



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2014.043

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	03/19/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	03/20/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Mothers Paramour			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

Describe (in detail) circumstances surrounding death/near death:

██████████ (8 months old) lives with her mother ██████████ and Ms. ██████████ boyfriend ██████████. Reporter stated that ██████████ does not appear to have any disabilities or special needs.

Reporter states that ██████████ reported that ██████████ has been sick with the flu. Last night Ms. ██████████ noticed that ██████████ was not breathing right and Ms. ██████████ then called EMS. When EMS arrived, they found ██████████ unresponsive. CPR was performed by EMS and they were able to get ██████████ breathing again. ██████████ was transported to ██████████ Hospital and then to ██████████ Hospital.

Reporter stated that when ██████████ arrived at ██████████ Hospital, she had an Acute Head Bleed and they were informed that she had been vomiting. ██████████ and her boyfriend were unable to explain how ██████████ got the head bleed. Reporter stated that Law Enforcement has been contacted and ██████████ is being interrogated. Reporter stated that ██████████ and her parents are currently at the hospital. ██████████ is stabilized and has been admitted to the ██████████ ICU. The reporter is not requesting for immediate assistance but will want DCS to respond before the child is discharged to go home.

Current Info- The ACV has ██████████ a Bilateral Subdural Hematoma and has bruising on the face. ██████████ has placed the ACV in a Medically Induced Coma so they can monitor brain activity. UPDATE-retinal test were completed by two different child abuse physicians and ruled the ACV as brain dead at 3:36 pm on 3/20/14. The ACV also had faint bruising on her back, left ear and retinal hemorrhaging in her right eye. The ACV also had two faint bruises on her forehead and a faint bruise on her chin. The faint bruising appeared to be older. Dr. ██████████ reported that the story given by Mr. ██████████ would not be consistent to the injuries on the ACV. At this time there was no skull fracture found on the CT scan. ██████████ will complete a skeletal survey before the child is sent to the medical examiner. The parents of the ACV has agreed to donate the ACV's organs. For that reason, the ACV will remain on a ventilator for up to 72 hours so the organs will remain working. At that time, the child will be sent to the medical examiner.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	Dr. ██████████	Telephone #	██████████
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

██████████ (mother)- Ms. ██████████ stated on Tuesday 3/19, she and ██████████ woke up about 9am and everything seemed to be normal. She stated ██████████ appeared to be fine and she was not whiny or grouchy and that she was happy. Ms. ██████████ stated as a routine, ██████████ took a nap about an hour later around 10am in her playpin which is located in Ms. ██████████ room. Ms. ██████████ stated at that time, Mr. ██████████ wanted her to buy him liquor at the nearby liquor store and get cold drinks at the dollar store. She stated she was not gone more than 20 minutes due to the store being close to her home. Ms. ██████████ stated when she returned home, Mr. ██████████ told her ██████████ is still sleeping and she has not got up. She stated she did not check on her and sat in the living room. She stated that Mr. ██████████ appeared to be acting funny because he called into work and stated he was going to tell his work that ██████████ was sick and could not go to work. She stated that she told Mr. ██████████ to not wish that on ██████████ of being sick.

She stated [redacted] woke up about 3 times whining and Mr. [redacted] checked on her and gave her a bottle in which she fell back asleep all three times. Ms. [redacted] stated the last time [redacted] woke up Mr. [redacted] brought her into the living room and when Mr. [redacted] got to the kitchen, [redacted] sounded like she was "dry heaving" and Ms. [redacted] stated she jumped up and ran to [redacted] and [redacted] threw up. Ms. [redacted] stated [redacted] threw up about 4 more times and would fall asleep right after. Ms. [redacted] stated he took [redacted] temperature to make sure she was not running a fever and it was 97. She stated she took it again and it was 98.8. She stated [redacted] went back to sleep in her playpen and Ms. [redacted] stated she also dozed off again. She stated she woke up to [redacted] whining and [redacted] picked her up and held her with his back turned to her. She stated he turned around and laid [redacted] between both of them. She stated when [redacted] was put between her and Mr. [redacted] she appeared not to be breathing right. She stated [redacted] was breathing hard and her stomach was going up and down real fast. She stated that is when she called 911. Ms. [redacted] stated she has never had any concerns regarding Mr. [redacted] and stated she knew he had a drinking problem but never knew a problem with drugs.

Mr. [redacted]-Mr. [redacted] stated that around 2pm he had just gotten out of the shower and went into the bedroom. Mr. [redacted] stated that Mrs. [redacted] was asleep and [redacted] was awake. Mr. [redacted] stated that he went over and picked [redacted] up out of the playpen and when he got her into his arms, she began to squirm. Mr. [redacted] stated that he dropped [redacted] and when she hit the carpeted floor that it appeared to knock her unconscious. Mr. [redacted] then stated that he picked [redacted] up and in an attempt to "wake her up" he shook her two good times and then [redacted] opened her eyes. Mr. [redacted] stated that he picked her up under her arms. Mr. [redacted] stated that [redacted] appeared to be fine, but he was scared because he dropped her. Mr. [redacted] stated that he then laid [redacted] down in between him and Mrs. [redacted] and slept for approximately an hour and 1/2. Mr. [redacted] stated that when they awoke that [redacted] began to throw up and in attempts to make her feel better, Mr. [redacted] got into a cold shower with [redacted]. Mr. [redacted] stated that in the shower [redacted] opened her eyes some and was smiling. Mr. [redacted] stated that they eventually called EMS due to [redacted] having shallow breathing. Mr. [redacted] also admitted to smoking crack on the morning of 3/18/14. Mr. [redacted] stated that he has yet to tell Mrs. [redacted] that he dropped [redacted].

Before the full interview with Mr. [redacted] he first told Law Enforcement that he didn't know what could have happened to the ACV. The second time that LE talked with Mr. [redacted] was before he was to take a CVSA and he then admitted to dropping the ACV. The last interview is when the disclosure was made about him shaking the ACV to wake her.

Mr. [redacted] has made suicidal statements and he is currently on suicide watch.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

Inv. [redacted] went to [redacted] hospital on 3/19/14. Inv. [redacted] spoke with the Social Worker [redacted] and also with Dr. [redacted] with the Child abuse Care Team. Inv. [redacted] also talked with family members at the hospital. The family members were the mother [redacted], father [redacted] and the maternal grandparents [redacted] and [redacted]. Interviews with the other family members can be found in documentation. Inv. [redacted] was at [redacted] all day on 3/19/14 and stayed in contact with LI [redacted] and Det. [redacted] the entire time. Pictures of the ACV were taken by Inv. [redacted] and Law Enforcement.

Describe disposition of body (Death):	The ACV was pronounced brain dead at 3:36 pm on 3/20/14.		
Name of Medical Examiner/Coroner:	[redacted] Coroner Office	Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type:	Case #:		

Describe law enforcement or court involvement, if applicable:

Det. [redacted] and Det. [redacted] with the [redacted] has been assigned the case. LE stated that Mr. [redacted] has a previous child abuse charge on his son [redacted]. This charge was in 2011 on his son that was then 9 years old. It appears there is history from 2002 on Mr. [redacted] as a child victim himself.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

Mrs. [REDACTED] does not have any other children. Mr. [REDACTED] has a son, [REDACTED], but since the child abuse charge in 2011 has he had contact with his child.

Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
11/25/2013	[REDACTED]	DEI	[REDACTED]	[REDACTED]	UABC
11/25/2013	[REDACTED]	DEI	[REDACTED]	[REDACTED]	UABC
11/25/2013	[REDACTED]	DEI	[REDACTED]	[REDACTED]	UABC
11/25/2013	[REDACTED]	DEI	[REDACTED]	[REDACTED]	UABC
11/25/2013	[REDACTED]	DEI	[REDACTED]	[REDACTED]	UABC
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information: News station and The [REDACTED]

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person:	Telephone Number: () -
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice. No Yes

Email to: [REDACTED]
 within forty-eight (48) hours of notification
 Include subject line (in RED): **CHILD DEATH [secure email] or
 CHILD NEAR DEATH [secure email]**



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 03/19/2014 12:14 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/19/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 03/19/2014 09:52 AM
 First Team Leader Assigned: [REDACTED] Date/Time 03/19/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 03/19/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	None

Preliminary Near Death: [REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: None
 Narrative: TFACTS: Yes
 Family Case ID: # [REDACTED]
 Open Court Custody/FSS/FCIP: No
 Closed Court Custody: No
 Open CPS: No
 Substantiated: No
 Child Death: No



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

Screen Out: No

History (not listed above): Yes

INV - # [REDACTED] (DEI) 12/13/13 - Unable to Complete

INV - # [REDACTED] (SRP) 2/15/07 - Unsubstantiated

County: [REDACTED]

Notification: None

School/ Daycare: None Given

Native American Descent: No

Directions: None Provided

Reporters name/relationship: [REDACTED]

Note: All address information is located under the child victims name

Reporter states: [REDACTED] (8 months old) is not in DCS custody.

