICU due to the abuse. There are concerns due to Mr. [REDACTED] being the caretaker at the time of all major injuries.</p>
Discipline	1	<p>It was reported Mr. [REDACTED] was getting flustered with [REDACTED] during potty training. It is unknown if this is what led to the abuse.</p>
Involvement in Caregiving Functions	0	<p>Mr. [REDACTED] watched [REDACTED] during the week while Ms. [REDACTED] was at school.</p>
Knowledge of Child and Family Needs	3	<p>there are concerns due to the injuries sustained while in Mr. [REDACTED] care.</p>



**Tennessee Department of Children's Services  
FAST 2.0 Assessment Detail Report**

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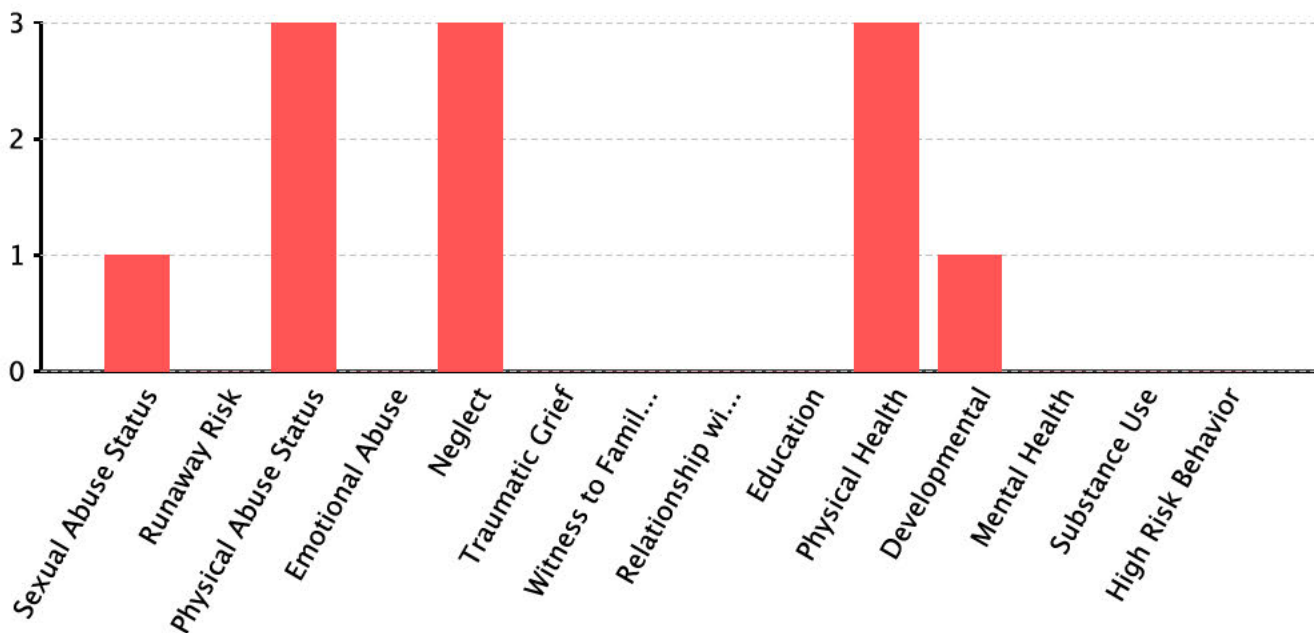
**YOUTH**

This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.

Participant: [REDACTED] [REDACTED] [REDACTED] (CSEM)

Person ID: [REDACTED]

Age: Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	1	there were scratches and anal bleeding. It is unknown the cause of either currently. an [REDACTED] exam was completed.
Runaway Risk	0	[REDACTED] is 2 years old.
Physical Abuse Status	3	[REDACTED] is currently at [REDACTED] Children's in PICU due to severe physical abuse. [REDACTED] has a subdermal bleed, 5mm midline shift [brain is sitting on brain stem which will herniate], brain bleed, nose fracture, retinal bleeding, anal bleeding, bruising and scratches on scrotum, multiple bruises on his back arms legs, a knot and yellow bruising on forehead [reportedly from falling on the cement two weeks ago], is not responding to touch, no pupal responses, no gag reflexes, scratches on his anus, anal bleeding, bleeding from mouth and nose. The doctors will begin brain death tests on 22.Feb.2021. It is believed at this time [REDACTED] will be declared Brain Dead. It was also reported [REDACTED] put a hot hair dryer to his genital/anus area and burned himself about two weeks ago. [REDACTED] was always in the care of Mr. [REDACTED] when injured.
Emotional Abuse	0	There were no concerns reported.
Neglect	3	[REDACTED] is currently at [REDACTED] Children's in PICU due to severe physical abuse. [REDACTED] has a subdermal bleed, 5mm midline shift





**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 02/22/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

		[brain is sitting on brain stem which will herniate], brain bleed, nose fracture, retinal bleeding, anal bleeding, bruising and scratches on scrotum, multiple bruises on his back arms legs, a knot and yellow bruising on forehead [reportedly from falling on the cement two weeks ago], is not responding to touch, no pupal responses, no gag reflexes, scratches on his anus, anal bleeding, bleeding from mouth and nose. The doctors will begin brain death tests on 22.Feb.2021. It is believed at this time [REDACTED] will be declared Brain Dead. It was also reported [REDACTED] put a hot hair dryer to his genital/anus area and burned himself about two weeks ago. [REDACTED] was always in the care of Mr. [REDACTED] when injured.
Traumatic Grief	0	There were no concerns for traumatic grief.
Witness to Family, School or Community Violence	0	There were no reports of DV
Relationship with Primary Caregiver	0	there were no concerns reported.
Education	NA	[REDACTED] is 2 years old.
Physical Health	3	Previous: Mr. [REDACTED] reported that [REDACTED] was recently taken to the hospital due to having febrile seizures.  Current: Ms. [REDACTED] reported [REDACTED] has feveral seizures, and within the last year [REDACTED] has had 4 seizures that were not feveral related. The seizures increased during Ms. [REDACTED] and Mr. [REDACTED] relationship.
Developmental	1	Previous: Mr. [REDACTED] reported that he has concerns that [REDACTED] may be behind developmentally. Ms. [REDACTED] reported no developmental concerns.  Current: There are no knew concerns.
Mental Health	0	There are no current concerns.
Substance Use	0	there is no evidence of substance usage.
High Risk Behavior	0	There are no concerns for high risk behavior.