



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

Case # 2014.123

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	7/31/2014
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	8/2/2014	
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Other	County/Region:
Parents' Names:	Mother:	██████████	Father:	██████████	
Alleged Perpetrator's Name:	██████████			Relationship to Victim:	██████████
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:

4 year old ██████████ was brought to the ██████████ County ER by EMS on 7/31/14 after he was having seizures in the home with his father and his girlfriend. A CT scan showed ██████████ had a large brain bleed along with bruising all over his body with different stages of healing. The child had bruising to his buttocks, right hip, back, all extremities, neck, tips of his ears, behind his ears and the back of his skull. He also had a bite mark to his left forearm and scratches on his buttocks. ██████████ was flown to ██████████ in ██████████ after he began to deteriorate and he will have emergency surgery for the brain bleed and seizures.

7-31-2014 Physical Exam: The patient is currently intubated and unresponsive. His status post decompressive craniotomy and has dressing present. The patient has petechiae noted on both cheeks with the left greater than the right. This is an abrasion which is approximately 0.5cm noted on the left lateral neck. The patient has multiple oval-shaped bruises noted to the left buttocks. Bruising noted on the left and right nipple. There is a large hematoma approximately 3 to 4 cm in diameter noted to the right flank just at the iliac crest. There are also oval-shaped bruises noted to both the posterior mid right thigh. There are multiple bruises noted to the left elbow and right elbow and upper arm. There are multiple bruises noted on the buttocks area as well as a bite mark on the left forearm which is healing. there is a crescent-shaped bruise noted on the lateral side of the upper left arm.

8/2/14: Child dies from injuries indicated in the 7/31/14 referral.

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

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

Describe (in detail) interview with family:

Investigator arrived to ██████████'s Medical Center and observed four year old ██████████ on 7/31/2014 at 9am. ██████████ was nonresponsive. Investigator observed tubes, IVs, and other medical devices attached to ██████████. Several fresh and old bruises were observed on ██████████ legs, arms, buttocks, and back. Investigator also observed an old bite mark on ██████████ left wrist.

Dr. ██████████ was present for consult and reported that injuries are consistent with child abuse. Dr. ██████████ reported that the trauma is acute. ██████████ has suffered severe internal bleeding and has lost close to a liter of blood. Dr. ██████████ reported that due to the severity of the injuries ██████████ is not expected to survive injuries. Dr. ██████████ reported that she will provide a detailed written report to this Investigator upon completion.

Investigator, ██████████ spoke with mother, ██████████ in room ██████████ at ██████████ Hospital. Client Right's Handbook, HIPAA, Notification of Equal Access to Services, Native American Veto Verification, and Release of Information was discussed with Ms. ██████████ and her signature was obtained on appropriate forms. Ms. ██████████ reported that she resides a ██████████ with her daughter, ██████████ (██████████) and her contact number is ██████████

Ms. ██████████ reported that her son ██████████ (██████████) has been in the physical custody of his father ██████████

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

since November 2013. Ms. [redacted] reported that she and Mr. [redacted] are divorced and she was having financial problems and unable to afford daycare. Due to this factor Mr. [redacted] suggested that since his girlfriend, [redacted] did not work they could care for [redacted] fulltime until Ms. [redacted] was able to get financially stable. Ms. [redacted] reported that she agreed and things appeared to be going well. Ms. [redacted] reported that she recently received a promotion at her job and [redacted] was scheduled to return home on August 13, 2014.

Investigator inquired about [redacted] past medical history and Ms. [redacted] reported no medical concerns. Ms. [redacted] reported that [redacted] father stated a few weeks ago that he felt [redacted] may be Autistic. Ms. [redacted] stated that Mr. [redacted] reported to her that [redacted] has been sleep walking, having tantrums, and hitting his head on the wall. Ms. [redacted] reported that she never observed those behaviors while [redacted] was in her care. Ms. [redacted] stated that [redacted] in the past would hit his head against the wall when he did not get his way but it was never hard. She also stated that the last time she observed [redacted] doing this was over a year ago. Ms. [redacted] stated that [redacted] was a typical four year old and very active. Investigator inquired about Ms. [redacted] last visit with [redacted]. Ms. [redacted] stated that she last saw [redacted] around the end of June of 2014. Ms. [redacted] stated that due to her work schedule she was unable to visit [redacted] like she wanted because he was residing two hours away. Ms. [redacted] reported that she asked Mr. [redacted] to meet her halfway but he always refused.

Investigator asked Ms. [redacted] when she became aware of what happened on July 30, 2014. Ms. [redacted] stated that Mr. [redacted] called her around 1030 last night stating that [redacted] was being rushed to the hospital. She stated that Mr. [redacted] informed her that he was called at work and was rushing home while talking on the phone to her. Mr. [redacted] stated to her that [redacted] called him informing him that she heard a "thud" come from [redacted] room and when she went into the room she observed [redacted] on the floor seizing and vomiting. She stated that Mr. [redacted] informed her that [redacted] called 911 and they were waiting to take [redacted] to the hospital. Ms. [redacted] stated that she informed Mr. [redacted] to keep her informed of what was going on. Ms. [redacted] stated that she later received a text message from Mr. [redacted] stating that [redacted] was being air lifted to [redacted] and he was informed that he might not make it. Ms. [redacted] stated that she immediately proceeded to [redacted] and was present when the helicopter arrived. Ms. [redacted] stated that she received another message from Mr. [redacted] asking what were medical personnel and police saying to her because the police in [redacted] are accusing him of abusing [redacted] and he has not harmed his son. Ms. [redacted] stated that was the last message she received from Mr. [redacted] and that was a little after 1am.

Ms. [redacted] became very emotional and began to cry. Investigator expressed empathy towards Ms. [redacted]

Investigator spoke with Officers [redacted] and [redacted] with [redacted] County Sheriff's Office. Officer [redacted] reported that father's girlfriend; [redacted] has not been consistent with her stories. It was reported that Ms. [redacted] initially stated that she heard a "thud" and when she entered into the room she observed [redacted] lying in the middle of the floor seizing and vomiting. Ms. [redacted] then later reported that she heard a noise and observed [redacted] lying by the door of his bedroom vomiting. Ms. [redacted] reported that she had to use force to open the door of the bedroom and the door accidentally hit [redacted] in the head. It was also reported that Ms. [redacted] has also stated that she observed [redacted] father, [redacted] throwing items at [redacted] hitting him in the head and other places of his body. Officers reported that both Ms. [redacted] and [redacted] reported that Mr. [redacted] bit [redacted] on his arm. It was reported that Ms. [redacted] stated that she bit [redacted] because he bit her on the leg.

Officers reported that the vomit was observed in the middle of the room and Ms. [redacted] stories do not follow physical findings. Officers reported that currently both Ms. [redacted] and [redacted] are in police custody and they will continue their investigation.

Officers also reported that during their interview with mother, [redacted] she reported that [redacted] was living with his father because she could not handle his behavior. It was reported that Ms. [redacted] stated that [redacted] is a difficult child and she could not handle both him and his sister so she sent [redacted] to live with his father.

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

[redacted] CPS was notified to make contact with the child at [redacted] and his biological mother, who lives in [redacted] CPS will try and get as much information on the child's status and speak to the doctors and nurses attending to him.

[redacted] is the LMSW, ACSW at [redacted] Hospital. CPSI [redacted] contacted Ms. [redacted] on 7-31-2014 to check on the prognosis of [redacted]. Ms. [redacted] stated there has been no change in [redacted] condition. He is still unresponsive at this time.