[REDACTED] (8 months old) lives with her mother [REDACTED] and Ms. [REDACTED] boyfriend [REDACTED]. Reporter stated that [REDACTED] does not appear to have any disabilities or special needs.

Reporter states that [REDACTED] reported that [REDACTED] has been sick with the flu. Last night Ms. [REDACTED] noticed that [REDACTED] was not breathing right and Ms. [REDACTED] then called EMS. When EMS arrived, they found [REDACTED] unresponsive. CPR was performed by EMS and they were able to get [REDACTED] breathing again. [REDACTED] was transported to [REDACTED] Hospital and then to [REDACTED] Hospital.

Reporter stated that when [REDACTED] arrived at [REDACTED] Hospital, she had an Acute Head Bleed and they were informed that she had been vomiting. [REDACTED] and her boyfriend were unable to explain how [REDACTED] got the head bleed. Reporter stated that Law Enforcement has been contacted and [REDACTED] is being interrogated. Reporter stated that [REDACTED] and her parents are currently at the hospital. [REDACTED] is stabilized and has been admitted to the pediatric ICU. The reporter is not requesting for immediate assistance but will want DCS to respond before the child is discharged to go home.

[REDACTED] does not have any known special needs or disabilities.

Reporter does not know if there are any safety concerns for the case manager.

Per SDM: Investigative Track - P1 - Child Near Death

Override to P2 (child is currently in the hospital, no other known children, no immediate harm pending a P2 response)

[REDACTED] CM3 //03/19/2014 @ 4:10am.

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

[REDACTED]

This intake is being reconsidered and the priority is being changed to a P1 due to the child's current injuries and the lack of explanation for these injuries. The child is currently in the Hospital, but DCS needs to respond immediately to assess the situation.

[REDACTED] TC, on 3/19/14 @ 8:53am



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

Participant(s)**Name:** [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:**DCS History Search Results:****DCS Intake Search Results:****Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 1 Yr

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:**DCS History Search Results:****DCS Intake Search Results:**



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: Race: Age: 22 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: Date of Birth: Partipant ID: [REDACTED]

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/19/2014

Assignment Date: 03/19/2014

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 04/02/2014
2	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 04/02/2014
3	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 04/02/2014

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 04/02/2014

Team Leader: [REDACTED]

Date: 04/02/2014

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 3/19/2014, Investigator [REDACTED] observed [REDACTED] at [REDACTED]. Nursing staff appeared to be checking [REDACTED] monitors. Investigator [REDACTED] observed [REDACTED] lying on her back in the hospital bed. She appeared to have a tube in her mouth and several monitors and tubes attached to her body. [REDACTED] head was wrapped in bandage which went around her head and down and around her chin. Nursing staff removed parts of her bandage in order for Investigator [REDACTED] to take picture of her forehead and left ear. Investigator [REDACTED] observed two small faint bruises on [REDACTED] forehead and what seems to be a bruise on [REDACTED] ear. Nursing staff rolled [REDACTED] over to allow Investigator [REDACTED] to take pictures of her back. Investigator [REDACTED] observed a faint bruise on the lower part of [REDACTED] back. The bruise on her back



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appeared to be the size of a quarter (coin) and light in color. Investigator ██████████ observed a bruise on ██████████ chin and nursing staff moved the bandage to allow Investigator ██████████ to take pictures. It was hard to observe the bruise completely due to the amount of bandage that was around her chin. ██████████ appeared pale in color and stiff in her body when the nursing staff rolled her over. ██████████ did not appear to respond with any movement when being touched or rolled over by nursing staff.

██████████ was pronounced brain dead on 3/20/2014 and released from the machines on 3/22/2014 after her organs were donated.

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 3/19/2014, Investigator ██████████ spoke with Child Abuse Specialist Dr. ██████████. Investigator ██████████ informed Dr. ██████████ that Mr. ██████████ is now stating that he dropped ██████████ on her head due to falling out of his arms. Dr. ██████████ stated her injuries are not consistent with being dropped from someone's arms. She stated her injuries are consistent with Abusive Head Trauma, better known as Shaken Baby Syndrome. Dr. ██████████ stated there are bruises on her left ear, 2 on her forehead, a faint bruise on her back, retinal hemorrhage on her right side and bilateral subdural hematoma. Dr. ██████████ stated a full skeletal has not been performed due to ██████████ condition and she is not stable. She stated a skull fracture has not been seen from the CT scan. Dr. ██████████ stated ██████████ will not survive. She stated at this time a brain death exam cannot be done due to the medicine that was given to her this morning to place her in a medically induced coma will need to be out of her system before they can perform the exam.

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

On 3/20/2014, Investigator ██████████, LI ██████████ and Sgt. ██████████ of ██████████ Police Department arrived at the ██████████ Jail to speak with Mr. ██████████. Sgt. ██████████ asked Mr. ██████████ if he remembered his Miranda Right when they were read by him the day before and he has the right to an attorney and he does not have to speak with him, Investigator ██████████ or LI ██████████ and Mr. ██████████ stated he remembers and understands and he is still willing to speak. Investigator ██████████ asked Mr. ██████████ if he is willing to submit to a drug screen due to admission by him that he smoked crack the morning of Tuesday and he stated yes he is willing to consent to a drug screen. A drug screen was administered by Sgt. ██████████ and Mr. ██████████ tested positive for THC. The drug screen form was signed and can be found in the case file. Mr. ██████████ stated he smoked crack on Tuesday morning in the living room of his home with the window open and Ms. ██████████ and ██████████ were sleeping in the back room. He stated he smoked THC about 2 or 3 days ago. Mr. ██████████ denied using drugs with Ms. ██████████ and stated she did not know he was using drugs. Mr. ██████████ stated on Tuesday around 2pm, he got out of the shower and ██████████ was awake in her playpen. He stated ██████████ was sleeping and he picked ██████████ up, turned and she squirmed out of his arms and fell on her head on the carpet. He stated ██████████ fell somewhat on the side of her head and he thought he knocked her out. Mr. ██████████ stated he picked ██████████ up from under her arms and her eyes were closed. He stated he shook her 2 good times to wake her up and she opened her eyes. He stated that ██████████ did not wake up and he did not wake her up to let her know ██████████ fell on the floor due to him being scared. Mr. ██████████ stated ██████████ made no noise or she did not cry. He stated he placed ██████████ on the bed between him and Ms. ██████████ and they both fell asleep. He stated they woke up about 1 ½ hours later and that is when ██████████ said something is wrong with her and to call 911. He stated he placed ██████████ in the shower with him under cold water and thought that would help. He stated while in the shower she opened her eyes and appeared to be breathing. He stated he called 911 but the phone died and they had to plug it up and he called 911 again. Mr. ██████████ stated he was scared and did not tell anyone about ██████████ falling and he still has not told Ms. ██████████. He stated he would never hurt a child and stated he did not mean to do it. Mr. ██████████ stated ██████████ was a good baby and does not cry a lot. He stated he has never had concerns with ██████████ with ██████████. He stated it was an accident that he dropped her.

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

Reporter states:

██████████ (8 months old) is not in DCS custody. ██████████ (8 months old) lives with her mother ██████████ and Ms. ██████████ boyfriend ██████████. Reporter stated that ██████████ does not appear to have any



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disabilities or special needs.

Reporter states that ██████████ reported that ██████████ has been sick with the flu. Last night Ms. ██████████ noticed that ██████████ was not breathing right and Ms. ██████████ then called EMS. When EMS arrived, they found ██████████ unresponsive. CPR was performed by EMS and they were able to get ██████████ breathing again. ██████████ was transported to ██████████ Hospital and then to ██████████ Hospital.

