



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 05/14/2014 05:55 PM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 05/14/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 05/15/2014 10:46 AM  
First Team Leader Assigned: [REDACTED] Date/Time 05/16/2014 12:00 AM  
First Case Manager [REDACTED] Date/Time 05/16/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs	Lack of Supervision	No	[REDACTED]	None
[REDACTED]	2 Yrs	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	None

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
Referent Address: [REDACTED]  
Referent Phone Number: [REDACTED]  
Type of Contact: I-3 Phone  
Notification: None  
Narrative: TFACTS:

Family Case IDs: None  
Open Court Custody/FSS/FCIP None  
Closed Court Custody None  
Open CPS - None  
Substantiated None  
Death None  
Screened out None  
History (not listed above): None

DUPLICATE REFERRAL: None



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

County: [redacted]
Notification: None
School/ Daycare: Unknown
Native American Descent: N/A
Directions: None given.
Note: Address, demographics and applicable phone numbers are listed under the oldest child; [redacted]

Reporter's name/relationship: [redacted]

Reporter states:
[redacted] (m/4) and [redacted] (m/ 7 months) reside in the care of their mother [redacted]
in [redacted] County [redacted] is the best friend of [redacted] who resides in [redacted] County.

[redacted] was transported to the hospital on May 14, 2014 at approximately 5pm. [redacted] is in emergency surgery at
[redacted] Hospital to evacuate a bleed in his brain. It is believed to be caused by acute trauma.

[redacted] advised she received a call from her best friend [redacted] who was babysitting the child during the
day of intake. [redacted] was advised the baby would not wake up. When [redacted] met with [redacted] was
lethargic and unresponsive. He was driven straight to [redacted] Hospital by his mother [redacted]

[redacted] may die due to the complications of head trauma. [redacted] will be finished with surgery from the time of
intake to 9:30pm. It is unknown if he will die at the time of intake.

There is another child in [redacted] home at the time of intake; [redacted] (m/2). No other information was known
at the time of intake.

The child has no special needs or disabilities.
Sex Offender Registry: None
Child's current location/is the child safe at this time: [redacted] Hospital
Perpetrator's location at this time: Unknown
Any other safety concerns for the child(ren) or worker who may respond: None

Per SDM: Investigative Track, P1. [redacted] CM1 on 05/14/2014 @ 6:20pm

\*Note: Immediate assistance requested by medical personnel.

Notified Child Death/Child Near Death Notification Group via Email:
[redacted]

Paged County @ 7:00 PM

[redacted] 05-14-14 19:07:27 05-14-14 19:08:03 mobile phone
Received
05-14-14 19:07:27 --- [redacted] Email Sent



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: 3 Yrs (Est)

Address [REDACTED]

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: [REDACTED] Race: Unable to Age: 25 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact [REDACTED]

Contact Type: CELL

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: [REDACTED] Race: White Age: 25 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 2 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:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** White      **Age:** 6 Yrs

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**Contact Comments:** Mother

**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] Investigation ID: [Redacted]
Referral Date: 05/14/2014 Assignment Date: 05/16/2014
Street Address: [Redacted]
City/State/Zip: [Redacted]

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 3 rows of allegations including Medical Maltreatment, Lack of Supervision, and Physical Abuse.

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: The child [Redacted] is living at home safe with his birth Mother [Redacted]

D. Case Workers

Case Worker: [Redacted] Date: 08/15/2014
Team Leader: [Redacted] Date: 08/15/2014

E. Investigation Summary

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

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

On 05/14/2014 ACV [Redacted] age 7 months presented to [Redacted] Hospital emergency room with "brain bleed" the child was admitted immediately and went into surgery to evacuate the bleeding at about 530pm on that same day. CPSI observed ACV at 1000pm that evening he was in surgery until 930pm and was taken to pediatric intensive care room [Redacted]

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

On 05/21/2014 at 930am Care Team meeting convened and Dr. [REDACTED] reported ACV [REDACTED] had a hemodural (blood clot) on the top of his brain and a subdural beneath the brain. She reported they were so big they looked like a placenta when removed. The Doctor reported the injury is highly concerning and is not consistent with the AP/babysitters explanation of hitting his head on the wall while sleeping. The Doctor said she can not say it was abuse however it did not happen the way the AP explained it.

