



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

Case # 2014ND.006

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	██████████
Type: (Please check one)	<input type="checkbox"/> DEATH	<input checked="" type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	03/10/2014	
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Hispanic or Latino	
County/Region:	██████████				
Parents' Names:	Mother:	██████████	Father:	██████████	
Alleged Perpetrator's Name:	Unknown			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:

The referral states: On March 10, 2014, ██████████ was brought to her primary care physician due to being increasingly fussy since Saturday, March 8, 2014. She was brought in by her parents. The primary care physician sent her to ██████████ Emergency Department due to ██████████ having linear bruising on her abdomen and also having seizures. There were concerns of non-accidental trauma. Once ██████████ arrived at ██████████ Emergency Department a CT scan was performed and it was found that ██████████ has bilateral acute subdural hematomas on the brain in both hemispheres and a mild subarachnoid hemorrhage on the right side of her brain. There is question on whether or not she has a small contusion to the right front part of the brain ██████████ also noted the linear bruising to ██████████ abdomen and the seizure activity. ██████████ full body skeletal came back normal, but she does have the noted above bleeding and bruising to the brain along with seizure activity. She has no outer marks on the head. The parents have no explanation for the injuries.

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:

██████████ and Detective ██████████ interviewed ██████████, mother, at ██████████ Hospital on March 10, 2014. According to ██████████ started spitting up her food and being fussier than normal on Friday March 7, 2014 and she observed it on Saturday March 8, 2014. ██████████ works from 10:00PM to 6:00AM on Friday, Saturday, and Sunday, so both children stay with the father, ██████████, while mom is at work. ██████████ was off of work on Friday and Saturday of this week. On Friday ██████████ went to work and got there at about 10:10PM and stated that ██████████ was fine when she left for work that night. When ██████████ arrived home from work at about 8:00AM on Saturday the father informed her that ██████████ had been spitting up formula and crying a lot. The parents contacted the 24 hour nursing line at ██████████ Hospital and were told that spitting up is normal and as long as ██████████ has four urinated diapers per day then she is not dehydrated. The family was told to hold ██████████ up when feeding her so that she can spit up if needed and this may also help her keep the formula down.

Saturday morning when ██████████ changed ██████████ clothing she observed a linear bruise on her abdomen. ██████████ also observed red splotches covering ██████████ face and forehead. ██████████ stated that the red splotches appeared to look like "hickies." ██████████ stated that ██████████ asked ██████████ if he had observed the bruise or knew about it and he stated he was not aware of the bruise. ██████████ had a scheduled doctor's appointment on Thursday March 13, 2014, so the family was going to address all their concerns on that date. ██████████ continued spitting up throughout Saturday and Sunday, but she was not as fussy on those days.

Monday morning, ██████████ fed ██████████ her normal 4 ounce bottle and she sat her in the bouncer. ██████████ stated that she heard a gargling sound and went to check on ██████████ ██████████ stated that ██████████ appeared to be fine, but she was crying so ██████████ was trying to console her. While holding ██████████ ██████████ felt ██████████ twitching and observed that her arm was stiff with a clenched fist ██████████ contacted the 24 hour nursing line again and they advised the parents to bring ██████████ to the pediatrician's office at 11:00AM on that day, Monday March 10, 2014.

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

[redacted] and Detective [redacted] interviewed [redacted], father, at [redacted] Hospital on March 10, 2014. According to [redacted], he is employed at [redacted] in [redacted] and works different shifts each week. [redacted] stated his daughter [redacted] never spit up formula, so when [redacted] started doing this it was new to them and very concerning. This past week [redacted] was off work on Friday and Saturday, so he stayed at home and watched both the children while the mother, [redacted] was at work. On Friday, [redacted] went to work at about 9:55PM and everything was fine. Earlier that day the family went to the WIC office and ran other errands and [redacted] was perfectly fine. At night [redacted] sleeps in a [redacted] basket in the middle of the parent's bed. [redacted], [redacted], and [redacted] did not go to bed until approximately 1:00AM on Saturday morning. The family feeds [redacted] 4 ounces each bottle and they use Gerber in the orange can every 2-3 hours. [redacted] was up and down all Friday night into Saturday morning. [redacted] stated he had to constantly keep waking up to make sure [redacted] was sleeping and not up playing with toys or wondering. He stated that he also had to wake up and feed [redacted] throughout the night. [redacted] noticed the spit up for the first time at about 3:00AM on Saturday morning, so he changed her clothing and attempted to feed her some more but she spit up again. [redacted] couldn't remember if he contacted [redacted] to let her know that he was concerned about [redacted]. He stated [redacted] may have called him, but he was not available to talk due to caring for the children. [redacted] stated the family contacted the 24 hour nursing line on Saturday to report their concerns.

[redacted] stated that they noticed the bruise on [redacted] abdomen when [redacted] got home on Saturday morning. [redacted] stated he knows that he did not drop [redacted] or hit her head on anything. [redacted] stated that [redacted] probably spit up four times on Saturday. The family was at home the whole day and the maintenance man came to the home to fix their light switch. [redacted] went to work again on Saturday evening and [redacted] stayed home with the children again. [redacted] never ran a fever and never had a runny nose or anything. [redacted] was not crying as much on Saturday night or Sunday night. On Sunday [redacted] went to work at 7:00AM until approximately 6:00PM. At 9:30AM Monday March 10, 2014, [redacted] arm stiffened up and was sticking straight out with her fist clenched. [redacted] heard a gargling sound coming from [redacted] also after being fed. They contacted the 24 hour nursing line again and were told to have her at the pediatrician at 11:00AM. [redacted] stated they arrived at the hospital at approximately 10:45AM. [redacted] became very emotional during the interview stating he is a good father and has watched their daughter [redacted] every night since she was born. [redacted] stated he does not know how this happened.