██████████ stated that when ██████████ arrived at ██████████ Hospital, she had an Acute Head Bleed and they were informed that she had been vomiting. ██████████ and her boyfriend were unable to explain how ██████████ got the head bleed. Reporter stated that Law Enforcement has been contacted and ██████████ is being interrogated. Reporter stated that ██████████ and her parents are currently at the hospital. ██████████ is stabilized and has been admitted to the pediatric ICU. The reporter is not requesting for immediate assistance but will want DCS to respond before the child is discharged to go home. ██████████ does not have any known special needs or disabilities.

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

Investigator ██████████ received a P1 Investigation Referral # ██████████ on 3/19/2014 for allegations of Physical Abuse (Severe) with the alleged victim listed as ██████████ and with the alleged perpetrator listed as ██████████ (non-relative). According to Policy 14 /work aid 1, Physical Abuse is defined as follows:

Non-accidental physical trauma or abuse inflicted by a parent or caretaker on a child

Drug exposed infant/child (Investigation): (The medical definition of infant is age 0 to 1 year old. Child is over the age of 1 year old.) This allegation pertains to an:

Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities.

Child Death/Near Death is defined as Follows:

Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.

After interviewing all parties involved, it was determined that the evidence collected within this investigation supported the ability to substantiate the allegations in the case. This case will be closed as ASPS of allegations of PHA, DEI and ABD with the perpetrator listed as ██████████ and the victim listed as ██████████.

On 3/21/2014, Investigator, LI ██████████ and Srg. ██████████ of ██████████ Police Department presented this case to ██████████ County CPIT. The allegations that were presented were Severe Physical Abuse and Abuse Death with the perpetrator listed as ██████████. A unanimous agreement was made by the CPIT team to classify allegations of Severe Physical Abuse and Abuse Death with Mr. ██████████ listed as the alleged perpetrator as ASPS (Allegations Substantiated/Perpetrator Substantiated).

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/22/2014	Contact Method:	
Contact Time:	04:02 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/22/2014
Completed date:	07/22/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/22/2014 04:03 PM Entered By: [REDACTED]

Admin Review held on 7/22/14.

The case has been reviewed by LI [REDACTED] IC [REDACTED] and RID [REDACTED] and has been approved for closure.

Autopsy report can be found in the hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/10/2014

Contact Method:

Contact Time: 04:09 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2014

Completed date: 07/10/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2014 04:11 PM Entered By: [REDACTED]

Admin Review on 7/10/14. This case has been under extension due to the case being a child fatality and awaiting a autopsy. The Autopsy report has been received and documented in Tfacts.

The case is now ready for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2014

Contact Method:

Contact Time: 02:23 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2014

Completed date: 07/10/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2014 04:09 PM Entered By: [REDACTED]

On 7/9/2014, Investigator [REDACTED] obtained a copy of the autopsy report of [REDACTED]. The copy can be found in the case file.

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]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/04/2014

Contact Method:

Contact Time: 03:04 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/04/2014

Completed date: 06/04/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/04/2014 03:04 PM Entered By: [REDACTED]

Admin review. Case is remaining open per management, pending the autopsy report. Extension for this case is in place.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/13/2014	Contact Method:
Contact Time: 02:00 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/13/2014
Completed date: 05/13/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/13/2014 02:40 PM Entered By: [REDACTED]

Investigator [REDACTED] received a P1 Investigation Referral # [REDACTED] on 3/19/2014 for allegations of Physical Abuse (Severe) with the alleged victim listed as [REDACTED] and with the alleged perpetrator listed as [REDACTED] (non-relative). Reporter states that [REDACTED] reported that [REDACTED] has been sick with the flu. Last night Ms. [REDACTED] noticed that [REDACTED] was not breathing right and Ms. [REDACTED] then called EMS. When EMS arrived, they found [REDACTED] unresponsive. CPR was performed by EMS and they were able to get [REDACTED] breathing again. [REDACTED] was transported to [REDACTED] Hospital and then to [REDACTED] Hospital.

Reporter stated that when [REDACTED] arrived at [REDACTED] Hospital, she had an Acute Head Bleed and they were informed that she had been vomiting. [REDACTED] and her boyfriend were unable to explain how [REDACTED] got the head bleed. Reporter stated that Law Enforcement has been contacted and [REDACTED] is being interrogated. Reporter stated that [REDACTED] and her parents are currently at the hospital. [REDACTED] is stabilized and has been admitted to the pediatric ICU.

INvestigator [REDACTED] spoke with all parties. Ms. [REDACTED] stated was perfectly fine before she went to the store on 3/18/2014 at 10am. Mr. [REDACTED] was arrested on 3/19/2014 for the incident. He stated [REDACTED] was sleeping and he picked [REDACTED] up, turned and she squirmed out of his arms and fell on her head on the carpet. He stated [REDACTED] fell somewhat on the side of her head and he thought he knocked her out. Mr. [REDACTED] stated he picked [REDACTED] up from under her arms and her eyes were closed. He stated he shook her 2 good times to wake her up and she opened her eyes. He also admitted to smoking crack that morning. Investigator [REDACTED] spoke with Child Abuse Specialist Dr. [REDACTED]. Investigator [REDACTED] informed Dr. [REDACTED] that Mr. [REDACTED] is now stating that he dropped [REDACTED] on her head due to falling out of his arms,. Dr. [REDACTED] stated her injuries are not consistent with bring dropped from someone's arms. She stated her injuries are consistent with Abusive Head Trauma, better know as Shaken Baby Syndrome. Dr. [REDACTED] stated there are bruises on her left ear. 2 on her forehead, a faint bruise on her back, retinal hemorrhage on her ride side and bilateral subdural hematoma.

Investigator [REDACTED] observed [REDACTED] at [REDACTED] on 3/19/2014. [REDACTED] was pronounced barin dead on 3/20/2014 and released from the machines on 3/22/2014 after her organs were donated.

According to Policy 14 /work aid 1, Physical Abuse is defined as follows:

Non-accidental physical trauma or abuse inflicted by a parent or caretaker on a child

Drug exposed infant/child (Investigation): (The medical definition of infant is age 0 to 1 year old. Child is over theage of 1 year old.)This allegation pertains to an:

Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities.

Child Death/Near Death is defined as Follows:

Any child death caused by abuse resulting from direct action of the childs caretaker or the consequence of the childs caretakers failure to stop another persons direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.

After interviewing all parties involved, it was determined that the evidence collected within this investigation supported the ability to substantiate the allegations in the case. This case will be closed as ASPS of allegations of PHA, DEI and ABD with the perpetrator listed as [REDACTED] and the victim listed as [REDACTED].

On 3/21/2014, Investigator, LI [REDACTED] and Srg. [REDACTED] of [REDACTED] Police Department presented this case to [REDACTED] CPIT. The allegations taht were presented were Severe Physical Abuse and Abuse Death with the perpetrator listed as [REDACTED]

[REDACTED] A unanimous agreement was made by the CPIT team to classify allegations of Severe Physical Abuse and Abuse Death with Mr. [REDACTED] listed as the alleged perpetrator as ASPS (Allegations Substantiated/Perpetrator Substantiated).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/09/2014	Contact Method:	
Contact Time:	02:32 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/09/2014
Completed date:	05/09/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/09/2014 02:32 PM Entered By: [REDACTED]

Admin review. Case is remaining open per management, pending the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/09/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/09/2014

Completed date: 05/09/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/09/2014 01:46 PM Entered By: [REDACTED]

On 5/9/2014, Investigator [REDACTED] mailed via certified mail a substantiated Letter to Mr. [REDACTED] at [REDACTED] in [REDACTED]. Mr. [REDACTED] was substantiated due Abuse Death, Physical Abuse and Drug Exposed Infant. A copy of the letter can be found in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/02/2014	Contact Method:	
Contact Time:	03:25 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2014
Completed date:	04/02/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/02/2014 04:01 PM Entered By: [REDACTED]

Admin Review held on 4/2/14. The referral was called into the hotline for a allegation of severe physical abuse (near death). The ACV was 8 month old [REDACTED] and the perpetrator was unknown at the time of the referral. The mother of the ACV is [REDACTED]. Summary of the referral was that the ACV resides with the mother [REDACTED] and her boyfriend [REDACTED]. The referral stated that the mother reported that the ACV had been sick and on that day (3/18/14), the mother contacted EMS and they came to her home to see the child. Upon arrival of EMS, the ACV was unresponsive. The ACV was taken to [REDACTED] and from there the ACV was transported to [REDACTED] Hospital. Upon arrival at [REDACTED] they reported that the ACV had a acute head bleed and the mother reported that the ACV had been vomiting. Mrs. [REDACTED] and Mr. [REDACTED] were unable to explain why the ACV had a head bleed. At that time, Mr. [REDACTED] was being questioned by LE.