Describe disposition of body (Death):	child died in hospital from injuries sustained on 7-31-14
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Intake #:	██████████	Investigation #:	██████████	Date of Report:	Case # 2014.123
Name of Medical Examiner/Coroner:			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:	Investigation of near fatality reported on 7/31/14		Case #:	██████████	
Describe law enforcement or court involvement, if applicable: The investigation is currently on going by the ██████████ Sheriff department.					
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): There is a 3 year old girl (██████████) that was listed as a victim of possible sex abuse based on a preliminary examination at the ██████████ County ER. It stated this child had scratches around her vaginal area and her labia was red and swollen. She also had some bruising to her body and on her back. Pictures were taken by law enforcement of both children. The 3 year old was not admitted to the hospital and the maternal grandmother was contacted and will be a resource for her granddaughter at this time. All family members, including household members will be interviewed about the case. CPSI ██████████ went to the hospital on the morning of 7-30-2014. CPSI ██████████ observed ██████████ sleeping peacefully on the exam room table. CPSI ██████████ observed ██████████ body closely for bruises. CPSI ██████████ did not note any fresh or old signs of bruises. CPSI ██████████ did observe what appeared to be chigger bites between the inner thigh of each leg. The grandmother ██████████ stated that she was picking blackberry with her paternal grandmother ██████████ and got into some chiggers. Mrs. ██████████ state that they have been treated them with antibiotic ointment. CPSI verified this with ██████████ and found it to be true.					
Name:	██████████	Age:	██████████		
Name:	██████████	Age:	██████████		
Name:	██████████	Age:	██████████		
Name:	██████████	Age:	██████████		
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
5/15/2013	██████████	ENN	██████████	██████████	AUPU
/ /			██████████		
/ /					
/ /					
/ /					
/ /					
/ /					
Any media inquiry or is attention expected?			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes List organizations requesting information:		
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person: ██████████			Telephone Number: ██████████		
Case Manager: ██████████			Telephone Number: ██████████		
Team Leader: ██████████			Telephone Number: ██████████		
Team Coordinator: ██████████			Telephone Number: ██████████		
ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice.					<input type="checkbox"/> No <input type="checkbox"/> Yes



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 07/31/2014 01:19 AM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 07/31/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 07/31/2014 07:58 AM
 First Team Leader Assigned: [REDACTED] Date/Time 07/31/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 07/31/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	[REDACTED]	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative
[REDACTED]	[REDACTED]	Physical Abuse	No	Unknown Participant [REDACTED] Unknown	Other Non-relative
[REDACTED]	[REDACTED]	Sexual Abuse	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

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 [REDACTED]

Notification: Letter

Narrative: TFACTS:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No



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

Open CPS: No

Substantiated: No

Death: No

Screened out: No

History (not listed above): Yes, re: [REDACTED]
5/30/2013, [REDACTED] ENN, No Services Needed

County [REDACTED]
Notification: Letter
School/ Daycare: Unknown
Native American Descent: No
Directions: None given

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] live with their parents, [REDACTED] and [REDACTED] in [REDACTED] is [REDACTED] son and [REDACTED] is [REDACTED] daughter. [REDACTED] and [REDACTED] are engaged.

The children have been seen at [REDACTED] Medical Center. [REDACTED] has been flown to [REDACTED] Hospital. EMS was called to the home for [REDACTED] due to seizure activity. When EMS arrived, [REDACTED] was not responsive and was having a seizure. He continued to have seizures while en route to the hospital. He was brought into the hospital for an emergency CT scan. His pupils were unequal in size. [REDACTED] condition deteriorated while at the hospital and he needed intubation. His CT scan showed he has a large brain bleed that will require surgery. He was covered in bruises in various stages of healing. His buttocks, back, right hip, all extremities, neck, tips of ears, behind his ears and the back of his skull all have bruising. He is noted to have scratch marks on his buttocks and bite marks to his left forearm. [REDACTED] is in very critical condition. When asked, [REDACTED] said that [REDACTED] "just fell out".

[REDACTED] has fingertip bruising to her groin and around her vagina. Her labia are red and swollen. She has small abrasions and a small bruise to the middle of her spine. She has scratch marks to her stomach. The police have been notified and pictures have been taken of both children. [REDACTED] has been arrested at the hospital on an outstanding warrant from [REDACTED] is waiting at [REDACTED] Hospital to be questioned. [REDACTED] is not being admitted to the hospital. The child's maternal grandmother [REDACTED], is at the hospital and could be a resource for [REDACTED] if needed. The reporter would like for DCS to respond to the hospital in relation to [REDACTED].

Special Needs or Disabilities: None
Child's current location/is the child safe at this time: in hospital
Perpetrator's location at this time: father being arrested
Any other safety concerns for the child(ren) or worker who may respond: None

Per [REDACTED] Investigative Track, P1, [REDACTED], CM 2 on July 31, 2014 at 2:07am.

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	07-31-14 02:49:29 AM CDT	07-31-14 02:50:02 AM CDT		+ [REDACTED]
Received	07-31-14 02:49:36 AM CDT	---	[REDACTED]	
Email Sent				



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

Email notification sent to DCS Child Death or Preliminary Near Death Alert group and RA [REDACTED]
Email notification also sent to [REDACTED] County/Southwest Region on 07-31-14 @ 02:41am, [REDACTED], TL



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 40 Yrs

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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 4 Yrs

Address [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 27 Yrs

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]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 50 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 4 Yrs

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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: 30 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 07/31/2014

Assignment Date: 07/31/2014

Street Address:

City/State/Zip:

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]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 08/08/2014
2	[REDACTED]	[REDACTED]	Sexual Abuse	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/08/2014
3	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 08/08/2014
4	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 08/08/2014
5	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/08/2014

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: After a thorough investigation, CPSI [REDACTED] does find enough evidence to substantiate Physical abuse of [REDACTED]. CPSI [REDACTED] does not find evidence to substantiate any type of abuse regarding [REDACTED]. [REDACTED] admits to pushing [REDACTED] into the dresser, causing him to hit his head and sustain a severe injury which resulted in death. It was confirmed that [REDACTED] bruises were related to picking blackberries. When observed by CPSI [REDACTED] the bruises were barely visible.

D. Case Workers

Case Worker: [REDACTED]

Date: 08/08/2014

Team Leader: [REDACTED]

Date: 08/11/2014



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

Case Name : ██████████

Investigation ID: ██████████

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:

██████████ was seen at ██████████ hospital and ██████████ was seen at the ██████████ Medical Center. Neither of the children were able to give a statement. CPSI ██████████ is able to observe ██████████. CPSI ██████████ did not note any concerns regarding ██████████ safety/well-being on this night. When observing the ██████████ placement, the home is found to be neat in appearance, there are no safety hazards noted on this day. ██████████ is sleeping peacefully.

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

4 year old ██████████ was brought to the ██████████ County ER by EMS after he was having seizures in the home with his father and his girlfriend. A CT scan showed ██████████ had a large brain bleed along with bruising all over his body with different stages of healing. The child had bruising to his buttocks, right hip, back, all extremities, neck, tips of his ears, behind his ears and the back of his skull. He also had a bite mark to his left forearm and scratches on his buttocks. ██████████ was flown to ██████████ in ██████████ after he began to deteriorate and he will have emergency surgery for the brain bleed and seizures.

7-31-2014 Physical Exam: The patient is currently intubated and unresponsive. His status post decompressive craniotomy and has dressing present. The patient has petechiae noted on both cheeks with the left greater than the right. This is an abrasion which is approximately 0.5cm noted on the left lateral neck. The patient has multiple oval-shaped bruises noted to the left buttocks. Bruising noted on the left and right nipple. There is a large hematoma approximately 3 to 4 cm in diameter noted to the right flank just at the iliac crest. There are also oval-shaped bruises noted to both the posterior mid right thigh. There are multiple bruises noted to the left elbow and right elbow and upper arm. There are multiple bruises noted on the buttocks area as well as a bite mark on the left forearm which is healing. There is a crescent-shaped bruise noted on the lateral side of the upper left arm.

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

After speaking with Sheriff ██████████ it was stated that ██████████ has not been consistent with her stories. It was reported that Ms. ██████████ initially stated that she heard a "thud" and when she entered into the room she observed ██████████ lying in the middle of the floor seizing and vomiting. Ms. ██████████ then later reported that she heard a noise and observed ██████████ lying by the door of his bedroom vomiting. Ms. ██████████ reported that she had to use force to open the door of the bedroom and the door accidentally hit ██████████ in the head. It was also reported that Ms. ██████████ has also stated that she observed ██████████ father, ██████████ throwing items at ██████████ hitting him in the head and other places of his body. Officers reported that both Ms. ██████████ and ██████████ reported that Mr. ██████████ bit ██████████ on his arm. It was reported that Ms. ██████████ stated that she bit ██████████ because he bit her on the leg.

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

It was finalized by Investigator ██████████ that ██████████ admits that she pushed ██████████ into his bedroom causing him to hit the dresser. Because of the forceful push ██████████ sustained a severe head injury which ended in death. Investigator ██████████ stated that ██████████ pushed ██████████ because he would not go to bed.

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



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

Case Name : ██████████

Investigation ID: ██████████

Investigator arrived to ██████████ Medical Center and observed four year old ██████████ on 7/31/2014 at 9am. ██████████ was nonresponsive. Investigator observed tubes, IVs, and other medical devices attached to ██████████. Several fresh and old bruises were observed on ██████████ legs, arms, buttocks, and back. Investigator also observed an old bite mark on ██████████ left wrist.