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

[redacted] completed interviews with the parents while at the hospital with Detective [redacted]. [redacted] has made contact with the ICU social worker [redacted] and [redacted] to address medical concerns for [redacted].

[redacted] spoke with [redacted] with [redacted] Hospital on March 11, 2014 regarding the case of [redacted]. [redacted] stated that the hospital continues to run test to look for any blood abnormalities, but so far the test have come back normal. There is a contusion on the right front of [redacted] brain. [redacted] feels that this type of injury does not occur spontaneously. [redacted] asked [redacted] if it appears that the injury was caused by [redacted] being shaken or dropped and [redacted] stated that there is a rotation component with this injury, so the head was rotated or moved. [redacted] feels this injury was caused by something outside the realm of normal parenting. There is no retinal hemorrhaging present. [redacted] stated that the bruise on [redacted] abdomen is rather abnormal and difficult to cause bruising in that area.

Describe disposition of body (Death):			
Name of Medical Examiner/Coroner:		Was autopsy requested?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type:		Case #:	

Describe law enforcement or court involvement, if applicable:

This case was assigned to [redacted] Police Department [redacted] Detective [redacted].

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):

[redacted] and [redacted] are safety placed with family members [redacted] and [redacted]. The parents will have supervised visits with their children, [redacted] and [redacted]. No over night visits will be allowed

between the parents and the children. [REDACTED] will be discharged to [REDACTED] from [REDACTED] Hospital.

Name: [REDACTED]	Age: 2
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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information:

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

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

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

Email to: [REDACTED]
 within forty-eight (48) hours of notification
 Include subject line (in RED): [REDACTED] or
 [REDACTED]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 03/10/2014 04:47 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED].
Date Screened: 03/10/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 03/11/2014 10:09 AM
First Team Leader Assigned: [REDACTED] Date/Time 03/10/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 03/10/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 9 Mos	Physical Abuse	Yes	Unknown Participant [REDACTED], Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: CHILD IS NOT IN CUSTODY

TFACTS: No History Found

Family Case IDs:

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated No



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

Death No

Screened out No

History (not listed above): No

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: No

Directions: None Given

Reporter's name/relationship: [REDACTED] | [REDACTED] [REDACTED] [REDACTED]

Reporter states:

CHILD IS NOT IN CUSTODY

[REDACTED] (1 month) lives with her mother ([REDACTED]), father ([REDACTED]), and sister [REDACTED]-2 years 4 months). The family speaks fluent English.

On March 10, 2014, [REDACTED] was brought to her primary care physician ([REDACTED]: doctor's name unknown) due to being increasingly fussy since Saturday, March 8, 2014. She was brought in by her parents. The primary care physician sent her to [REDACTED] Emergency Department due to [REDACTED] having linear bruising on her abdomen and also having seizures. There were concerns of non-accidental trauma.

Once [REDACTED] arrived at [REDACTED] Emergency Department a CT was performed and it was found that [REDACTED] has bilateral acute subdural hematomas on the brain in both hemispheres and a mild subarachnoid hemorrhage on the right side of her brain. There is question on whether or not she has a small contusion to the right front part of the brain. [REDACTED] also noted the linear bruising to [REDACTED] abdomen and the seizure activity. [REDACTED] full body skeletal came back normal, but she does have the noted above bleeding and bruising to the brain along with seizure activity. She has no outer marks on the head.

The parents have no explanation for the injuries. [REDACTED] has made the statements that maybe the [REDACTED] did something or maybe the puppy did something. [REDACTED] said [REDACTED] would have cried differently and she would have known. The parents are the only caregivers for [REDACTED] and they trade off shifts with her because they work opposite schedules.

[REDACTED] and [REDACTED] have no known special needs or disabilities. The family denies having a history with the Department of Children's Services. [REDACTED] has been viewed and she does not appear to have any marks or bruises but has not been examined. [REDACTED] is active, outgoing and smart [REDACTED] has very good manner and communicates well verbally.

The parents and [REDACTED] are at the hospital with [REDACTED] at this time. [REDACTED] is in critical condition and will be sent to the critical care unit (PICU). There is a possibility that [REDACTED] could die from the injuries and is being placed in the PICU due to neuro checks needing to be performed on a regular basis. It is unknown how long [REDACTED] will be at the hospital at this time. This is the first time she has been seen for injuries at [REDACTED] No other prior injuries have been reported to the reporter.

It is believed an aunt (information unknown) may be coming to the hospital to pick up [REDACTED] The parents have been appropriate in their interaction with [REDACTED] and with staff; they appear to be concerned about [REDACTED] condition. No one has been to the home so it is unknown if there are any safety concerns or hazards in the family home. The reporter is unaware if either of the parents have a criminal background.



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

The reporter is requesting immediate assistance from the Department of Children's Services and that the DCS worker meets with the hospital social worker () in the emergency department prior to going to the PICU. Police Department has been contacted and they are in route to the hospital.

SSMS: : negative : negative : negative : negative

Per SDM: Investigative Track, P1 (severe). on 3/10/2014 at 5:02 PM

on 03/10/14 @ 6:39 PM

03-10-14 06:39:41 PM 03-10-14 06:40:15 PM

Child Death/Child Near Death Notification Group:
[Redacted text block]

notified.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 3 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 1 Yr 9 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: father
mother: cell: [REDACTED]

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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

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]
Referral Date: 03/10/2014
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 03/10/2014

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains two rows of allegations for physical abuse.