LI assigned this case on 3/19/14 to Inv. [REDACTED]. Upon receipt of the referral, Inv. [REDACTED] contacted LE and Inv. [REDACTED] then made response to [REDACTED] Hospital. Inv. [REDACTED] observed the ACV and spoke with mother, Mrs. [REDACTED] and the grandparents [REDACTED] and the birth father [REDACTED] while at [REDACTED].

Inv. [REDACTED] took pictures of the ACV and they can be found in the file in a sealed envelope. Inv. [REDACTED] spoke with child abuse physician, Dr. [REDACTED]. Dr. [REDACTED] stated that the ACV, [REDACTED] had suffered bilateral subdural hematoma and bruising on the face. It was also stated that the ACV had retinal hemorrhaging. Dr. [REDACTED] went over more detailed medical concerns with Inv. [REDACTED] and that can be found in documentation.

On 3/19/14, LI [REDACTED] completed the notice of Near Death Form and sent it to [REDACTED]. The form can be found in the file.

On 3/19/14, LI [REDACTED] went to the [REDACTED] Detecive Division to observe the interview with the perpetrator, Mr. [REDACTED]. LI [REDACTED] observed Mr. [REDACTED] being taken into the interrogation room. LI had trouble hearing the audio, but soon after Mr. [REDACTED] was taken into the room he became erratic. Mr. [REDACTED] hit the wall with his fist and then proceeded to ram his head through the wall. At that time, LE cuffed Mr. [REDACTED] and he was transported to [REDACTED] Jail.

All interviews with Mr. [REDACTED] by LE are on a DVD and can be found in the file in a sealed envelope.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

On 3/20/14, LI [REDACTED] Det. [REDACTED] and Investigator [REDACTED] went to the [REDACTED] Jail to speak with Mr. [REDACTED]. A interview was held and the conversation can be found in documentation by Inv. [REDACTED]. Mr. [REDACTED] also submitted to a urine drug screen on 3/20/14 and was positive for THC.

Inv. [REDACTED] stayed in constant communication with [REDACTED] Social Workers and on 3/20/14, [REDACTED] contacted Inv. [REDACTED] and stated that the ACV [REDACTED] was pronounced brain dead at 3:36 pm on 3/20/14.

At that time, LI [REDACTED] then completed the Notice of Death Form and submitted the form to [REDACTED]. The Form can be found in the file.

On 3/21/14, Inv. [REDACTED] presented the case to CPIT and the team signed off that the case will be closed as Allegation Substantiated/Perpetrator substantiated for the allegations of Severe PHA and the new allegation of Abuse Death. DEI was added as a allegation for Mr. [REDACTED] due to the fact that Mr. [REDACTED] admitted to smoking crack just hours before the incident.

On 3/21/14, the MSW/ Legal Consult was held at 12:00 pm. Information was given about the case and that there were no other children in the home.

On 3/22/14, ACV [REDACTED] was taken off all machines and her body was sent to the State Medical Examiner. The mother wished to Donate the ACV Organs after the death.

Mr. [REDACTED] was charge with Felony First Degree Murder, Aggravated Child Abuse and Vandalism. Please see hard file for more information.

The Autopsy results are pending. The Criminal court hearing will be held at the end of April.

The case has been reviewed by LI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2014

Contact Method: Phone Call

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2014

Completed date: 04/02/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2014 04:45 PM Entered By: [REDACTED]

On 4/2/2014 at 2:30pm, Investigator [REDACTED] contacted Dr. [REDACTED] at [REDACTED] to inquire about the skeletal survey that was completed on [REDACTED]. Dr. [REDACTED] stated her survey was negative and no fractures were seen. Dr. [REDACTED] stated in non-death cases a skeletal is repeated in 2 weeks due to rib fractures not being able to show immediately but it will show through the medical examiner.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2014

Completed date: 04/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2014 02:11 PM Entered By: [REDACTED]

On 4/2/2014, Investigator [REDACTED] received medical records from [REDACTED] Hospital and [REDACTED] Records can be found in the case file. Pictures from [REDACTED] will be placed on a disk and mailed to Investigator [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/28/2014	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/02/2014
Completed date:	04/02/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2014 02:24 PM Entered By: [REDACTED]

On 3/28/2014 at 11:30am, Investigator [REDACTED] arrived at the home of Mr. and Mrs. [REDACTED] (maternal grandparents) at [REDACTED] in [REDACTED]. Investigator [REDACTED] spoke with [REDACTED]. She stated [REDACTED] services were Wednesday and Thursday and they turned out good. She stated she is residing with her parents now and will not continue to live at the trailer where the incident occurred. She stated she has been doing good but she has good day and bad days. Investigator [REDACTED] provided Ms. [REDACTED] with a [REDACTED] Resource Guide and Ms. [REDACTED] stated she will be looking into counseling for herself. She stated [REDACTED] father Mr. [REDACTED] had an episode where he cut himself due to her death and was sent to a mental hospital and was released before her services. Ms. [REDACTED] stated he is doing better and receiving services due to his previous diagnosis of depression. Investigator [REDACTED] provided Ms. [REDACTED] with another resource guide for Mr. [REDACTED]. Ms. [REDACTED] stated she has not spoken with Mr. [REDACTED] and she is not planning on being with him. She stated she wants to speak with him for closure and ask him why but she stated she is not sure if she is ready for that. She stated she has been getting support from family and the community that is helping her through this. Ms. [REDACTED] stated is allowed Investigator to go to her trailer where the incident occurred. She stated she will have her father take Investigator to the home due to her not being emotionally ready to go back to that home. Mr. [REDACTED] met Investigator [REDACTED] at [REDACTED] in [REDACTED]. He allowed Investigator [REDACTED] to go in the home and observed. Investigator [REDACTED] observed the home to be somewhat empty but still had the family's belongings in there. Mr. [REDACTED] stated he and his son have to move everything out by today. Investigator [REDACTED] took pictures of the home and observed carpet cut out in Ms. [REDACTED] room from LE. Pictures can be found in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/25/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	04/02/2014
Completed date:	04/02/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/02/2014 04:39 PM Entered By: [REDACTED]

On 3/25/2014 at 10:00am, Investigator [REDACTED] met with ADA [REDACTED] and LE regarding [REDACTED]' case. Information was shared regarding the investigation to ADA [REDACTED] which included interviews with the family, [REDACTED] hospital stay and interviews with Mr. [REDACTED]. Investigator [REDACTED] was informed that Mr. [REDACTED] court date was reset from March 31, 2014 to the end of April 2014. Mr. [REDACTED] is facing charged of First Degree Felony Murder, Aggravated Child Abuse and vandalism.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/24/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/26/2014

Completed date: 03/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2014 02:32 PM Entered By: [REDACTED]

On 3/24/2014, Investigator [REDACTED] requested Medical Records from [REDACTED] and [REDACTED] Pediatric Clinic for [REDACTED].

When records are received, records will be placed in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/22/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/26/2014

Completed date: 03/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2014 02:03 PM Entered By: [REDACTED]

On 3/22/2014 at 11:00am, Investigator [REDACTED] received a call from a nurse from the Medical Examiner office. The nurse stated 10:52am is time of death from the machine and cutting of the the aorta.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/22/2014

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/26/2014

Completed date: 03/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/26/2014 02:05 PM Entered By: [REDACTED]

On 3/22/2014 at 8:00am, Investigator [REDACTED] received a call from the oncall Social Worker at [REDACTED]. She stated [REDACTED] was on her way to the Operating Room to have her organs Harvested. She stated after she will be sent to the Medical Examiner's office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Created In Error

Contact Date: 03/21/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/21/2014

Completed date: 03/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2014 03:56 PM Entered By: [REDACTED]

This case was presented on POP on 3/21/2014.