Dr. ██████████ was present for consult and reported that injuries are consistent with child abuse. Dr. ██████████ reported that the trauma is acute. ██████████ has suffered severe internal bleeding and has lost close to a liter of blood. Dr. ██████████ reported that due to the severity of the injuries ██████████ is not expected to survive injuries. Dr. ██████████ reported that she will provide a detailed written report to this Investigator upon completion.

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: 01/29/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2015

Completed date: 01/29/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/29/2015 09:44 AM Entered By: [REDACTED]

Referent letter completed for case and put in hard file. Referent will be notified by letter as stated in referral.



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: 01/16/2015

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/16/2015

Completed date: 01/16/2015

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: 01/16/2015 04:36 PM Entered By: [REDACTED]

TFACTS history was checked and there has been no history with DCS in Tennessee for Ms. [REDACTED] or Mr. [REDACTED]. Record checks were already made in Mississippi and there was no history with that Department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/16/2015 Contact Method:
 Contact Time: 03:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/16/2015
 Completed date: 01/16/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/16/2015 03:18 PM Entered By: [REDACTED]

Child Protective Service Investigations received a P-1 referral on July 31, 2014 around 2 am. The allegations stated that [REDACTED] age 4 years and [REDACTED], age 3 years were victims of physical abuse and sex abuse toward [REDACTED] with an unknown perpetrator. The case was assigned to CPSI [REDACTED] on call that morning and she responded to the [REDACTED] County Hospital.

CPSI [REDACTED] was able to observe [REDACTED] at the hospital asleep, the allegations of sex abuse were unsubstantiated after it was learned that the child did not have bruising to her inner thighs, but did have scratches from picking berries in shorts with her grandmother the day before. [REDACTED] had already been flown to [REDACTED] in [REDACTED]. The [REDACTED] County Hospital reported that [REDACTED] had a large brain bleed and numerous bruises to his body. [REDACTED] was observed at the hospital by CPSI [REDACTED] ([REDACTED] County) on July 31, 2014. [REDACTED] was observed with tubes and IV's hooked to his body. CPSI [REDACTED] observed fresh and older bruises to [REDACTED] legs, arms, buttocks and back. [REDACTED] also had a bite mark to his left wrist. The injuries that [REDACTED] sustained were life threatening and his chances of survival were not good.

August 2, 2014 at 7:36 pm [REDACTED] was pronounced dead at the [REDACTED] Hospital in [REDACTED] from injuries reported and cause for hospital admission.

The investigation into this incident was conducted by Department of Children Services, Child Protective Service Investigators [REDACTED] and [REDACTED]. The incident was also investigated by the [REDACTED] County Sheriff's Department personnel, which included Sheriff [REDACTED], Investigator [REDACTED] and Lt. [REDACTED]. The alleged perpetrators in this case are [REDACTED] and [REDACTED]. Mr. [REDACTED] is the father of the deceased and Ms. [REDACTED] is the father's paramour. CPSI [REDACTED] Lt. [REDACTED] and Sheriff [REDACTED] interviewed both Ms. [REDACTED] and Mr. [REDACTED] each separately at different times. Mr. [REDACTED] stated that he has thrown shoes at [REDACTED] and hit him in the back of the head with his hand in the past. He stated that he does not whip [REDACTED] anymore because it seemed not to work and the last time he did so he realized how hard he whipped him which was 7 months ago. Ms. [REDACTED] was also interviewed by CPSI [REDACTED] and she stated that the night of the incident that she heard a thud in [REDACTED] bedroom and she went in and he was throwing up. She thought he was having a seizure and called 911. Ms. [REDACTED] said that Mr. [REDACTED] was always throwing shoes at [REDACTED] and hit him in the head. She said he complained about the kids being too loud and him not being able to sleep. Ms. [REDACTED] said that Mr. [REDACTED] does most of the discipline in the home. Ms. [REDACTED] admits to spanking the children for discipline or using time out. She has used a belt or her hand in the past. She did admit to biting [REDACTED] on the arm after he bit her. Ms. [REDACTED] was charged with aggravated child abuse and second degree murder. Mr. [REDACTED] was charged with aggravated child abuse. Ms. [REDACTED] remains jailed in the [REDACTED] County Criminal Complex and Mr. [REDACTED] is out on bond at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

DCS Policy defines that a Child Death/Near Death occurs when any unexplained death of a child when the cause of death is unknown or pending an autopsy report; 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; any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse; and/or Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.

On August 19, 2014 the case was presented to the Child Protective Investigative Team in [REDACTED] County. It was agreed on by the Team that the allegations of physical abuse be substantiated on Mr. [REDACTED] and the allegations of Abuse Death be substantiated on Ms. [REDACTED]

Upon interviews with the [REDACTED] County Sheriff Department, Ms. [REDACTED] changed her story at least two times and said that when she checked on [REDACTED] she opened the bedroom door and his head hit the door from lying in the floor in front of the door. Ms. [REDACTED] finally admitted to Lt. [REDACTED] that she did push [REDACTED] into his bedroom and he hit his head against the dresser. This caused the severe head injury that resulted in his death.

There is preponderance of evidence to substantiate the allegations. Dr. [REDACTED] with [REDACTED] Hospital concluded that [REDACTED] injuries were a result of non-accidental trauma and that the child had multiple contusions and abrasions and a hyperacute right sided acute subdural hematoma. These injuries are consistent with abusive head trauma. On 12-17-14 the final autopsy results were completed by Dr. [REDACTED] with the Medical Examiners Office in [REDACTED] Tennessee. The cause of death was Traumatic Head Injury and Manner of Death is homicide.

The case will be closed and classified as Allegation Substantiated for Child Abuse Death.

Narrative Type: Addendum 1 Entry Date/Time: 01/29/2015 09:32 AM Entered By: [REDACTED]

The allegations of sex abuse toward [REDACTED] will be unsubstantiated after the child did not disclose any sex abuse and the medical exam showed no signs of trauma. The child did have a small bruise on her inner thigh and numerous scratches around her vaginal area. This was due to picking berries in a thicket and was confirmed by her grandparents. The allegations of physical abuse on [REDACTED] will also be unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/18/2014

Contact Method:

Contact Time: 03:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/18/2014

Completed date: 01/16/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/18/2014 03:23 PM Entered By: [REDACTED]

Lead Investigator [REDACTED] received final autopsy report from [REDACTED] County on [REDACTED]. LI [REDACTED] uploaded the autopsy into TFACTS. The final cause of death was determined as homicide. Ms. [REDACTED] remains in the [REDACTED] County jail at this time and had recently given birth to a baby. This baby was placed with the maternal grandmother [REDACTED] in [REDACTED] Tennessee, where Ms. [REDACTED] other child is placed. The grandparents had already hired an attorney and petitioned for the baby.



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: 11/21/2014

Contact Method:

Contact Time: 01:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/21/2014

Completed date: 11/21/2014

Completed By: [REDACTED]

Purpose(s): Permanency, Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/21/2014 02:05 PM Entered By: [REDACTED]

Lead Investigator [REDACTED] is reviewing case for monthly performance. Case continues to remain open due to awaiting final autopsy. A forensic was completed on the younger sibling of [REDACTED] in [REDACTED] County.



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: System Completed

Contact Date: 10/31/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/01/2014

Completed date: 12/01/2014

Completed By: System Completed

Purpose(s):

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/01/2014 02:32 AM Entered By: [REDACTED]

CPSI [REDACTED] visited with [REDACTED] on this day at the [REDACTED] is sleeping peacefully on this day, therefore, CPSI [REDACTED] did not wake her, [REDACTED] is dressed appropriate for the weather in a long sleeve shirt and a pair of jeans. CPSI [REDACTED] spoke with the center director, [REDACTED], regarding [REDACTED] behavior on this day. Ms. [REDACTED] reports that [REDACTED] is a very well-mannered little girl and is adjusting well at daycare. Mrs. [REDACTED] informs CPSI [REDACTED] that [REDACTED] attended [REDACTED] once before, therefore, she did not have any problems when she returned. CPSI [REDACTED] asked if she plays well and interacts with the other children at the daycare. Mrs. [REDACTED] replies, that there is a little boy that she plays with a lot and she has observed them playing mommy and daddy. Mrs. [REDACTED] states that [REDACTED] demonstrates being the mother figure. Mrs. [REDACTED] reports that she has not been violent toward any of the children. CPSI [REDACTED] asked if [REDACTED] talks about [REDACTED] or any of her other family members. Mrs. [REDACTED] reports that [REDACTED] told that her mother is in the hospital and she is going to have a babysitter and when she gets out of that hospital she has to go to another one for a long time. CPSI [REDACTED] asked Mrs. [REDACTED] if she has any concerns regarding [REDACTED] and she reported no she is doing well.