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: This case is being assessed and closed as allegation substantiated/ perpetrator substantiated

D. Case Workers

Case Worker: [Redacted] Date: 05/06/2014
Team Leader: [Redacted] Date: 05/06/2014

E. Investigation Summary

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

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

[Redacted] observed [Redacted] and [Redacted] on April 15, 2014, March 10, 2014, and March 11, 2014.

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

3/11/14- [Redacted] spoke with [Redacted] with [Redacted] Hospital on March 11, 2014 regarding the case of [Redacted]. [Redacted] stated that the hospital continues to run test to look for any blood abnormalities but test are coming back normal some are still pending at this time. There is a contusion on the right front of [Redacted] brain. [Redacted] feels that this type of injury does not occur spontaneously. [Redacted] states that based on her conversation with mom she feels that the mother is being appropriate at this time. The mother insists that [Redacted] was normal when she went to work Friday night so she is racking her brain to figure out what happened to [Redacted]. [Redacted] asked [Redacted] if it appears the injury was



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

Case Name : ██████████

Investigation ID: ██████████

caused by ██████████ being shaken or dropped and ██████████ stated that there is a rotation component with this injury so the head was rotated or moved ██████████ feels this injury was caused by something outside the realm of normal parenting. This injury was not caused by ██████████ falling off the coach or something like that. There is no retinal hemorrhaging present. ██████████ stated that the bruise on ██████████ abdomen is rather abnormal and difficult to cause bruising in that area. The bruise is a large linear bruise on ██████████ abdomen.

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

3/11/14- ██████████ and Detective ██████████ interviewed ██████████ at ██████████ Hospital on March 10, 2014. According to ██████████, ██████████ started spitting up her food and being fussier than normal on Friday March 7, 2014 and she observed it herself on Saturday March 8, 2014. ██████████ works from 10:00PM to 6:00AM on Friday, Saturday, and Sunday so both children stay with the father at that time. ██████████ was off of work on Friday and Saturday of this week. On Friday ██████████ went to work and got there at about 10:10PM and stated that ██████████ was fine when she left for work that night. When ██████████ arrived home from work at about 8:00AM on Saturday the father, ██████████, informed her that ██████████ had been spitting up her formula and crying a lot. The parents contacted the 24 hour nursing line at ██████████ Hospital and were told that spitting up is normal and as long as ██████████ has four urinated diapers per day then she is not dehydrated. The family was told to hold ██████████ up when feeding her so that she can spit up if needed and this may also help her keep the formula down. Saturday morning when ██████████ changed ██████████ clothing she observed a linear bruise on her abdomen. ██████████ also observed red splotches covering ██████████ face and forehead. ██████████ referred to these red splotches appeared like "hickies". ██████████ stated that ██████████ asked ██████████ if he had observed the bruise or new what it was from and he stated he was not aware of the bruise. ██████████ had a scheduled doctor's appointment on Thursday March 13, 2014 so the family was going to address all their concerns on that date. The spitting up continued throughout Saturday and Sunday but she was not as fussy on those days. Monday morning, ██████████ fed ██████████ her normal 4 ounce bottle and she sat her in her bouncer. ██████████ began hearing a gargling sound and went to check on ██████████. ██████████ stated that ██████████ appeared fine she was just crying at this time so ██████████ was trying to console her. While holding ██████████, ██████████ felt ██████████ start twitching and observed her arm stiff held straight out and her fist clenched tightly. ██████████ contacted the 24 hour nursing line again and they advised the parents to bring ██████████ to the pediatrician's office at 11:00AM on that day, Monday March 10, 2014. The parents have been together for the past four years and ██████████ is the father of both children. ██████████ stated she had a lot of issues with her pregnancy with ██████████ and had to take her maternity leave early. ██████████ stated she often felt as if ██████████ was having seizures inside her stomach because of all the movement and she expressed these concerns to her doctor at ██████████ ██████████ also kept expressing concerns to nursing staff regarding ██████████ twitching after she was delivered.

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

3/10/14- ██████████ and Detective ██████████ interviewed ██████████ at ██████████ Hospital on March 10, 2014. According to ██████████, he is employed at the ██████████ in ██████████ and works different shifts each week. ██████████ stated his daughter ██████████ never spat up her formula so when ██████████ started doing this it was new to them and very concerning. This past week ██████████ was off work on Friday and Saturday so he stayed at home and watched both the children while the mother, ██████████ was at work. On Friday, ██████████ went to work at about 9:55PM and everything was fine. That day the family had went to the WIC office and ran other errands. ██████████ was perfectly fine the whole day. At night ██████████ sleeps in a ██████████ basket in the middle of the parent's bed. ██████████ and ██████████ did not go to bed until approximately 1:00AM on Saturday morning. The family feeds ██████████ 4 ounces each bottle and they use the Gerber in the Orange can every 2-3 hours. ██████████ was up and down all Friday night into Saturday morning. ██████████ stated he had to constantly keep waking up to make sure ██████████ was sleeping and not up playing with toys or wondering. He was also having to wake up and feed ██████████ throughout the night. ██████████ noticed the spit up for the first time at about 3:00AM on Saturday morning so he changed her clothing and attempted to feed her some more but she spat up again. ██████████ cannot remember if he contacted ██████████ to let her know that he was concerned about ██████████ He stated ██████████ may have called him but he was not available to talk due to caring for the children. ██████████ stated the family contact the 24 hour nursing line on Saturday to report their concerns. ██████████ stated when ██████████



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

Case Name : ██████████

Investigation ID: ██████████

got home on Saturday morning that is when they noticed the bruise on ██████████ abdomen. ██████████ stated he knows that he did not drop ██████████ or hit her head on anything. ██████████ stated that ██████████ probably spat up four times on Saturday. The family was at home the whole day and the maintenance man came to the home to fix their light switch. ██████████ went to work again on Saturday evening and ██████████ stayed home with the children again. ██████████ never ran a fever and never had a runny nose or anything. ██████████ was not crying as much on Saturday night or Sunday night. On Sunday ██████████ went to work at 7:00AM until approximately 6:00PM. Neither of the children have been hospitalized in the past or ever been to the emergency room. At 9:30AM this morning, Monday March 10, 2014, ██████████ arm stiffened up sticking straight out and her fist was clinched. ██████████ heard a gargling sound coming from ██████████ also after being fed. They contacted the 24 hour nursing line again and were told to have her at the pediatrician at 11:00AM. ██████████ stated they arrived at the hospital at approximately 10:45AM.