Narrative Type: Created In Error Entry Date/Time: 03/26/2014 02:26 PM Entered By: [REDACTED]

Mark as error



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/21/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/21/2014

Completed date: 03/21/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2014 03:55 PM Entered By: [REDACTED]

On 3/21/2014, Investigator, LI [REDACTED] and Srg. [REDACTED] of [REDACTED] Police Department presented this case to [REDACTED] CPIT. The allegations taht were presented were Severe Physical Abuse and Abuse Death with the perpetrator listed as [REDACTED]. A unanimous agreement was made by the CPIT team to classify allegations of Severe Physical Abuse and Abuse Death with Mr. [REDACTED] listed as the alleged perpetrator as ASPS (Allegations Substantiated/Perpetrator Substantiated). The CPIT form was signed and can be found in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Created In Error

Contact Date: 03/21/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/02/2014

Completed date: 04/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2014 04:32 PM Entered By: [REDACTED]

On 3/21/2014, Investigator [REDACTED] presented [REDACTED] case to [REDACTED] CPIT. There was an unanimous agreement of the team to classify ASPS on allegations of Severe Physical Abuse and Abuse Death on Mr. [REDACTED]. [REDACTED] ime of death was 3:36pm on 3/20/14. She is scheduled to be in the OR tomorrow to havest her organs and after a medical examiner will exam her.

CPIT forms were suned and can be found in the case file.

Narrative Type: Created In Error Entry Date/Time: 04/11/2014 03:52 PM Entered By: [REDACTED]

Duplicate recording



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2014

Contact Method: Phone Call

Contact Time: 06:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/21/2014

Completed date: 03/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2014 03:49 PM Entered By: [REDACTED]

On 3/20/2014 at 6:30pm, Investigator [REDACTED] spoke with [REDACTED] Social Worker [REDACTED]. Ms. [REDACTED] stated the family decided to donate [REDACTED] organs. She stated she will remain on the machines until that process is completed and she will go to the medical examiners office after. Ms. [REDACTED] stated she will be provided Ms. [REDACTED] with information about resources and support groups. She stated TN Donor Services will always provide her with information for services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2014

Contact Method: Phone Call

Contact Time: 04:15 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/21/2014

Completed date: 03/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2014 03:46 PM Entered By: [REDACTED]

On 3/20/2014 at 4:15pm, Investigator [REDACTED] spoke with [REDACTED] Social Worker [REDACTED]. Ms. [REDACTED] stated the 2nd brain death exam was completed and all exam are consistent. She stated [REDACTED] was pronounced brain dead at 3:36pm. Ms. [REDACTED] stated TN Donar Services will come in and speak with the parents about donating [REDACTED] organ. She stated if the family decided to donate [REDACTED] organ, she will remain the on machine and given medicine to keep her organ functioning up to 72 hours. She stated if the family decided not to donate [REDACTED] organ, she will be removed from the moves and the parents will allowed to be with her.

Ms. [REDACTED] put Dr. [REDACTED] on the phone and Investigator [REDACTED] and LI [REDACTED] spoke with her. Dr. [REDACTED] stated a full skeletal will be completed before [REDACTED] goes to the medical examiner. Investigator [REDACTED] shared the information with Dr. [REDACTED] that Mr. [REDACTED] stated he shook [REDACTED] "2 good times" to wake her up and Dr. [REDACTED] stated that is not consistent with her injuries.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2014

Contact Method: Phone Call

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/21/2014

Completed date: 03/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2014 03:38 PM Entered By: [REDACTED]

On 3/20/2014 at 2:30pm, Investigator [REDACTED] spoke with [REDACTED] Social Worker [REDACTED]. Ms. [REDACTED] stated the brain perfusion was completed and there is no blood flow to [REDACTED] brain. She stated another Doctor will completed the 2nd brain dead exam this afternoon. Ms. [REDACTED] stated she will contacted Investigator [REDACTED] with updates.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/20/2014	Contact Method:	Face To Face
Contact Time:	10:52 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Detention/Jail	Created Date:	03/21/2014
Completed date:	03/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/21/2014 03:35 PM Entered By: [REDACTED]

On 3/20/2014 at 10:52am, Investigator [REDACTED] LI [REDACTED] and Srg. [REDACTED] of [REDACTED] Police Department arrived at the [REDACTED] Jail to speak with Mr. [REDACTED]. Srg. [REDACTED] asked Mr. [REDACTED] if he remembered his Miranda Right when they were read by him the day before and he has the right to an attorney and he does not have to speak with him, Investigator [REDACTED] or Li [REDACTED] and Mr. [REDACTED] stated he remembers and understand and he is still willing to speak. Investigator [REDACTED] asked Mr. [REDACTED] if he is willing to submit to a drug screen due to admission by him that he smoked crack the morning of Tuesday and he stated yes he willing to consent to a drug screen. A drug screen was administered by Srg. [REDACTED] and Mr. [REDACTED] tested positive for THC. The drug screen form was signed and can be found in the case file. Mr. [REDACTED] stated he smoked crack on Tuesday morning in the living room of his home with the window open and Ms. [REDACTED] and [REDACTED] were sleeping in the back room. He stated he smoked THC about 2 or 3 days ago. Mr. [REDACTED] denied using drugs with Ms. [REDACTED] and stated she did not know he was using drugs. Mr. [REDACTED] stated on Tuesday around 2pm, he got out of the shower and [REDACTED] was awake in her playpin. He stated [REDACTED] was sleeping and he picked [REDACTED] up, turned and she squirmed out of his arms and fell on her head on the carpet. He stated [REDACTED] fell somewhat on the side of her head and he thought he knocked her out. Mr. [REDACTED] stated he picked [REDACTED] up from under her arms and her eyes were closed. He stated he shook her 2 good times to wake her up and she opened her eyes. He stated that [REDACTED] did not wake up and he did not wake her up to let her know [REDACTED] fell on the floor due to him being scared. Mr. [REDACTED] stated [REDACTED] made no noise or she did not cry. He stated he placed [REDACTED] on the bed between him and Ms. [REDACTED] and they both fell asleep. He stated they woke up about 1 ½ hour later and that is when [REDACTED] said something is wrong with her and to call 911. He stated he place [REDACTED] in the shower with him under cold water and thought that would help. He stated while in the shower she opened her eyes and appeared to be breathing. He stated he called 911 but the phone died and they had to plug it up and he called 911 again. Mr. [REDACTED] stated he was scared and did not tell anyone about [REDACTED] falling and he still has not told Ms. [REDACTED]. He stated he would never hurt a child and stated he did not mean to do it. Mr. [REDACTED] stated [REDACTED] was a good baby and does not cry a lot. He stated he has never had concerns with [REDACTED] with [REDACTED]. He stated it was an accident that he dropped her. Mr. [REDACTED] asked several times in the interview if he would be able to see [REDACTED] and was informed he could not see her. Mr. [REDACTED] stated he does have a child of his own name [REDACTED] and he is 11years old. He stated he was arrested for Child Abuse in 2011 for whooping his son on bottom with a belt and he did not know he could not do that.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/21/2014

Completed date: 03/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2014 03:03 PM Entered By: [REDACTED]

On 3/20/2014 at 9:00am, Investigator [REDACTED] spoke with [REDACTED] Social Worker [REDACTED]. Ms. [REDACTED] stated [REDACTED] is still alive. She stated that rounds were just completed and dye will be placed in her blood stream to observed the blood flow to [REDACTED] brain. Ms. [REDACTED] stated a brain dead exam was completed this morning and another one will be completed this afternoon by another doctor. Ms. [REDACTED] stated she will keep Investigator [REDACTED] updated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	03/19/2014	Contact Method:	Face To Face
Contact Time:	02:40 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	03/21/2014
Completed date:	03/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/21/2014 01:27 PM Entered By: [REDACTED]

On 3/19/2014 at 2:40pm, Investigator [REDACTED] spoke with birth father [REDACTED] at [REDACTED] Hospital. Investigator [REDACTED] informed Mr. [REDACTED] of the referral that was made regarding [REDACTED] condition. Mr. [REDACTED] stated he understood why DCS is involved. He stated the last time he seen [REDACTED] was in January. He stated they went to court for a parenting plan and they told him he needs to get a lawyer and come back. He stated he knew of [REDACTED] and he never likes him. He stated he met him one time in January at Ms. [REDACTED] home. Mr. [REDACTED] stated he got the vibe that Mr. [REDACTED] did not want to be around his daughter [REDACTED]. Mr. [REDACTED] denied having any concerns with [REDACTED] and drug use and denied having any concerns with [REDACTED] and [REDACTED]. He denied having any concerns involving the maternal grandparents and drug use.