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: 10/20/2014

Contact Method: Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/01/2014

Completed date: 11/01/2014

Completed By: [REDACTED]

Purpose(s): Permanency, 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: 11/01/2014 02:39 AM Entered By: [REDACTED]

Mrs. [REDACTED] called to inform CPSI [REDACTED] that she would not be bringing [REDACTED] to the office today because she has strep throat. CPSI [REDACTED] thanked Mrs. [REDACTED] for calling.



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: 10/17/2014

Contact Method:

Contact Time: 02:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/17/2014

Completed date: 10/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/17/2014 02:48 PM Entered By: [REDACTED]

CPSI [REDACTED] rescheduled forensic interview for [REDACTED] on November 4, 2014 @ 5:30. The mother [REDACTED] has been notified. The interview will take place at the [REDACTED] in [REDACTED], TN. Person scheduling the interview is [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/23/2014	Contact Method:	Phone Call
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/17/2014
Completed date:	10/17/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, 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: 10/17/2014 02:06 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] with The Department Of Children Services to see if [REDACTED] or [REDACTED] has any DCS history in Mississippi. Ms. [REDACTED] reports that neither [REDACTED] or [REDACTED] has DCS history in Mississippi.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/19/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/08/2015

Completed date: 01/08/2015

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: 01/08/2015 01:43 PM Entered By: [REDACTED]

CPSI [REDACTED] and LI [REDACTED] completed the Letter A's and Attachments for Ms. [REDACTED] and Mr. [REDACTED]. Ms. [REDACTED] will hand deliver the Letters to the [REDACTED] County Jail where they are incarcerated. A copy of the Letter A and attachments are in the hard file. Ms. [REDACTED] was being substantiated for Abuse death of [REDACTED] and Mr. [REDACTED] was being substantiated for physical abuse toward [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/25/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/25/2014

Completed date: 08/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/25/2014 06:17 PM Entered By: [REDACTED]

CPSI [REDACTED] recieved the final report on [REDACTED]. Hard Copy is in 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: 08/25/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2015

Completed date: 01/29/2015

Completed By: [REDACTED]

Purpose(s): Permanency, Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/29/2015 08:47 AM Entered By: [REDACTED]

CPSI [REDACTED] completed final SDM for the child [REDACTED]. [REDACTED] remains in the care of her maternal grandmother in [REDACTED] County. The mother of the child remains in jail at this time awaiting trial for 2nd degree murder of [REDACTED]. SDM's are included in the hard file for review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/25/2014	Contact Method:	
Contact Time:	10:01 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/25/2014
Completed date:	08/25/2014	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: 08/25/2014 10:03 AM Entered By: [REDACTED]

FINAL CASE SUMMARY

DCS Policy defines that Sexual Abuse occurs when the target is a child as children are presumed unable to give informed consent to sexual relationships with adults. This includes sexually motivated behavior and intentional acts that produce sexual arousal or gratification such as explicit sexual acts, sexual penetration, sexual touching, and intentional contact with genitals, buttocks or breasts; adolescents or adults instructing children to engage in such behavior with each other; indecent exposure/voyeurism; and intentionally exposing a child to sexual explicit material.

DCS Policy defines that Physical Abuse occurs when:

Non-accidental physical trauma or abuse inflicted by a parent or caretaker on a child. Physical abuse also includes but not limited to:

- a) A parent or caretaker's failure to protect a child from another person who perpetrated physical abuse on a child;
- b) When an injury goes beyond temporary redness, e.g., a bruise, broken bone, cut, burn;
- c) When injuries are received due to parental behavior, e.g., domestic violence; or
- d) When a child is allegedly struck on parts of the body in such a way that could result in internal injuries.
- e) Munchausen Syndrome by Proxy could be considered physical abuse or psychological abuse.

DCS Policy defines that a Child Death/Near Death occurs when any unexplained death of a child when the cause of death is unknown or pending an autopsy report; 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; any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse; and/or Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.

Opening Summary

Alleged Victim: [REDACTED] Allegation Physical Abuse
 Alleged Victim: [REDACTED] Allegation Physical Abuse/Sexual Abuse
 Alleged Perpetrator [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

CPSI ██████ received this referral on 7/31/2014; the allegation are ██████ Allegation Physical Abuse and ██████ Allegation Physical Abuse/Sexual Abuse. Both of the children were seen at ██████ Medical Center. ██████ was been flown to ██████ Hospital. The EMS was called to the home due to ██████ having seizure activity. When the EMS arrived ██████ was not responsive and was having a seizure. An emergency CT scan was done. ██████ pupils were unequal in size. ██████ condition deteriorates while at the hospital and he had to be intubated and flown to ██████ Children's hospital. ██████ CT scan showed a large brain bleed which required surgery. It was stated that ██████ was covered with bruises in various stages of healing. His buttocks, back, right hip, all extremities, neck, tip of ears behind the ears and the back of his skull all have bruising. ██████ was noted to have scratch marks on his buttocks and a bite mark to his left forearm. When asked, the father, ██████ stated that "█████ just fell out".

It was stated that ██████ has fingertip bruising to her groin and around her vagina. Her Labia is red and swollen. ██████ has small abrasions and a small bruise to the middle of her spine. It was stated that ██████ has scratch to her stomach as well.

██████████ has been arrested at the hospital for an outstanding warrant from ██████ County and ██████ was arrested for suspected child abuse.

Neither ██████ nor ██████ have any previous history with the Department.

At this time, there is no evidence to support Sexual Abuse against the ACV ██████ by ██████. At this time, there is no evidence to support Physical Abuse against the ACV ██████ by ██████. At this time, there is no evidence to support Abuse Death against ██████ by ██████. All of the above allegations were closed as Allegation Unsubstantiated/Perpetrator Unsubstantiated.

At this time, there is evidence to support Abuse Death against ██████ by ██████. At this time, there is evidence to support Physical Abuse against ██████ by ██████. All of the above allegations were closed as Allegation 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: 08/19/2014

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/11/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2014 12:19 PM Entered By: [REDACTED]

CPSI [REDACTED] recieved medical records for [REDACTED]. Hard Copies are in 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: 08/19/2014 Contact Method: Correspondence
 Contact Time: 11:30 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 08/29/2014
 Completed date: 08/29/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/29/2014 03:00 PM Entered By: [REDACTED]
 Lead Investigator [REDACTED] attended CPIT at the [REDACTED] City Hall to discuss the [REDACTED] case.

[REDACTED] /PHA-- ASPS- allegation substantiated/Perpetrator Substantiated
 [REDACTED] / PHA/SAE--AUPU- Allegations Unfounded/Prepetrator Unfounded.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/19/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [REDACTED]

Purpose(s): Permanency,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: 08/19/2014 12:32 PM Entered By: [REDACTED]

This case is presented to CPIT on this day.

[REDACTED] / PHA-- ASPS- allegation substantiated/Perpetrator Substantiated

[REDACTED] / PHA/SAE--AUPU- Allegations Unfounded/Preperator Unfounded.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2014

Contact Method:

Contact Time: 01:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2014

Completed date: 08/25/2014

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: 08/14/2014 11:35 AM Entered By: [REDACTED]

Lead Investigator [REDACTED] staffed case with CPSI [REDACTED]. The Child Fatality Report was completed by CPSI [REDACTED] and forwarded to the Investigative Coordinator. The girlfriend and father of the child will be in court tomorrow for the death of [REDACTED]. The father had bonded out and Ms. [REDACTED] remains in jail and her charges have been upgraded to murder. Ms. [REDACTED] biological child is now in the custody of the paternal grandparents. They petitioned the courts for her custody after learning of the case. The allegations have been classified and approved at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/13/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	01/08/2015
Completed date:	01/08/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Other Child Living in the Home Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/08/2015 01:59 PM Entered By: [REDACTED]

CPSI [REDACTED] observed forensic interview of 3 year old [REDACTED] at the [REDACTED]. The other observers were [REDACTED] worker, Lt. [REDACTED] with [REDACTED] County Sheriff Department and [REDACTED] worker. The interview was conducted by [REDACTED] the [REDACTED] in [REDACTED] County. A copy of the intake and information guide is included in the file. [REDACTED] was brought to the [REDACTED] by her grandmother, whose custody she is in at this time due to her mother being incarcerated. [REDACTED] was interviewed about living with her mom, [REDACTED] and her boyfriend, Mr. [REDACTED]. [REDACTED] was also asked about [REDACTED] who she referred to as [REDACTED].