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

Medical Records, Photographs, and Careteam Report

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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/03/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2014

Completed date: 06/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2014 03:02 PM Entered By: [REDACTED]

Case discussed at Severe Abuse Review according to policy all substantiated severe abuse cases will be reviewed and TPR discussed. Present at the review were Legal [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. Physical Abuse against the parents for abusive head trauma and rib fracture. IPA was completed initially and the placement wasn't able to keep the child. There were no other placement options, so the child was placed in DCS custody. Parenting assessments have been setup for the parents. Supervised visits with the parents. Case is set for Settlement in Juvenile Court. Presented at CPIT and team agreed ASPS and referred for prosecution.

Custodial-Legal will discuss TPR with Foster Care [REDACTED] and [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/15/2014

Contact Method:

Contact Time: 02:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/15/2014

Completed date: 05/15/2014

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: 05/15/2014 02:26 PM Entered By: [REDACTED]

[REDACTED] mailed the Letter A and Letter A attachment to [REDACTED] and [REDACTED] on May 15, 2014 and since there is still pending court proceedings a Letter E was sent for both individuals to Central Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/12/2014

Contact Method:

Contact Time: 02:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/12/2014

Completed date: 05/12/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/12/2014 02:38 PM Entered By: [REDACTED]

Case is being reviewed for closure on this date. Children were removed from the parents and placed in the custody of the Department. Case was presented to CPIT and classified as Substantiated on both parents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/08/2014 Contact Method:
 Contact Time: 12:05 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/08/2014
 Completed date: 05/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/08/2014 12:12 PM Entered By: [REDACTED]

According to policy physical abuse is:

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.

This case is closed and classified as ASPS. There is evidence photographs, medical reports, and injuries that supports the above allegations according to policy. Services are recommended for the family and they include parenting, anger management or domestic violence, and possibly a mental health evaluation. The CPS Formal File Review and Attachment were mailed to the alleged perpetrator; see copies attached to the file.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/08/2014	Contact Method:	
Contact Time:	11:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/08/2014
Completed date:	05/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/08/2014 11:46 AM Entered By: [REDACTED]

[REDACTED] completed a TEIS referral for [REDACTED] and [REDACTED] on May 8, 2014. [REDACTED] provided the current foster home placements information so this will need to be update if placements change.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/08/2014

Contact Method: Attempted Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/08/2014

Completed date: 05/08/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/08/2014 10:11 AM Entered By: [REDACTED]

[REDACTED] attempted to make contact with [REDACTED] to check on the status of the parenting assessment for [REDACTED] and [REDACTED]. There was no answer so [REDACTED] left a voicemail asking for a return call as soon as possible.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/07/2014

Completed date: 05/07/2014

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: 05/07/2014 09:12 AM Entered By: [REDACTED]

[REDACTED] faxed a release of information to [REDACTED] Hospital on May 6, 2014 for medical records for [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2014

Contact Method:

Contact Time: 12:58 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/07/2014

Completed date: 05/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2014 09:55 AM Entered By: [REDACTED]

[REDACTED] and [REDACTED] were removed and placed into state's custody on May 6, 2014 due to their current IPA placement being no longer willing to care for them. The department completed a background check on [REDACTED], her parents [REDACTED] and [REDACTED], and her sister [REDACTED] but was unable to approve them due to [REDACTED] and [REDACTED] not having social security numbers and there being multiple background found for [REDACTED]. There is also an open criminal charge for [REDACTED] and previous drug charges. There was no other least drastic options offered by the family at the time so a removal was necessary to ensure the children's safety. The children were placed at the home of [REDACTED] at [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/24/2014	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/07/2014
Completed date:	05/07/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2014 10:38 AM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] by phone on April 24, 2014 about a possible placement for the children. [REDACTED] stated that their friend [REDACTED] would be willing to care for the children. She is a friend of theirs and she knows their situation and wants to help them. He would trust her and her parents to care for his girls. [REDACTED] stated he has never been to the family's home before but [REDACTED] has and she says that it is nice. [REDACTED] had to have surgery today on her ovaries because of a cyst. [REDACTED] also let [REDACTED] know that he has not heard anything from the people who are suppose to be doing the parenting assessment. [REDACTED] stated she will need to speak with [REDACTED] and obtain information on all adult household members so that the criminal background checks can be completed.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/17/2014 Contact Method: Correspondence
 Contact Time: 06:59 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/07/2014
 Completed date: 05/07/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/07/2014 10:31 AM Entered By: [REDACTED]

[REDACTED] received a voice text message from [REDACTED] on April 17, 2014 stating that he and his wife will no longer be willing to care for the children after this month. [REDACTED] stated he would like the children moved from his home before May 8, 2014.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [redacted] Status: Completed
Contact Date: 04/15/2014 Contact Method: Face To Face
Contact Time: 05:00 PM Contact Duration: Less than 01 Hour
Entered By: [redacted] Recorded For:
Location: Family Home Created Date: 05/07/2014
Completed date: 05/07/2014 Completed By: [redacted]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2014 10:01 AM Entered By: [redacted]

[redacted] completed a homevisit at the home of [redacted] and [redacted] on April 15, 2014 to observe [redacted] and [redacted]. [redacted] was observed interacting and playing with the other children in the home. [redacted] was in a high chair eating some fruit when [redacted] initially arrived at the family's home. [redacted] was being held by [redacted] when [redacted] arrived at the home and was then placed in her vibrating chair so that [redacted] could speak with [redacted]. Both of the children appeared to be well groomed and were in clean clothing. [redacted] did not note any concerns of abuse or neglect on this date.