Narrative Type: Created In Error Entry Date/Time: 04/14/2014 12:43 PM Entered By: [REDACTED]

Duplicate case recording



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method: Face To Face

Contact Time: 02:40 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/21/2014

Completed date: 03/21/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2014 01:41 PM Entered By: [REDACTED]

On 3/19/2014 at 2:40pm, Investigator [REDACTED] spoke with birth father [REDACTED] at [REDACTED] Hospital. Investigator [REDACTED] informed Mr. [REDACTED] of the referral that was made regarding [REDACTED] condition. Mr. [REDACTED] stated he understood why DCS is involved. He stated the last time he seen [REDACTED] was in January. He stated they went to court for a parenting plan and they told him he needs to get a lawyer and come back. He stated he knew of [REDACTED] and he never likes him. He stated he met him one time in January at Ms. [REDACTED] home. Mr. [REDACTED] stated he got the vibe that Mr. [REDACTED] did not want to be around his daughter [REDACTED]. Mr. [REDACTED] denied having any concerns with [REDACTED] and drug use and denied having any concerns with [REDACTED] and [REDACTED]. He denied having any concerns involving the maternal grandparents and drug use.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/19/2014	Contact Method:	Face To Face
Contact Time:	02:20 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	03/21/2014
Completed date:	03/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/21/2014 01:22 PM Entered By: [REDACTED]

On 3/19/2014 at 2:20pm, Investigator [REDACTED] spoke with maternal grandparents Mr. [REDACTED] and Mrs. [REDACTED]. Investigator [REDACTED] informed Mr. and Mrs. [REDACTED] of the referral that was made regarding [REDACTED] condition. Ms. [REDACTED] stated she understood why DCS is involved. Mr. [REDACTED] stated he wanted to start off and state that his daughter is the best mother you can find. Mr. [REDACTED] stated Ms. [REDACTED] has been around babies all her life and is good with them. Mr. [REDACTED] stated he does not know Mr. [REDACTED] and the first time he spoke and seen him was at the hospital last night. Mrs. [REDACTED] stated he has met Mr. [REDACTED] about 3 times but she does not know him. Mrs. [REDACTED] stated she has [REDACTED] from about 2pm to 6am every day except Monday and Tuesday due to [REDACTED] being off. She stated she observed [REDACTED] Sunday night and she appeared to be fine. She stated she left for work about 5am Monday morning and Mr. [REDACTED] observed her Monday morning. Mr. [REDACTED] stated when [REDACTED] woke up Monday morning when Ms. [REDACTED] came to get her, she appeared to be fine. Mr. [REDACTED] stated they found out something was wrong with [REDACTED] when they received a phone call from Ms. [REDACTED] around 9pm on Tuesday night. He stated Ms. [REDACTED] was torn to pieces and hysterical. Mr. [REDACTED] stated he knows for a fact that Ms. [REDACTED] did not hurt [REDACTED]. He stated all that he has heard about Mr. [REDACTED] is that he drinks a lot. Mrs. [REDACTED] stated Ms. [REDACTED] and [REDACTED] lived with them until about a month ago when they moved out. She stated that [REDACTED] has been trying to pull up lately and they witnessed [REDACTED] falling on a stool that caused the bruise on her chin. Mrs. [REDACTED] stated [REDACTED] has always been such a good baby and she is always happy and in a good mood.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/19/2014 Contact Method: Face To Face
 Contact Time: 01:40 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 03/21/2014
 Completed date: 03/21/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2014 12:56 PM Entered By: [REDACTED]

On 3/19/2014 at 1:40pm, Investigator [REDACTED] spoke with [REDACTED] in a family waiting room at [REDACTED] Hospital. Investigator [REDACTED] informed Ms. [REDACTED] of the referral that was made regarding [REDACTED] condition. Ms. [REDACTED] stated she understood why DCS is involved. She stated she lives in [REDACTED] in a trailer off [REDACTED] with her boyfriend [REDACTED] and her daughter [REDACTED]. She stated when this incident occurred; Mr. [REDACTED] was taken down to the police station and questioned. Ms. [REDACTED] stated that last time she spoke with Mr. [REDACTED] was yesterday and he wanted her to reinsure him that she believed that he did not do anything to [REDACTED]. Ms. [REDACTED] stated [REDACTED] was completely fine on Sunday and Monday. She stated she works at [REDACTED] from 10pm to 6am and her mother watches [REDACTED] while at work. She stated her mother comes to get [REDACTED] at 2pm and she picks her up around 6:15am the next day. Ms. [REDACTED] stated she is off Monday and Tuesdays from work and is home with [REDACTED] all day. Ms. [REDACTED] stated [REDACTED] is on a routine when she wakes up around 6:15am, she will fall back asleep about an hour later and Ms. [REDACTED] stated she will take a nap with her. Ms. [REDACTED] stated on Tuesday 3/19, she and [REDACTED] woke up about 9am and everything seemed to be normal. She stated [REDACTED] appeared to be fine and she was no whiny or grouchy and she was happy. Ms. [REDACTED] stated as a routine, [REDACTED] took a nap about an hour later around 10am in her playpin which is located in Ms. [REDACTED] room. Ms. [REDACTED] stated at that time, Mr. [REDACTED] wanted her to buy him liquor at the nearby liquor store and to get cold drinks at the dollar store. She stated Mr. [REDACTED] does not have a drivers license and that is why he asked her to go. She stated that Mr. [REDACTED] does have a drinking problem and she has tried to get him to stop. Ms. [REDACTED] stated Mr. [REDACTED] will hide his drinking and she has found several empty liquor bottles around her home and she felt if she went to get him the liquor, she will know how much he is drinking. She stated she agreed to go to the store due to [REDACTED] being asleep and she went to [REDACTED], the dollar store and to Pizza Hut off [REDACTED]. She stated she was not gone more than 20 minutes due to the store being close to her home. Ms. [REDACTED] stated when she returned home Mr. [REDACTED] told her [REDACTED] is still sleeping and she has not got up. She stated she did not check on her and sat in the living room. She stated that Mr. [REDACTED] appeared to be acting funny because he called into work and stated he was going to tell his work that [REDACTED] was sick and could not go to work. She stated that she told Mr. [REDACTED] to not wish that on [REDACTED] of being sick. She stated [REDACTED] woke up about 3 times whining and Mr. [REDACTED] checked on her and gave her a bottle in which she fell back asleep all 3 times. Ms. [REDACTED] stated she was not the one to check on her due if she were to go in the room [REDACTED] would want to play and not take a nap. She stated when [REDACTED] woke up those 3 times, it was about 45 minutes altogether and she woke up for the 4th time and she told Mr. [REDACTED] to bring her to the living room. Ms. [REDACTED] stated when Mr. [REDACTED] was bringing her to the living room, he stopped in the kitchen and that is when [REDACTED] sounded like she was dry heaving and Ms.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