[REDACTED] stated in the interview that her mom [REDACTED] was mean to her and [REDACTED] [REDACTED] said that mom called [REDACTED] a baby and he would cry often. [REDACTED] satted that [REDACTED] threw up on the floor in his bedroom. She said that [REDACTED] cried and cried and her mom was mean to him. [REDACTED] said that [REDACTED] cried until he couldnt talk anymore. The chid was unable to give anymore details to what happened after [REDACTED] stopped crying. [REDACTED] did say the police came and got daddy (Mr. [REDACTED] and [REDACTED] and he went to the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/04/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/11/2014

Completed date: 08/11/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 02:26 PM Entered By: [REDACTED]

This is notification that the CS-0635 Notice of Child Death/Near Death has been completed and distributed to the notification team.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/04/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/16/2015

Completed date: 01/16/2015

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: 01/16/2015 04:26 PM Entered By: [REDACTED]

CPSI [REDACTED] received background checks from the [REDACTED] Sheriff Department and [REDACTED] Police Department on [REDACTED] and [REDACTED]. Ms. [REDACTED] and Mr. [REDACTED] had no other previous arrest before this current investigation. The current charges are included on the background checks and are 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: 08/04/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/11/2014

Completed date: 08/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/25/2014 06:27 PM Entered By: [REDACTED]

CPSI [REDACTED] requested Medical Records of [REDACTED]. Received them on 8/12/14. Hard copy in 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: 08/04/2014 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/11/2014
 Completed date: 08/11/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 12:29 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED], LMSW, ACSW regarding [REDACTED] condition. Ms [REDACTED] reports that [REDACTED] passed away on August 2, 2014.

Ms. [REDACTED] stated that the mother [REDACTED] made the decision to remove [REDACTED] from the ventilator on this day. CPSI [REDACTED] has requested medical records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/04/2014 Contact Method:
 Contact Time: 04:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/11/2014
 Completed date: 08/11/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 12:00 PM Entered By: [REDACTED]

CPSI [REDACTED] called [REDACTED] to see if she could do a home visit to insure the safety and well-being of [REDACTED].
 CPSI [REDACTED] did not get an answer. [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/01/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/11/2014

Completed date: 08/11/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 11:57 AM Entered By: [REDACTED]

CPSI [REDACTED] recieved a phone call from [REDACTED] maternal grandfather. Mr. [REDACTED] reports that it is court ordered for [REDACTED] to visit with her paternal grandparents every weekend. Mr. [REDACTED] states that he has a feeling that if he lets [REDACTED] go that Mrs. [REDACTED] will try to keep her. CPSI [REDACTED] infomed Mr. [REDACTED] that the agency does not get involved in custody battles and it would be in his best interest to follow the court order. Mr. [REDACTED] stated ok.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/01/2014

Contact Method:

Contact Time: 12:36 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/11/2014

Completed date: 08/11/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 11:48 AM Entered By: [REDACTED]

CPSI [REDACTED] recieved a fax stating that [REDACTED] and [REDACTED], paternal grandparents, filed for emergency custody of [REDACTED]. Court is set for August 8, 2014 @ 1:30. Court will be held at the [REDACTED] County Correctional Facility. This petition was filed on August 1, 2014 in the Juvenile Court for [REDACTED] County, TN.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/01/2014 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 08/11/2014
 Completed date: 08/11/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): ACV Interview/Observation, Collateral Contact, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/11/2014 11:24 AM Entered By: [REDACTED]

CPSI observed the home of [REDACTED] and [REDACTED]. The [REDACTED] family lives in a three bedroom trailer with [REDACTED] mother, [REDACTED]. The home is suitable. There is safe and secure sleeping arrangement for [REDACTED]. The home is free of clutter and debris inside and out. The home does have an ample amount of food supply as well. CPSI [REDACTED] does not note any safety hazards/concerns regarding [REDACTED] placement on this day.

CPSI observed [REDACTED] sleeping peacefully in the home. Mrs. [REDACTED] stated [REDACTED] stayed up a little bit when they got from the hospital. Mrs. [REDACTED] stated that it has been an long night and she is resting now.

CPSI [REDACTED] talked with Mr. and Mrs. [REDACTED] to see if [REDACTED] called them regarding what took place with [REDACTED]. Mr. [REDACTED] stated that [REDACTED] called him around 10:10pm and told him that [REDACTED] was having a seizure. Mr. [REDACTED] stated that he told her to lay him on his side until the ambulance arrived. Mr. [REDACTED] stated that this is what she did. Mr. and Mrs. [REDACTED] stated that they have never know their daughter to anything to hurt [REDACTED] or [REDACTED]. Mrs. [REDACTED] stated that [REDACTED] is a good mother.



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: System Completed

Contact Date: 08/01/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/14/2014

Completed date: 09/01/2014

Completed By: System Completed

Purpose(s):

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time:

Entered By:



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: 07/31/2014 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/08/2014
 Completed date: 08/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview,Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2014 12:07 PM Entered By: [REDACTED]

Investigator spoke with Officers [REDACTED] and [REDACTED] with [REDACTED] County Sheriff's Office. Officer [REDACTED] reported that father's girlfriend [REDACTED] has not been consistent with her stories. It was reported that Ms. [REDACTED] initially stated that she heard a "thud" and when she entered into the room she observed [REDACTED] lying in the middle of the floor seizing and vomiting. Ms. [REDACTED] then later reported that she heard a noise and observed [REDACTED] lying by the door of his bedroom vomiting. Ms. [REDACTED] reported that she had to use force to open the door of the bedroom and the door accidentally hit [REDACTED] in the head. It was also reported that Ms. [REDACTED] has also stated that she observed [REDACTED] father, [REDACTED] throwing items at [REDACTED] hitting him in the head and other places of his body. Officers reported that both Ms. [REDACTED] and [REDACTED] reported that Mr. [REDACTED] bit [REDACTED] on his arm. It was reported that Ms. [REDACTED] stated that she bit [REDACTED] because he bit her on the leg. Officers reported that the vomit was observed in the middle of the room and Ms. [REDACTED] stories do not follow physical findings. Officers reported that currently both Ms. [REDACTED] and [REDACTED] are in police custody and they will continue their investigation.

Officers also reported that during their interview with mother, [REDACTED] she reported that [REDACTED] was living with his father because she could not handle his behavior. It was reported that Ms. [REDACTED] stated that [REDACTED] is a difficult child and she could not handle both him and his sister so she sent [REDACTED] to live with his father.



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:	07/31/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	08/08/2014
Completed date:	08/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Medical Exam		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/08/2014 12:20 PM Entered By: [REDACTED]

Investigator arrived to [REDACTED] Medical Center and observed four year old [REDACTED] on 7/31/2014 at 9am. [REDACTED] was nonresponsive. Investigator observed tubes, IVs, and other medical devices attached to [REDACTED]. Several fresh and old bruises were observed on [REDACTED] legs, arms, buttocks, and back. Investigator also observed an old bite mark on [REDACTED] left wrist.

Dr [REDACTED] was present for consult and reported that injuries are consistent with child abuse. Dr. [REDACTED] reported that the trauma is acute. [REDACTED] has suffered severe internal bleeding and has lost close to a liter of blood. Dr. [REDACTED] reported that due to the severity of the injuries [REDACTED] is not expected to survive injuries. Dr. [REDACTED] reported that she will provide a detailed written report to this Investigator upon completion.



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: 07/31/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2015

Completed date: 01/29/2015

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: 01/29/2015 08:42 AM Entered By: [REDACTED]

CPSI [REDACTED] completed the initial SDM for [REDACTED] and [REDACTED]. The safety decision is unsafe due to the injuries received to [REDACTED] and the ongoing investigation that both children were present when this incident occurred. [REDACTED] will be placed with relatives and [REDACTED] remains in intensive care at [REDACTED] Hospital.



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: 07/31/2014 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/08/2014
 Completed date: 08/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2014 11:42 AM Entered By: [REDACTED]

Investigator arrived to [REDACTED] Medical Center and observed four year old [REDACTED] on 7/31/2014 at 9am. [REDACTED] was nonresponsive. Investigator observed tubes, IVs, and other medical devices attached to [REDACTED]. Several fresh and old bruises were observed on [REDACTED] legs, arms, buttocks, and back. Investigator also observed an old bite mark on [REDACTED] left wrist. Dr. [REDACTED] was present for consult and reported that injuries are consistent with child abuse. Dr. [REDACTED] reported that the trauma is acute. [REDACTED] has suffered severe internal bleeding and has lost close to a liter of blood. Dr. [REDACTED] reported that due to the severity of the injuries [REDACTED] is not expected to survive injuries. Dr. [REDACTED] reported that she will provide a detailed written report to this Investigator upon completion.