[redacted] spoke with [redacted] and [redacted] while at the family's home regarding the children. According to [redacted], they have been having an issue with the parents, [redacted], showing up at the home to see the children whenever they feel like it. [redacted] would like them to visit only between the hours of 9AM and 7PM so that the children's schedules are not disturbed. [redacted] stated that he is also concerned that his family may want to go out of town and they do not have a sitter for the children. They would not want to put the burden on any of their friends and they don't think [redacted] and [redacted] have anyone that would be able to either. [redacted] also stated that they would no longer be willing to accompany [redacted] to [redacted] doctors appointments because of the way [redacted]. The would like for [redacted] or someone from the department to transport the children to the doctor and supervise [redacted] at the appointments. The next doctor's appointment is for [redacted] and it is on May 15, 2014. [redacted] stated that he is not sure he and his family can continue to care for the children after this month because it is too stressful on [redacted] and he doesn't feel that [redacted] appreciates any of their help. [redacted] asked that the family let her know as soon as possible so that alternate placement can be located for the children. The children have everything they need at this time and [redacted] and [redacted] have been visiting regularly.

Narrative Type: Addendum 1 Entry Date/Time: 05/07/2014 10:39 AM Entered By: [redacted]

The IPA was signed and renewed by [redacted] on this date but will expire on May 9, 2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/13/2014

Completed date: 05/13/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/13/2014 10:31 AM Entered By: [REDACTED]

This [REDACTED] presented this case at [REDACTED] and the team agreed with classification of Allegation Substantiated/ Perpetrator Substantiated. This case will be prosecuted and services will be recommended. See CPIT form attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/07/2014

Completed date: 05/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/07/2014 10:47 AM Entered By: [REDACTED]

[REDACTED] met with [REDACTED] and [REDACTED] at her office on April 9, 2014 to renew the IPA. The IPA was signed by the parents on April 9, 2014 so it will expire on May 9, 2014. [REDACTED] reminded [REDACTED] that she is expected to complete an [REDACTED] and provided her information on [REDACTED] as well as many other [REDACTED] and asked her to get the assessment completed as soon as possible. [REDACTED] also stated that she would need a certificate showing that the parents have completed anger management or domestic violence counseling for their previous charges of assault against each other. If a certificate is not provided these courses would need to be repeated. [REDACTED] explained that the state would be paying for their parenting assessment and that a request has been submitted so someone should be contacting them to make an appointment to complete the parenting assessment. [REDACTED] did not speak with the parents regarding the physical abuse allegations on this date as their attorney was not present at the meeting.

Narrative Type: Addendum 1 Entry Date/Time: 05/07/2014 10:48 AM Entered By: [REDACTED]

This conversation took place at 3:05 PM not 9:30AM.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/08/2014

Contact Method: Correspondence

Contact Time: 01:42 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/07/2014

Completed date: 05/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/07/2014 10:53 AM Entered By: [REDACTED]

[REDACTED] received a text message from [REDACTED] on April 8, 2014 stating that she had spoke to their attorney [REDACTED] and he approved for them to meet with [REDACTED] to renew the IPA without him present. [REDACTED] stated that her attorney would like to be contacted by [REDACTED] and his phone number is [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/07/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/07/2014

Completed date: 05/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/07/2014 10:58 AM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] by phone on April 7, 2014 and explained that the IPA was due to be renewed and stated she would need to meet with the parents so that the IPA could be renewed. [REDACTED] stated she would need to speak with her attorney prior to meeting with [REDACTED] and signing anything. [REDACTED] asked [REDACTED] what the issue was when she would go to the doctor with [REDACTED] and she stated she just gets frustrated because she feels the doctors treat her differently because they think she hurt [REDACTED]. She gets angry that they will not answer her question promptly and explain things to her.

[REDACTED] explained that [REDACTED] can not be cursing at hospital staff or having anger outbursts. [REDACTED] asked [REDACTED] if she was suppose to be on any type of medication and she stated she does not need any medication at this time. [REDACTED] stated [REDACTED] may need to speak with someone about her feelings and anger.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/04/2014

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/07/2014

Completed date: 05/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/07/2014 11:09 AM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] by phone on April 4, 2014 because she was concerned about [REDACTED] behavior while at the doctor with [REDACTED]. [REDACTED] has been cursing at the doctors and getting very angry when they do not answer her questions the way she wants them to be answered. [REDACTED] informed [REDACTED] while on the phone that [REDACTED] actually has a fractured rib on her left side that was found on the X-ray at the last doctors appointment. [REDACTED] explained that the fracture is healing and there is no concerns at this time but she may be sore. [REDACTED] stated this explains why [REDACTED] would scream when she was getting her closed changed or when she was picked up a certain way. [REDACTED] also stated during the conversation that [REDACTED] used to take Zoloft so she spoke with [REDACTED] about getting some mental health treatment and getting back on the medication because she seems very angry and hostile. [REDACTED] has also noticed that [REDACTED] moods change almost instantly for no reason. [REDACTED] stated she has not been around [REDACTED] and [REDACTED] that much since they have been together but she is concerned that they fight and argue a lot. [REDACTED] stated she has been talking to them about [REDACTED] injuries but she has not received any type of explanation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/02/2014 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 05/07/2014
 Completed date: 05/07/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2014 11:41 AM Entered By: [REDACTED]