████████ stated she jumped up and ran to ██████████ and ██████████ threw up. She stated that she took ██████████ from ██████████ and rubbed her back to soothe her and she threw up again. Ms. ██████████ stated at that time she took ██████████ to the living room and sat down with her on the love seat and told Mr. ██████████ to make her a bottle with half water and half Pedialyte due to thinking her stomach was upset. She stated that she also asked Mr. ██████████ to bring her Tylenol. Ms. ██████████ stated ██████████ would not take her bottle and she appeared to be really tired. She stated within 5 minutes of trying to give her a bottle, ██████████ fell back asleep and Ms. ██████████ stated that is when she noticed the bruise on her left ear. She stated she took ██████████ back to the room to put her in her playpin and she threw up between her playpin and Ms. ██████████ bed. She stated she put ██████████ in bed with her to lay down and ██████████ threw up in the bed. Ms. ██████████ stated she cleaned ██████████ up and placed her in the playpin and she fell asleep. Ms. ██████████ stated she also laid down and dozed off and woke up to ██████████ crying and she threw up in her playpin. She stated when she picked ██████████ up; ██████████ threw up again on the floor. Ms. ██████████ stated she took ██████████ temperature to make sure she was not running a fever and it was 97. She stated she took it again and it was 98.8. Ms. ██████████ stated she thought ██████████ stomach was upset and was trying to keep her hydrated but she was not peeing much. She stated ██████████ went back to sleep in her playpin and Ms. ██████████ stated she also dozed off again. She stated she woke up to ██████████ whining and ██████████ picked her up and held her with his back turned to Ms. ██████████. She stated he turned around and laid ██████████ between both of them in the bed. She stated when ██████████ was put between her and Mr. ██████████ Ms. ██████████ stated she observed ██████████ breathing not to be right. She stated ██████████ was breathing hard and her stomach was going up and down real fast. She stated that ██████████ was not responding to her. Ms. ██████████ stated her phone was dead and she told Mr. ██████████ to plug it up to call 911. She stated that Mr. ██████████ did not do that and tried to be with ██████████. She stated she asked Mr. ██████████ again and he plugged up her phone but did not turn it on. Ms. ██████████ stated she became mad with Mr. ██████████ for not turning the phone and calling 911 and she went to the living room herself and called 911. She stated when she was calling, Mr. ██████████ yelled out that ██████████ was fine and she was breathing and she checked on ██████████ and she did not appear fine. She stated when she was on the phone, Mr. ██████████ jerked the phone from her hand and hung up the phone and stated she will be fine. Ms. ██████████ stated she got the phone back and called 911 again. Ms. ██████████ stated EMS told her that ██████████ was not breathing when they arrived but she thought ██████████ was. She stated EMS told her it must have been reflex and looking like she was breathing. Ms. ██████████ stated EMS told her that they got ██████████ to breath before then got out of her drive way. Ms. ██████████ stated the EMS went to ██████████ Hospital and she was life flight to ██████████. Ms. ██████████ stated she does not believe ██████████ could have hurt ██████████ but she also did not know he was smoking crack in her home while she was at the store. She stated she knows he had a drinking problem but never a problem with crack. Ms. ██████████ stated she found out that he smoked crack due to him confessing he did while they were at the hospital. Ms. ██████████ stated Ms. ██████████ was always good with ██████████ and he was lay on the floor with her and play with her. She stated she has known Mr. ██████████ since October 2013 and they started a relationship in January 2014 and they moved in on February 15, 2014. Ms. ██████████ stated she has noticed that ██████████ would cry with Mr. ██████████ but she figured it was because she wanted Ms. ██████████. She stated when she would get off at 6am and would usually stayed up until 2pm with ██████████ until her mother came and got ██████████. She stated they would take naps often and it was not that many times she would leave ██████████ in Mr. ██████████ care but it did happen sometimes when she would sleep. Ms. ██████████ stated she has never had concerns with Mr. ██████████ and ██████████. She stated not too long ago, she found out about Mr. ██████████ child abuse charge and asked him about it. She stated he told her that he was arrested due to whooping his child on his bottom for calling him a bitch. Ms. ██████████ stated she took ██████████ to the Pediatric Clinic last week and Dr. ██████████ observed ██████████. She stated she pointed out bruises on her forehead, chin and back and Dr. ██████████ told her they did not look like a pattern and it did not look like abuse. She stated she asked Dr. ██████████ if she needed to be worried about it and she stated no. She stated that ██████████ has been trying to pull herself up. Ms. ██████████ stated Mr. ██████████ is not ██████████ father and her father is ██████████. She stated he is hardly in her life but recently got supervised visits on Sunday from 10am to 12pm at ██████████. She stated he has been in and out of jail and his first visit was supposed to be on 2/23/2014 but he went to jail. She stated he visited with ██████████ last Sunday for the first time. Investigator ██████████ asked Ms. ██████████ if she would be willing to consent to a drug screen and she stated. She stated she does not want that to be held against her. Investigator ██████████ asked Ms. ██████████ if she would test positive for anything and Ms. ██████████ admitted to taking an Adderal ISunday night at work due to working all night. She stated she is not prescribed. Investigator ██████████ explained the concern that Mr. ██████████ confessing to smoking crack at the home and Ms. ██████████ denied using crack with him. She stated she is willing to take a drug screen to clear that up. Ms. ██████████ consented to a drug screen and tested positive for THC and negative for all other substances. She stated she more than 2 weeks ago when ██████████ was at her mothers house. Ms. ██████████ denied having a problem with drug use. The drug screen form can be found in the case file. Ms. ██████████ stated she plans to move back with her parents. Investigator ██████████ asked Ms. ██████████ if Mr. ██████████ told her he might have dropped ██████████ at any point and Ms. ██████████ stated no. She stated Mr. ██████████ did not tell her anything happen like that and she would be every surprised if he stated that.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Investigator [REDACTED] discussed the following forms and had parent sign as necessary:

Clients Rights Packet

Notification of Equal Access to Programs

HIPAA

Authorization for Release of Information to DCS

Native American Veto Verification

MRS Pamphlet

The signed forms can be found in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method: Face To Face

Contact Time: 01:15 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/20/2014

Completed date: 03/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/20/2014 03:21 PM Entered By: [REDACTED]

On 3/19/2014 at 1:15pm, Investigator [REDACTED] spoke with Child Abuse Specialist Dr. [REDACTED]. Investigator [REDACTED] informed Dr. [REDACTED] that Mr. [REDACTED] is now stating that he dropped [REDACTED] on her head due to falling out of his arms,. Dr. [REDACTED] stated her injuries are not consistent with being dropped from someone's arms. She stated her injuries are consistent with Abusive Head Trauma, better known as Shaken Baby Syndrome. Dr. [REDACTED] stated there are bruises on her left ear, 2 on her forehead, a faint bruise on her back, retinal hemorrhage on her right side and bilateral subdural hematoma. Dr. [REDACTED] stated a full skeletal has not been performed due to [REDACTED] condition and she is not stable. She stated a skull fracture has not been seen from the CT scan. Dr. [REDACTED] stated [REDACTED] will not survive. She stated at this time a brain death exam can not be done due to the medicine that was given to her this morning to place her in a medically induced coma will need to be out of her system before they can perform the exam.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/20/2014

Completed date: 03/20/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/20/2014 03:07 PM Entered By: [REDACTED]

On 3/19/2014 at 1:00pm, Investigator [REDACTED] received a phone call from Sgt. [REDACTED] with [REDACTED] Police Department. He stated Mr. [REDACTED] contact him and asked to come in the Police Department earlier than 1:00pm to talk and take the CVSA. Sgt. [REDACTED] stated when he and Detective [REDACTED] arrived at his home he admitted to dropping [REDACTED] on her head accidentally. Sgt. [REDACTED] stated Mr. [REDACTED] stated he picked [REDACTED] up out of her playpin and she "squirmed" out of his arms. He stated while at the police department and prior to being about to interview him while in the interviewing room, punched a hole in the wall and stated "take me to jail". Sgt. [REDACTED] stated while in the process of handcuffing him, Mr. [REDACTED] proceeded to hit his head on the wall which cause anyone hole in the wall. Mr. [REDACTED] was subdued and placed under arrested.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/19/2014	Contact Method:	Face To Face
Contact Time:	12:50 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	03/20/2014
Completed date:	03/20/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/20/2014 01:15 PM Entered By: [REDACTED]

On 3/19/2014 at 12:50pm, Investigator [REDACTED] observed [REDACTED] at [REDACTED] Hospital. Present in the hospital room were several nurses and maternal grandparents [REDACTED] and [REDACTED]. Nursing staff appeared to be checking [REDACTED] monitors. Investigator [REDACTED] observed [REDACTED] lying on her back in the hospital bed. She appeared to have a tube in her mouth and several monitors and tubes attached to her body. [REDACTED] head was wrapped in bandage which went around her head and down and around her chin. Nursing staff removed parts of her bandage in order for Investigator [REDACTED] to take picture of her forehead and left ear. Investigator [REDACTED] observed two small faint bruises on [REDACTED] forehead and what seems to be a bruise on [REDACTED] ear. Nursing staff rolled [REDACTED] over to allow Investigator [REDACTED] to take pictures of her back. Investigator [REDACTED] observed a faint bruise on the lower part of [REDACTED] back. The bruise on her back appeared to be the size of a quarter (coin) and light in color. Investigator [REDACTED] observed a bruise on [REDACTED] chin and nursing staff moved the bandage to allow Investigator [REDACTED] to take pictures. It was hard to observe the bruise completely due to the amount of bandage that was around her chin. [REDACTED] appeared pale in color and stiff in her body when the nursing staff rolled her over. [REDACTED] did not appear to respond with any movement when being touched or rolled over by nursing staff. Pictures taken by Investigator [REDACTED] can be found in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/19/2014	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	03/20/2014
Completed date:	03/20/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/20/2014 04:36 PM Entered By: [REDACTED]