Investigator, [REDACTED] spoke with mother, [REDACTED] in room [REDACTED] at [REDACTED] Hospital. Client Right's Handbook, HIPAA, Notification of Equal Access to Services, Native American Veto Verification, and Release of Information was discussed with Ms. [REDACTED] and her signature was obtained on appropriate forms. Ms. [REDACTED] reported that she resides at [REDACTED] with her daughter [REDACTED] and her contact number is [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/31/2014 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/08/2014
 Completed date: 08/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2014 11:58 AM Entered By: [REDACTED]

Investigator, [REDACTED] spoke with mother [REDACTED] in room [REDACTED] at [REDACTED] Hospital. Client Right's Handbook, HIPAA, Notification of Equal Access to Services, Native American Veto Verification, and Release of Information was discussed with Ms. [REDACTED] and her signature was obtained on appropriate forms. Ms. [REDACTED] reported that she resides at [REDACTED] with her daughter, [REDACTED] and her contact number is [REDACTED].

Ms. [REDACTED] reported that her son [REDACTED] has been in the physical custody of his father [REDACTED] since November 2013. Ms. [REDACTED] reported that she and Mr. [REDACTED] are divorced and she was having financial problems and unable to afford daycare. Due to this factor Mr. [REDACTED] suggested that since his girlfriend, [REDACTED] did not work they could care for [REDACTED] fulltime until Ms. [REDACTED] was able to get financially stable. Ms. [REDACTED] reported that she agreed and things appeared to be going well. Ms. [REDACTED] reported that she recently received a promotion at her job and [REDACTED] was scheduled to return home on August 13, 2014.

Investigator inquired about [REDACTED] past medical history and Ms. [REDACTED] reported no medical concerns. Ms. [REDACTED] reported that [REDACTED] father stated a few weeks ago that he felt [REDACTED] may be Autistic. Ms. [REDACTED] stated that Mr. [REDACTED] reported to her that [REDACTED] has been sleep walking, having tantrums, and hitting his head on the wall. Ms. [REDACTED] reported that she never observed those behaviors while [REDACTED] was in her care. Ms. [REDACTED] stated that [REDACTED] in the past would hit his head against the wall when he did not get his way but it was never hard. She also stated that the last time she observed [REDACTED] doing this was over a year ago. Ms. [REDACTED] stated that [REDACTED] was a typical four year old and very active. Investigator inquired about Ms. [REDACTED] last visit with [REDACTED]. Ms. [REDACTED] stated that she last saw [REDACTED] around the end of June of 2014. Ms. [REDACTED] stated that due to her work schedule she was unable to visit [REDACTED] like she wanted because he was residing two hours away. Ms. [REDACTED] reported that she asked Mr. [REDACTED] to meet her halfway but he always refused.

Investigator asked Ms. [REDACTED] when she became aware of what happened on July 30, 2014. Ms. [REDACTED] stated that Mr. [REDACTED] called her around 1030 last night stating that [REDACTED] was being rushed to the hospital. She stated that Mr. [REDACTED] informed her that he was called at work and was rushing home while talking on the phone to her. Mr. [REDACTED] stated to her that [REDACTED] called him informing him that she heard a "thud" come from [REDACTED] room and when she went into the room she observed [REDACTED] on the floor seizing and vomiting. She stated that Mr. [REDACTED] informed her that [REDACTED] called 911 and they were waiting to take [REDACTED] to the hospital. Ms. [REDACTED] stated at that she informed Mr. [REDACTED] to keep her informed of what was going on. Ms. [REDACTED] stated that she later received a text message from Mr. [REDACTED] stating that [REDACTED] was being air lifted to [REDACTED] and he was informed that he might not



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

make it. Ms. [REDACTED] stated that she immediately proceeded to [REDACTED] and was present when the helicopter arrived. Ms. [REDACTED] stated that she received another message from Mr. [REDACTED] asking what were medical personnel and police saying to her because the police in [REDACTED] are accusing him of abusing [REDACTED] and he has not harmed his son. Ms. [REDACTED] stated that was the last message she received from Mr. [REDACTED] and that was a little after 1am. Ms. [REDACTED] became very emotional and began to cry. Investigator expressed empathy towards Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/31/2014 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/08/2014
 Completed date: 08/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2014 12:09 PM Entered By: [REDACTED]

Investigator, [REDACTED] spoke with mother, [REDACTED] in room [REDACTED] at [REDACTED] Children's Hospital. Client Right's Handbook, HIPAA, Notification of Equal Access to Services, Native American Veto Verification, and Release of Information was discussed with Ms. [REDACTED] and her signature was obtained on appropriate forms. Ms. [REDACTED] reported that she resides at [REDACTED] with her daughter, [REDACTED] and her contact number is [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	07/31/2014	Contact Method:	Face To Face
Contact Time:	06:30 AM	Contact Duration:	Less than 45
Entered By:	██████████	Recorded For:	
Location:	Detention/Jail	Created Date:	08/11/2014
Completed date:	08/11/2014	Completed By:	██████████
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 08/11/2014 11:02 AM Entered By: ██████████

CPSI ██████ spoke with ██████ on this early morning at the ██████ Jail. CPSI ██████ introduced herself to Ms. ██████ and explained who she is and why she is visiting.

Client Right's Handbook, HIPAA, Notification of Equal Access to Services, Native American Veto Verification, and Release of Information was discussed with Ms. ██████ and her signature was obtained on appropriate forms.

CPSI ██████ asked Ms. ██████ to explain what took place the night which led to the 911 call regarding ██████. Ms. ██████ stated that she heard a thump and when she went in to the bedroom ██████ was throwing up. Ms. ██████ stated that she thought he was having a seizure. Ms. ██████ stated that she cleaned him up. Ms. ██████ stated she then called ██████ at work and told him that she thinks ██████ is having a seizure, and he said can't you call fucking 911. Ms. ██████ then goes on to say that ██████ is always upset and nothing is ever good enough, the kids are always too loud and he can't get enough sleep.

CPSI ██████ asked how they discipline the children. Ms. ██████ reported time-out, whooping with the belt and their hands. CPSI ██████ asks who does most of the discipline. Ms. ██████ stated that ██████ does.

Ms. ██████ also reported that ██████ would throw shoes at ██████ hitting him in the head. Ms. ██████ reported that ██████ is always tripping over things and following a lot. Ms. ██████ reported that ██████ bit her and she bit him back to teach him not to bite.

CPSI ██████ asked if she left the home any time before Mr. ██████ went to work. Ms. ██████ reported that she went to the grocery store around 7 pm, therefore, she does not know if ██████ got a whooping during this time or not. Ms. ██████ stated when she came back ██████ was fine. CPSI ██████ thanked Ms. ██████ for her time. Ms. ██████ signed the Immediate Protection Agreement for ██████ and ██████ to care for ██████ until she is released from jail.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

Case Recording Details

Recording ID: ██████████ Status: Completed
 Contact Date: 07/31/2014 Contact Method: Face To Face
 Contact Time: 06:10 AM Contact Duration: Less than 01 Hour
 Entered By: ██████████ Recorded For:
 Location: Detention/Jail Created Date: 08/11/2014
 Completed date: 08/11/2014 Completed By: ██████████
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 09:43 AM Entered By: ██████████

CPSI ██████ spoke with ██████ on this early morning at the ██████ Jail. CPSI ██████ introduced herself to Mr. ██████ and explained who she is and why she is visiting. CPSI ██████ gathers Mr. ██████ personal information such as; his name, address, Date of Birth, Social security number and his phone number. Mr. ██████ stated that he is adopted and his Adopted parents are ██████ and ██████ from ██████. Mr. ██████ stated that he does not know anything about his biological family. Mr. ██████ states that he works at ██████. He states that he has been working there for about 12 months but just became permanent last month.

CPSI ██████ asked Mr. ██████ how long he has lived in ██████ he stated that he and ██████ lived in ██████ for a while then moved to ██████ to be closer to ██████ family. CPSI ██████ asked how long they have known each other. Mr. ██████ stated that they have been together since April 1st of last year. Mr. ██████ stated they met at ██████ in ██████ TN. Mr. ██████ stated that ██████ is pregnant.

CPSI ██████ asked Mr. ██████ about the incident that took place last night. Mr. ██████ stated that when he left the home ██████ was fine. Mr. ██████ stated that ██████ was in his room watching TV and he told him that "Daddy is getting ready to go to work and ██████ said "daddy getting to go to work and he stated yes." Mr. ██████ stated that he kissed ██████ on the head and left. Mr. ██████ stated that he clocked in to work around 9:52 pm and ██████ calls him at around 10:09 stating that ██████ (██████) is flopping around in the floor like he is having a seizure. Mr. ██████ stated that he told ██████ to call 911 and rushed out of work headed home. Mr. ██████ stated when he got home the ambulance was pulling out of the home.