[REDACTED] and Investigative Coordinator [REDACTED] attended [REDACTED] meeting for this case on April 2, 2014 regarding [REDACTED] presented this case and discussed the injuries that [REDACTED] had when she was brought to [REDACTED] Hospital on Monday March 10, 2014. There was also bruising observed on [REDACTED] chest, face, and abdomen and photographs were taken by [REDACTED]. There is one record of the father, [REDACTED], contacting the 24 hour nurses line on Saturday March 8, 2014 about [REDACTED] vomiting. [REDACTED] was brought back to the emergency room this past Saturday with vomiting, she had a stomach virus like the other children in the household did but the mother insisted that [REDACTED] be brought to the hospital because she claims this is what happened initially and she is being accused of hurting her child. [REDACTED] stated that multiple staff members have explained to [REDACTED] and [REDACTED] the severity of the injuries and let them know that the injuries were caused by non accidental trauma.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/01/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/08/2014

Completed date: 05/08/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/08/2014 09:35 AM Entered By: [REDACTED]

[REDACTED] completed a PSG for a parenting assessment for [REDACTED] and [REDACTED] and it was approved on April 1, 2014 for the month of April. The PSG was assigned to [REDACTED] the vendor sheet is included in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/26/2014	Contact Method:	Phone Call
Contact Time:	12:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/07/2014
Completed date:	05/07/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2014 11:24 AM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] with [REDACTED] Hospital by phone on March 26, 2014. [REDACTED] called to update [REDACTED] on the results of the repeat skeletal exam. The two week follow up skeletal exam showed that the 7th rib on the left side had been fractured and is currently healing. The fracture is located in the back and it was more than likely there initially but these type of fractures do not show up until they are healing on a child this age and size. There were some other irregular looking ribs but [REDACTED] could not confirm that they had ever been fractured. This case will be presented at [REDACTED] on April 2, 2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2014

Contact Method: Phone Call

Contact Time: 03:20 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/07/2014

Completed date: 05/07/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/07/2014 10:25 AM Entered By: [REDACTED]

[REDACTED] spoke with the IPA placement [REDACTED] by phone on March 20, 2014 to check on the children. [REDACTED] stated that she picked [REDACTED] up from [REDACTED] on Tuesday night when she was ready for discharge. The parents have been bringing everything the kids need and have been visiting the children regularly. [REDACTED] now has her own bed her parents brought it to the home the other day. The parents have stated they plan to take [REDACTED] to get a second opinion regarding her injuries and medical condition. [REDACTED] asked that [REDACTED] give her a phone call if she needed anything or had any questions.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/18/2014

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/08/2014

Completed date: 05/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/08/2014 09:59 AM Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] Hospital on March 18, 2014 and was informed that [REDACTED] is being discharged today. The hospital has already made contact with the placement to let them know that [REDACTED] will need to be picked up today.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/14/2014	Contact Method:	Phone Call
Contact Time:	11:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/08/2014
Completed date:	05/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/08/2014 09:56 AM Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] social worker, [REDACTED], and was informed that [REDACTED] was not able to move to the regular floor yesterday because there was no beds available but she will be moving today. [REDACTED] asked about a possible discharge date but that has been undetermined at this time. [REDACTED] asked that she be contacted as soon as possible when discharge is possible so that the placement can be notified and arrangements can be made.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/08/2014

Completed date: 05/08/2014

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: 05/08/2014 09:40 AM Entered By: [REDACTED]

A PSG was completed by [REDACTED] for [REDACTED] while [REDACTED] is in [REDACTED] Hospital. The services were approved on March 14, 2014 and ended when [REDACTED] was discharged from the hospital. The services were provided through [REDACTED] of [REDACTED]. The vendor sheets are included in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/13/2014

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/08/2014

Completed date: 05/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/08/2014 09:52 AM Entered By: [REDACTED]

[REDACTED] spoke with the service provider from [REDACTED] who stated that they will be able to supervise the visits between the parents [REDACTED] and [REDACTED] and their daughter [REDACTED]. [REDACTED] are willing to provide the supervision as long as there is no domestic violence issues or safety concerns for the worker. [REDACTED] asks that the family be explained in detail the role of the [REDACTED] and their purpose. A [REDACTED] will be arriving at the hospital today by 1:30PM and a [REDACTED] will remain 24 hours a day until [REDACTED] is released from the hospital.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	03/13/2014	Contact Method:	Phone Call
Contact Time:	10:10 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/07/2014
Completed date:	05/08/2014	Completed By:	System Completed
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: Entered By:

Narrative Type: Addendum 1 Entry Date/Time: 05/08/2014 09:45 AM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] Social Worker, [REDACTED], on March 13, 2014 and she informed [REDACTED] that the family was spoke to and were informed about all of [REDACTED] injuries and were told that the injuries were caused by non accidental trauma. [REDACTED] will be moved to the regular floor today as soon as a bed is provided so supervision will need to be started for the parents to have the ability to remain in the room with [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/20/2014

Completed date: 03/20/2014

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: 03/20/2014 04:06 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] will reside in the home with [REDACTED]. The parents, [REDACTED] and [REDACTED], will have supervised contact with [REDACTED] and [REDACTED] at all times. There will be no overnight visits between the parents, [REDACTED] and [REDACTED], and the children, [REDACTED] and [REDACTED]. The parents will comply with services recommended by the department such as parenting assessment and or parenting classes, and remain in contact with the department. While in the hospital the parents can visit with [REDACTED] with proper supervision in place. There will be no corporal punishment used on either of the children.