On 3/19/2014 at 12pm, Investigator [REDACTED] spoke with [REDACTED] who is a Social Worker at [REDACTED] Hospital. Ms. [REDACTED] stated he spoke with Ms. [REDACTED] and she stated that [REDACTED] appeared perfectly on Sunday and Monday prior to the incident. Ms. [REDACTED] stated Ms. [REDACTED] told her that Mr. [REDACTED] got off of work at 1am Tuesday morning and she picked him up and that [REDACTED] did not go to bed until about 1:30am. She stated Ms. [REDACTED] reported that [REDACTED] awoke around 9am yesterday morning, in which Ms. [REDACTED] gave [REDACTED] a bottle and [REDACTED] fell back sleep. Ms. [REDACTED] stated that Ms. [REDACTED] reported that he ran to the store while [REDACTED] was sleeping and in the care of Mr. [REDACTED]. Ms. [REDACTED] stated Ms. [REDACTED] stated when she returned from the store 20 minutes, [REDACTED] was still sleeping and Ms. [REDACTED] stated Mr. [REDACTED] was acting funny. Ms. [REDACTED] stated she asked Mr. [REDACTED] what she mean by acting funny and Ms. [REDACTED] stated she felt he started drinking already and he called out of work. Ms. [REDACTED] stated that Ms. [REDACTED] stated that Mr. [REDACTED] brought [REDACTED] in the kitchen after waking up and she appeared to be gasping for air, sleepy and she threw up. She stated Ms. [REDACTED] stated at that time she noticed there was a bruise on [REDACTED] ear. Ms. [REDACTED] stated Ms. [REDACTED] reported that she called EMS when she notices [REDACTED] was breathing shallow, limp, pale and not responding. Ms. [REDACTED] stated Ms. [REDACTED] reported that she took [REDACTED] to the Pediatric Clinic last week and she pointed out bruising on [REDACTED] lip, back, chin and forehead and Dr. [REDACTED] observed [REDACTED]. She stated Ms. [REDACTED] reported that she works at [REDACTED] from 10pm to 6am and she is off on Monday and Tuesdays. She stated Ms. [REDACTED] stated her mother will pick [REDACTED] up at 2pm everyday except on Monday and Tuesday and have her until about 6:15am the next morning. Ms. [REDACTED] stated the hospital started the tranfusion on [REDACTED] to place her in a medically induced coma and she started hemerging and her blood pressure dropped. She stated they stopped the medication and now she is on 3 different blood pressure medications to try to raise her blood pressure. She stated [REDACTED] brain herniated and the family agreed to not perform CPR. She stated that the hospital is unable to completed a brain dead exam until the medication is out of her blood stream.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method: Phone Call

Contact Time: 09:10 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/20/2014

Completed date: 03/20/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/20/2014 01:38 PM Entered By: [REDACTED]

On 3/19/2014 at 9:10am, Investigator [REDACTED] spoke with Srg. [REDACTED] of the [REDACTED] Police Department/Detectives Division. He stated that he and Detective [REDACTED] spoke with Mr. [REDACTED] last night and into early morning. Srg. [REDACTED] stated they interview Mr. [REDACTED] due to being a person of interest in the case. He stated Mr. [REDACTED] made no disclosure regarding the condition of [REDACTED] but did admitted to smoking crack Tuesday morning. Srg. [REDACTED] stated Mr. [REDACTED] is schedule to come to his office at 1:00pm to take a CVSA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method: Phone Call

Contact Time: 08:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/20/2014

Completed date: 03/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/20/2014 01:24 PM Entered By: [REDACTED]

On 3/19/2014 at 8:45am, Investigator [REDACTED] spoke with Social Worker of [REDACTED] Hospital [REDACTED]. She stated [REDACTED] has swelling of the brain and bruising on her face. She stated [REDACTED] is currently in ICU. She stated a monitor will be placed to monitor the amount of swelling of [REDACTED] brain. Ms. [REDACTED] stated the doctor's mentioned they are not sure if [REDACTED] will survive. She stated [REDACTED] has a bilateral subdural hematoma and the doctor will be placing her in a medically induced coma.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/19/2014	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/21/2014
Completed date:	03/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/21/2014 04:09 PM Entered By: [REDACTED]

Investigator [REDACTED] received a P1 Investigation Referral # [REDACTED] on 3/19/2014 for allegations of Physical Abuse (Severe) with the alleged victim listed as [REDACTED] and with the alleged perpetrator listed as [REDACTED] non-relative).

Reporter states:

[REDACTED] (8 months old) is not in DCS custody. [REDACTED] (8 months old) lives with her mother [REDACTED] and Ms. [REDACTED] boyfriend [REDACTED]. Reporter stated that [REDACTED] does not appear to have any disabilities or special needs. Reporter states that [REDACTED] reported that [REDACTED] has been sick with the flu. Last night Ms. [REDACTED] noticed that [REDACTED] was not breathing right and Ms. [REDACTED] then called EMS. When EMS arrived, they found [REDACTED] unresponsive. CPR was performed by EMS and they were able to get [REDACTED] breathing again. [REDACTED] was transported to [REDACTED] Hospital and then to [REDACTED] Hospital. Reporter stated that when [REDACTED] arrived at [REDACTED] Hospital, she had an Acute Head Bleed and they were informed that she had been vomiting. [REDACTED] and her boyfriend were unable to explain how [REDACTED] got the head bleed. Reporter stated that Law Enforcement has been contacted and [REDACTED] is being interrogated. Reporter stated that [REDACTED] and her parents are currently at the hospital. [REDACTED] is stabilized and has been admitted to the pediatric ICU. The reporter is not requesting for immediate assistance but will want DCS to respond before the child is discharged to go home. [REDACTED] does not have any known special needs or disabilities.

Household:

[REDACTED] DOB: [REDACTED] SS# [REDACTED]
 [REDACTED] DOB: [REDACTED] SS# [REDACTED]
 [REDACTED] DOB: [REDACTED]

Juvenile Court are notified of the referrals and classification on a monthly basis per local protocol and policy. Notification to the Judge is sent out every Monday per local protocol and policy.

 Notice of Case Assignment was not sent due to the reporter request not to received notification.

Investigator [REDACTED] did check TN Kids/TFACTS for Case History Information upon Assignment and history was found. Investigation # [REDACTED] The case was opened 11/2013 # and closed 12/2013. The allegation was Drug Exposed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Child with the victim was listed as [REDACTED] and alleged perpetrator were listed as [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. The case was closed as Unable to Complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	03/12/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/26/2014
Completed date:	03/26/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/26/2014 02:09 PM Entered By: [REDACTED]

On 3/21/2014, Investigator [REDACTED] presented [REDACTED] case to [REDACTED] CPIT. There was an unanimous agreement of the team to classify ASPS on allegations of Severe Physical Abuse and Abuse Death on Mr. [REDACTED]. [REDACTED] ime of death was 3:36pm on 3/20/14. She is scheduled to be in the OR tomorrow to havest her organs and after a medical examiner will exam her.

CPIT forms were suned and can be found in the case file.

Narrative Type: Created In Error Entry Date/Time: 04/02/2014 04:32 PM Entered By: [REDACTED]

The correct date is 3/21/2014.

Narrative Type: Addendum 1 Entry Date/Time: 04/02/2014 04:22 PM Entered By: [REDACTED]

This recording will be marked in error. The correct date and recording should be for 3/21/14.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 3/19/14 12:14 AM Date of Assessment: 3/21/14 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 1

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): pronounced brain dead on 3/20/14 at 3:36pm.

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____