CPSI ██████ asked Mr. ██████ when the last time was the he disciplined ██████. Mr. ██████ stated that it has been about 7 months. Mr. ██████ stated that he stopped whipping ██████ because he realized that it was not doing any good and he also realized that one time he whipped him too hard. CPSI ██████ asked Mr. ██████ what was the last reason which caused ██████ to get at whipping. Mr. ██████ stated that ██████ bit ██████ and she bit him back and one time ██████ was taking him a bath and he pulled her over in the tub.

Mr. ██████ did admit to throwing shoes at ██████ and hitting him on the back of the head with his hand when he would not mind. CPSI ██████ asked why ██████ is living with him instead of his mom. Mr. ██████ stated that ██████ would kick, scream, hollow, hit and his mom could not do anything with him. So ██████ came to live with him. CPSI ██████ thanked Mr. ██████ for his time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 08/11/2014 11:04 AM Entered By: [REDACTED]

Client Right's Handbook, HIPAA, Notification of Equal Access to Services, Native American Veto Verification, and Release of Information was discussed with Mr. [REDACTED] and his signature was obtained on appropriate forms.



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:	07/31/2014	Contact Method:	Face To Face
Contact Time:	04:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	08/08/2014
Completed date:	08/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Medical Exam		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2014 12:17 PM Entered By: [REDACTED]

4 year old [REDACTED] was brought to the [REDACTED] County ER by EMS after he was having seizures in the home with his father and his girlfriend. A CT scan showed [REDACTED] had a large brain bleed along with bruising all over his body with different stages of healing. The child had bruising to his buttocks, right hip,back, all extremities, neck, tips of his ears, behind his ears and the back of his skull. He also had a bite mark to his left forearm and scratches on his buttocks. [REDACTED] was flown to [REDACTED] in [REDACTED] after he began to deteriorate and he will have emergency surgery for the brain bleed and seizures.

7-31-2014 Physical Exam: The patient is currently intubated and unresponsive. His status post decompressive craniotomy and has dressing present. The patient has petechiae noted on both cheeks with the left greater than the right. This is an abrasion which is approximately 0.5cm noted on the left lateral neck. The patient has multiple oval-shaped bruises noted to the left buttocks. Bruising noted on the left and right nipple. There is a large hematoma approximately 3 to 4 cm in diameter noted to the right flank just at the iliac crest. There are also oval-shaped bruises noted to both the posterior mid right thigh. There are multiple bruises noted to the left elbow and right elbow and upper arm. There are multiple bruises noted on the buttocks area as well as a bite mark on the left forearm which is healing. There is a crescent-shaped bruise noted on the lateral side of the upper left arm.



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: 07/31/2014 Contact Method: Face To Face
 Contact Time: 04:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/08/2014
 Completed date: 08/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/08/2014 12:33 PM Entered By: [REDACTED]

[REDACTED], 3 years old that was listed as a victim of possible sex abuse based on a preliminary examination at the [REDACTED] County ER. It stated this child had scratches around her vaginal area and her labia was red and swollen. CPSI [REDACTED] went to the hospital on the morning. CPSI [REDACTED] observed [REDACTED] sleeping peacefully on the exam room table. CPSI [REDACTED] observed [REDACTED] body closely for bruises. CPSI [REDACTED] did not note any fresh or old signs of bruises. CPSI [REDACTED] did observe what appeared to be chigger bites between the inner thigh of each leg. The grandmother [REDACTED] stated that she was picking blackberry with her paternal grandmother [REDACTED] and got into some chiggers. Mrs. [REDACTED] state that they have been treated them with antibiotic ornament. CPSI verified this with [REDACTED] and found it to be true. When asked about the possible bruise on back. Mrs. [REDACTED] reports that it could have been where she was tickling [REDACTED] Mrs. [REDACTED] reports that [REDACTED] is a good mother and she takes nothing but the best of care when it comes to [REDACTED] Mrs. [REDACTED] reports that [REDACTED] vistic with her and her husband on a regular basis. Mrs. [REDACTED] reports that [REDACTED] and [REDACTED] never comes over to visit with them. Mrs. [REDACTED] states that they don't agree with [REDACTED] and [REDACTED] living together without being married. Mrs. [REDACTED] reports that [REDACTED] was taken to jail and she does not understand why. CPSI [REDACTED] advised Mrs. [REDACTED] to go to the jail later on this morning and maybe she will be able to find out something. CPSI advised Mrs. [REDACTED] to go home and get some rest and CPSI [REDACTED] would come to the home to fill out the paper work to complete a home study. Mrs. [REDACTED] stated ok.



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: 07/31/2014 Contact Method: Face To Face
 Contact Time: 03:45 AM Contact Duration: Less than 05 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/11/2014
 Completed date: 08/11/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Medical Exam,Other Child Living in the Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/11/2014 12:21 PM Entered By: [REDACTED]

Home Visit/Face to Face Template

Child Protective Services Investigator [REDACTED] made a home visit/face to face to initiate the investigation, follow up with the family.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all the forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

*Section I: Interview with the child: [REDACTED] could not be interview at this time due to being in critical condition at [REDACTED] Hospital. [REDACTED] is asleep at the [REDACTED] Medical Center and could not be interviewed as well. [REDACTED] is scheduled to have a forensic interview on August 13, 2014.

*Section II: Interview with mother: Investigator, [REDACTED] spoke with mother, [REDACTED] in room [REDACTED] at [REDACTED] Hospital. Client Right's Handbook, HIPAA, Notification of Equal Access to Services, Native American Veto Verification, and Release of Information was discussed with Ms. [REDACTED] and her signature was obtained on appropriate forms. Ms. [REDACTED] reported that she resides at [REDACTED] with her daughter, [REDACTED] [REDACTED] her contact number is [REDACTED] Ms. [REDACTED] reported that her son [REDACTED] has been in the physical custody of his father [REDACTED] since November 2013. Ms. [REDACTED] reported that she and Mr. [REDACTED] are divorced and she was having financial problems and unable to afford daycare. Due to this factor Mr. [REDACTED] suggested that since his girlfriend, [REDACTED] did not work they could care for [REDACTED] fulltime until Ms. [REDACTED] was able to get financially stable. Ms. [REDACTED] reported that she agreed and things appeared to be going well. Ms. [REDACTED] reported that she recently received a promotion at her job and [REDACTED] was scheduled to return home on August 13, 2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Investigator inquired about [REDACTED] past medical history and Ms. [REDACTED] reported no medical concerns. Ms. [REDACTED] reported that [REDACTED] father stated a few weeks ago that he felt [REDACTED] may be Autistic. Ms. [REDACTED] stated that Mr. [REDACTED] reported to her that [REDACTED] has been sleep walking, having tantrums, and hitting his head on the wall. Ms. [REDACTED] reported that she never observed those behaviors while [REDACTED] was in her care. Ms. [REDACTED] stated that [REDACTED] in the past would hit his head against the wall when he did not get his way but it was never hard. She also stated that the last time she observed [REDACTED] doing this was over a year ago. Ms. [REDACTED] stated that [REDACTED] was a typical four year old and very active. Investigator inquired about Ms. [REDACTED] last visit with [REDACTED]. Ms. [REDACTED] stated that she last saw [REDACTED] around the end of June of 2014. Ms. [REDACTED] stated that due to her work schedule she was unable to visit [REDACTED] like she wanted because he was residing two hours away. Ms. [REDACTED] reported that she asked Mr. [REDACTED] to meet her halfway but he always refused.

Investigator asked Ms. [REDACTED] when she became aware of what happened on July 30, 2014. Ms. [REDACTED] stated that Mr. [REDACTED] called her around 1030 last night stating that [REDACTED] was being rushed to the hospital. She stated that Mr. [REDACTED] informed her that he was called at work and was rushing home while talking on the phone to her. Mr. [REDACTED] stated to her that [REDACTED] called him informing him that she heard a "thud" come from [REDACTED] room and when she went into the room she observed [REDACTED] on the floor seizing and vomiting. She stated that Mr. [REDACTED] informed her that [REDACTED] called 911 and they were waiting to take [REDACTED] to the hospital. Ms. [REDACTED] stated at that she informed Mr. [REDACTED] to keep her informed of what was going on. Ms. [REDACTED] stated that she later received a text message from Mr. [REDACTED] stating that [REDACTED] was being air lifted to [REDACTED] and he was informed that he might not make it. Ms. [REDACTED] stated that she immediately proceeded to [REDACTED] and was present when the helicopter arrived. Ms. [REDACTED] stated that she received another message from Mr. [REDACTED] asking what were medical personnel and police saying to her because the police in [REDACTED] are accusing him of abusing [REDACTED] and he has not harmed his son. Ms. [REDACTED] stated that was the last message she received from Mr. [REDACTED] and that was a little after 1am.