This [REDACTED] completed internet checks, went to the safety placement's home and completed the Expedited Placement Assessment. The IPA & Expedited Placement Assessment are attached to the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2014

Contact Method:

Contact Time: 02:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/20/2014

Completed date: 03/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/20/2014 04:09 PM Entered By: [REDACTED]

[REDACTED] completed the near death fatality form for [REDACTED] and forwarded the form to [REDACTED] and [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2014

Contact Method: Phone Call

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/08/2014

Completed date: 05/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/08/2014 10:09 AM Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] who stated that he has no problem caring for [REDACTED] and [REDACTED] but he is concerned that he will not be able to without financial help from the parents. He feels they will provide for their children if able but if they are arrested they will no longer be able to provide. [REDACTED] asked that the department do something in writing signed by the parents stating they agree to be financially responsible for their children. [REDACTED] stated he does not want to be forced to call [REDACTED] constantly asking for assistance. [REDACTED] will speak with the parents about this but nothing in writing will be completed besides the immediate protection agreement.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2014

Contact Method: Phone Call

Contact Time: 10:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/20/2014

Completed date: 03/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/20/2014 03:48 PM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] with [REDACTED] Hospital on March 11, 2014 regarding the case of [REDACTED] stated that the hospital continues to run test to look for any blood abnormalities but test are coming back normal some are still pending at this time. There is a contusion on the right front of [REDACTED] brain. [REDACTED] feels that this type of injury does not occur spontaneously. [REDACTED] states that based on her conversation with mom she feels that the mother is being appropriate at this time. The mother insists that [REDACTED] was normal when she went to work Friday night so she is racking her brain to figure out what happened to [REDACTED]. [REDACTED] asked [REDACTED] if it appears the injury was caused by [REDACTED] being shaken or dropped and [REDACTED] stated that there is a rotation component with this injury so the head was rotated or moved [REDACTED] feels this injury was caused by something outside the realm of normal parenting. This injury was not caused by [REDACTED] falling off the coach or something like that. There is no retinal hemorrhaging present. [REDACTED] stated that the bruise on [REDACTED] abdomen is rather abnormal and difficult to cause bruising in that area. The bruise is a large linear bruise on [REDACTED] abdomen.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/10/2014	Contact Method:	
Contact Time:	11:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/20/2014
Completed date:	03/20/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

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

A supervision IPA was completed stating that the parents, [REDACTED] and [REDACTED], are allowed supervised contact only with their children [REDACTED] and [REDACTED]. A complete IPA will be completed on March 11, 2014 once all background checks can be completed for the placement [REDACTED] and [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/10/2014

Contact Method: Face To Face

Contact Time: 09:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/20/2014

Completed date: 03/20/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/20/2014 03:59 PM Entered By: [REDACTED]

[REDACTED] observed [REDACTED] at [REDACTED] Hospital on March 10, 2014. [REDACTED] observed [REDACTED] to have multiple bandages around her head and she was in the intensive care unit being closely monitored.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 03/10/2014 Contact Method: Face To Face
Contact Time: 08:30 PM Contact Duration: Less than 45
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 03/20/2014
Completed date: 03/20/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,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: 03/20/2014 03:49 PM Entered By: [REDACTED]

[REDACTED] and Detective [REDACTED] interviewed [REDACTED] at [REDACTED] Hospital on March 10, 2014. According to [REDACTED], [REDACTED] started spitting up her food and being fussier than normal on Friday March 7, 2014 and she observed it herself on Saturday March 8, 2014. [REDACTED] works from 10:00PM to 6:00AM on Friday, Saturday, and Sunday so both children stay with the father at that time. [REDACTED] was off of work on Friday and Saturday of this week. On Friday [REDACTED] went to work and got there at about 10:10PM and stated that [REDACTED] was fine when she left for work that night. When [REDACTED] arrived home from work at about 8:00AM on Saturday the father, [REDACTED], informed her that [REDACTED] had been spitting up her formula and crying a lot. The parents contacted the 24 hour nursing line at [REDACTED] Hospital and were told that spitting up is normal and as long as [REDACTED] has four urinated diapers per day then she is not dehydrated. The family was told to hold [REDACTED] up when feeding her so that she can spit up if needed and this may also help her keep the formula down. Saturday morning when [REDACTED] changed [REDACTED] clothing she observed a linear bruise on her abdomen. [REDACTED] also observed red splotches covering [REDACTED] face and forehead. [REDACTED] referred to these red splotches appeared like "hickies". [REDACTED] stated that [REDACTED] asked [REDACTED] if he had observed the bruise or new what it was from and he stated he was not aware of the bruise. [REDACTED] had a scheduled doctor's appointment on Thursday March 13, 2014 so the family was going to address all their concerns on that date. The spitting up continued throughout Saturday and Sunday but she was not as fussy on those days. Monday morning, [REDACTED] fed [REDACTED] her normal 4 ounce bottle and she sat her in her bouncer. [REDACTED] began hearing a gargling sound and went to check on [REDACTED]. [REDACTED] stated that [REDACTED] appeared fine she was just crying at this time so [REDACTED] was trying to console her. While holding [REDACTED], [REDACTED], felt [REDACTED] start twitching and observed her arm stiff held straight out and her fist clenched tightly. [REDACTED] contacted the 24 hour nursing line again and they advised the parents to bring [REDACTED] to the pediatrician's office at 11:00AM on that day, Monday March 10, 2014.