Ms. [REDACTED] became very emotional and began to cry. Investigator expressed empathy towards Ms. [REDACTED].
 *Section III: Interview with the father: CPSI [REDACTED] spoke with [REDACTED] on this early morning at the [REDACTED] Jail. CPSI [REDACTED] introduced herself to Mr. [REDACTED] and explained who she is and why she is visiting. CPSI [REDACTED] gathers Mr. [REDACTED] personal information such as; his name, address, Date of Birth, Social security number and his phone number. Mr. [REDACTED] stated that he is adopted and his Adopted parents are [REDACTED] and [REDACTED]. Mr. [REDACTED] stated that he does not know anything about his biological family. Mr. [REDACTED] states that he works at [REDACTED]. He states that he has been working there for about 12 months but just became permanent last month. CPSI [REDACTED] asked Mr. [REDACTED] how long he has lived in [REDACTED] he stated that he and [REDACTED] lived in [REDACTED] for a while then moved to [REDACTED] to be closer to [REDACTED] family. CPSI [REDACTED] asked how long they have known each other. Mr. [REDACTED] stated that they have been together since April 1st of last year. Mr. [REDACTED] stated they met at [REDACTED] in [REDACTED] TN. Mr. [REDACTED] stated that [REDACTED] is pregnant.

CPSI [REDACTED] asked Mr. [REDACTED] about the incident that took place last night. Mr. [REDACTED] stated that when he left the home [REDACTED] was fine. Mr. [REDACTED] stated that [REDACTED] was in his room watching TV and he told him that "Daddy is getting ready to go to work and [REDACTED] said "daddy getting to go to work and he stated yes." Mr. [REDACTED] stated that he kissed [REDACTED] on the head and left. Mr. [REDACTED] stated that he clocked in to work around 9:52 pm and [REDACTED] calls him at around 10:09 stating that [REDACTED] is flopping around in the floor like he is having a seizure. Mr. [REDACTED] stated that he told [REDACTED] to call 911 and rushed out of work headed home. Mr. [REDACTED] stated when he got home the ambulance was pulling out of the home.

CPSI [REDACTED] asked Mr. [REDACTED] when the last time was the he disciplined [REDACTED]. Mr. [REDACTED] stated that it has been about 7 months. Mr. [REDACTED] stated that he stopped whipping [REDACTED] because he realized that it was not doing any good and he also realized that one time he whipped him too hard. CPSI [REDACTED] asked Mr. [REDACTED] what was the last reason which caused [REDACTED] to get at whipping. Mr. [REDACTED] stated that [REDACTED] bit [REDACTED] and she bit him back and one time [REDACTED] was taking him a bath and he pulled her over in the tub.

Mr. [REDACTED] did admit to throwing shoes at [REDACTED] and hitting him on the back of the head with his hand when he would not mind. CPSI [REDACTED] asked why [REDACTED] is living with him instead of his mom. Mr. [REDACTED] stated that [REDACTED] would kick, scream, hallow, hit and his mom could not do anything with him. So [REDACTED] came to live with him. CPSI [REDACTED] thanked Mr. [REDACTED] for his time.

*Section IV: Interview with other household members

CPSI [REDACTED] spoke with [REDACTED] on this early morning at the [REDACTED] Jail. CPSI [REDACTED] introduced herself to Ms. [REDACTED] and explained who she is and why she is visiting. Ms. [REDACTED] is [REDACTED] girlfriend. CPSI [REDACTED] asked Ms. [REDACTED] to explain what took place the night which led to the 911 call regarding [REDACTED]. Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated that she heard a thump and when she went in to the bedroom [REDACTED] was throwing up. Ms. [REDACTED] stated that she thought he was having a seizure. Ms. [REDACTED] stated that she cleaned him up. Ms. [REDACTED] stated she then called [REDACTED] at work and told him that she thinks [REDACTED] is having a seizure, and he said can't you call fucking 911. Ms. [REDACTED] then goes on to say that [REDACTED] is always upset and nothing is ever good enough, the kids are always too loud and he can't get enough sleep.

CPSI [REDACTED] asked how they discipline the children. Ms. [REDACTED] reported time-out, whooping with the belt and their hands. CPSI [REDACTED] asks who does most of the discipline. [REDACTED] stated that [REDACTED] does.

Ms. [REDACTED] also reported that [REDACTED] would throw shoes at [REDACTED] hitting him in the head. Ms. [REDACTED] reported that [REDACTED] is always tripping over things and following a lot. Ms. [REDACTED] reported that [REDACTED] bit her and she bit him back to teach him not to bite.

CPSI [REDACTED] asked if she left the home any time before Mr. [REDACTED] went to work. Ms. [REDACTED] reported that she went to the grocery store around 7 pm, therefore, she does not know if [REDACTED] got a whooping during this time or not. Ms. [REDACTED] stated when she came back [REDACTED] was fine. CPSI [REDACTED] thanked Ms. [REDACTED] for her time. Ms. [REDACTED] signed the Immediate Protection Agreement for [REDACTED] and [REDACTED] to care for [REDACTED] until she is released from jail.

*Section V: CPSI observed:

Document: Pictures of the children were taken, copies are in case file.

1. Interactions between mother/father and child: Interaction could not be determine at this time .due to [REDACTED] being critical condition and [REDACTED] being asleep.
2. Observation and presentation (slurred speech, injuries, developmental delays or handicaps, clothing, red eyes, etc.) of child and other individuals in the home: N/A
3. Observation of interactions between mother/father and other children in home:N/A
4. Observation of physical environment (inside and outside). CPSI [REDACTED] is not able to view the home because of the on-going investigation with the [REDACTED] Police Department.
5. *Required: Section VI: Next Steps: The case is under investigation with the [REDACTED] Police Department.
6. * Section VII: NCPP/FSTM (if applicable)

Section VIII: IPA: note restrictions and visitation plans: [REDACTED] and [REDACTED] are currently in the [REDACTED] Co. jail.

Narrative Type: Addendum 1 Entry Date/Time: 01/30/2015 09:33 AM Entered By: [REDACTED]

CPSI [REDACTED] made contact with the referent at the hospital and informed them that she would be working the case with [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/31/2014 Contact Method:
 Contact Time: 03:00 AM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/08/2014
 Completed date: 08/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/08/2014 11:38 AM Entered By: [REDACTED]
 Opening Summary

Alleged Victim: [REDACTED] Allegation Physical Abuse
 Alleged Victim: [REDACTED] Allegation Physical Abuse/Sexual Abuse
 Alleged Perpetrator: [REDACTED]

CPSI [REDACTED] received this referral on 7/31/2014; the allegation are [REDACTED] Physical Abuse and [REDACTED] Allegation Physical Abuse/Sexual Abuse. Both of the children were seen at [REDACTED] Medical Center. [REDACTED] was been flown to [REDACTED] Hospital. The EMS was called to the home due to [REDACTED] having seizure activity. When the EMS arrived [REDACTED] was not responsive and was having a seizure. An emergency CT scan was done. [REDACTED] pupils were unequal in size. [REDACTED] condition deteriorates while at the hospital and he had to be intubated and flown to [REDACTED] Children's hospital. [REDACTED] CT scan showed a large brain bleed which required surgery. It was stated that [REDACTED] was covered with bruises in various stages of healing. His buttocks, back, right hip, all extremities, neck, tip of ears behind the ears and the back of his skull all have bruising. [REDACTED] was noted to have scratch marks on his buttocks and a bite mark to his left forearm. When asked, the father, [REDACTED] stated that "[REDACTED] just fell out".
 It was stated that [REDACTED] has fingertip bruising to her groin and around her vagina. Her Labia is red and swollen. [REDACTED] has small abrasions and a small bruise to the middle of her spine. It was stated that [REDACTED] has scratch to her stomach as well. [REDACTED] has been arrested at the hospital for an outstanding warrant from [REDACTED] County and [REDACTED] was arrested for suspected child abuse.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 7/31/14 1:19 AM

Date of Assessment: 7/31/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

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): ██████████ is currently in ██████████

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 (2)

██

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 7/31/14 1:19 AM

Date of Assessment: 8/25/14 12:00 AM

Assessment Type: Closing

Number of Children in the Household: 2

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.



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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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: _____