The parents have been together for the past four years and [REDACTED] is the father of both children. [REDACTED] stated she had a lot of issues with her pregnancy with [REDACTED] and had to take her maternity leave early. [REDACTED] stated she often felt as if [REDACTED] was having seizures inside her stomach because of all the movement and she expressed these concerns to her doctor at [REDACTED]. [REDACTED] also kept expressing concerns to nursing staff regarding [REDACTED] twitching after she was delivered. The parents were excited about the pregnancy because after [REDACTED] was born they were told they may not have any more children since [REDACTED] had to have surgery and now has only one ovary. [REDACTED] is from [REDACTED] and she moved to [REDACTED] four years ago and that is when she met [REDACTED] who is from [REDACTED]. The only family in town is [REDACTED] aunt [REDACTED] whom the family



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

rarely sees. There have been domestic disputes between the parents before and both of them have gone to jail due to the domestic violence. [REDACTED] has a extensive juvenile record in the state of [REDACTED] that includes multiple charges for possession of Meth. [REDACTED] states she has been clean since moving to [REDACTED] but admitted to smoking Marijuana. [REDACTED] stated the only criminal history [REDACTED] has is a DUI and he does not use any drugs. [REDACTED] stated that their daughter [REDACTED] loves her father and she feels he is a good father. When [REDACTED] has to be disciplined she is usually put in the corner, or she has been tapped on the bottom with a belt. They have never had to discipline [REDACTED] because she is a baby. The family has a Boxer puppy that is approximately 7-8 months old. [REDACTED] does not think her daughter or the dog could have caused these injuries to [REDACTED]. [REDACTED] stated they have caught [REDACTED] attempting to pick [REDACTED] up one time they believe but that is it. The dog is usually caged or not allowed to jump around the baby. [REDACTED] states she has no clue how this happened to her baby. [REDACTED] completed a drug screen on [REDACTED] and she tested positive for Marijuana only.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/10/2014	Contact Method:	
Contact Time:	04:50 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/20/2014
Completed date:	03/20/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/20/2014 04:02 PM Entered By: [REDACTED]

The Department of Children's Services received the referral on March 10, 2014 and this CPSI received the referral on March 10, 2014 as a response priority 1 regarding physical abuse.



Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/10/2014 Contact Method: Face To Face
 Contact Time: 09:17 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 03/20/2014
 Completed date: 03/20/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,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: 03/20/2014 03:53 PM Entered By: [REDACTED]

[REDACTED] and Detective [REDACTED] interviewed [REDACTED] at [REDACTED] Hospital on March 10, 2014. According to [REDACTED], he is employed at the [REDACTED] in [REDACTED] and works different shifts each week. [REDACTED] stated his daughter [REDACTED] never spat up her formula so when [REDACTED] started doing this it was new to them and very concerning. This past week [REDACTED] was off work on Friday and Saturday so he stayed at home and watched both the children while the mother, [REDACTED] was at work. On Friday, [REDACTED] went to work at about 9:55PM and everything was fine. That day the family had went to the WIC office and ran other errands. [REDACTED] was perfectly fine the whole day. At night [REDACTED] sleeps in a [REDACTED] basket in the middle of the parent's bed. [REDACTED] and [REDACTED] did not go to bed until approximately 1:00AM on Saturday morning. The family feeds [REDACTED] 4 ounces each bottle and they use the Gerber in the Orange can every 2-3 hours. [REDACTED] was up and down all Friday night into Saturday morning. [REDACTED] stated he had to constantly keep waking up to make sure [REDACTED] was sleeping and not up playing with toys or wondering. He was also having to wake up and feed [REDACTED] throughout the night. [REDACTED] noticed the spit up for the first time at about 3:00AM on Saturday morning so he changed her clothing and attempted to feed her some more but she spat up again. [REDACTED] cannot remember if he contacted [REDACTED] to let her know that he was concerned about [REDACTED]. He stated [REDACTED] may have called him but he was not available to talk due to caring for the children. [REDACTED] stated the family contact the 24 hour nursing line on Saturday to report their concerns. [REDACTED] stated when [REDACTED] got home on Saturday morning that is when they noticed the bruise on [REDACTED] abdomen. [REDACTED] stated he knows that he did not drop [REDACTED] or hit her head on anything. [REDACTED] stated that [REDACTED] probably spat up four times on Saturday. The family was at home the whole day and the maintenance man came to the home to fix their light switch [REDACTED] went to work again on Saturday evening and [REDACTED] stayed home with the children again. [REDACTED] never ran a fever and never had a runny nose or anything. [REDACTED] was not crying as much on Saturday night or Sunday night. On Sunday [REDACTED] went to work at 7:00AM until approximately 6:00PM. Neither of the children have been hospitalized in the past or ever been to the emergency room. At 9:30AM this morning, Monday March 10, 2014, [REDACTED] arm stiffened up sticking straight out and her fist was clinched. [REDACTED] heard a gargling sound coming from [REDACTED] also after being fed. They contacted the 24 hour nursing line again and were told to have her at the pediatrician at 11:00AM. [REDACTED] stated they arrived at the hospital at approximately 10:45AM. [REDACTED] became very emotional during the interview stating he is a good father and has watched their daughter [REDACTED] every night since she was born. [REDACTED] stated he does not know how this happened. There is no one else around except the mother, father, sister, and the dog. [REDACTED] administered a drug screen on [REDACTED] and he was negative for



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

all substances. [REDACTED] stated the only criminal history is a DUI and a domestic violence dispute with [REDACTED]. The family are doing fine financially all their bills are paid. They are not currently on any assistance except for WIC.

Narrative Type: Addendum 1 Entry Date/Time: 03/20/2014 04:02 PM Entered By: [REDACTED]

This interview took place in the evening.