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

On 05/14/2014 the AP [REDACTED] reported, "I don't know what happened to cause the injury; while we were sleeping I heard him roll and bang his head into the wall but he rolled back and went back to sleep."

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

[REDACTED] (m/4) and [REDACTED] (m/ 7 months) reside in the care of their mother [REDACTED] in [REDACTED] County. [REDACTED] is the best friend of [REDACTED] who resides in [REDACTED] County. [REDACTED] was transported to the hospital on May 14, 2014 at approximately 5pm. [REDACTED] is in emergency surgery at [REDACTED] Hospital to evacuate a bleed in his brain. It is believed to be caused by acute trauma. [REDACTED] advised she received a call from her best friend [REDACTED] who was babysitting the child during the day of intake. [REDACTED] was advised the baby would not wake up. When [REDACTED] met with [REDACTED] was lethargic and unresponsive. He was driven straight to [REDACTED] Hospital by his mother [REDACTED]. [REDACTED] may die due to the complications of head trauma. [REDACTED] will be finished with surgery from the time of intake to 9:30pm. It is unknown if he will die at the time of intake. There is another child in [REDACTED] home at the time of intake; [REDACTED] (m/2). No other information was known at the time of intake.

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

The Department of Children Services received a referral on 05/14/2014 with the allegation of Physical Abuse and Lack of Supervision to [REDACTED] 7 months, against alleged perpetrator and babysitter [REDACTED]. The case was assigned to CPS Investigator [REDACTED] 05/14/2014. ACV presented to [REDACTED] emergency room with brain bleed. The Care Team doctors report the injury was obtained while in the babysitters care and is highly concerning. They agree the AP explanation is not consistent with the injury but they will not say it was abuse. The case is being classified as ASPS perpetrator unknown for Physical abuse allegation. AP said, "the baby hit his head on the wall while sleeping; I don't know what happened to the baby to cause the injury." AP did not seek medical attention for ACV between 230pm and 430pm; injury was fatal. The case for AP [REDACTED] is classified ASPS for allegations of Lack of Supervision and CPSI added Medical Maltreatment. IPA is in place on AP's 2 year old son [REDACTED] until investigation is completed. AP completed Parenting assessment and is taking parenting classes. ACV is living at home safe with his birth Mother [REDACTED].

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: 08/29/2014

Contact Method:

Contact Time: 09:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/29/2014

Completed date: 08/29/2014

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: 08/29/2014 10:33 AM Entered By: [REDACTED]

Transfer Meeting 08/29/2014 @ 915am

CPSI [REDACTED] met with CPSA [REDACTED], his Supervisor [REDACTED] AP [REDACTED] Safety Placement [REDACTED] and [REDACTED] along with AP's attorney [REDACTED] and GAL [REDACTED] both on conference call to transfer this companion Family case to long term for services. The IPA was renewed until October 1, 2014 the same day as the trial court date; DCS Attorney is [REDACTED] will argue the case. AP/ [REDACTED] is in week 5 of an 8-week course for Parenting Classes at [REDACTED] she is paying for the classes herself. This case was successfully transferred from this CPSI to CPSA [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:	08/25/2014	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/29/2014
Completed date:	08/29/2014	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: 08/29/2014 10:30 AM      Entered By: [REDACTED]

Safety Wellness Check 08/25/2014 @ 100pm

CPSI [REDACTED] observed [REDACTED] age 2, with his Mother AP [REDACTED] and her safety placement supervisor [REDACTED] her grandmother. [REDACTED] appeared happy and healthy he said Hello to CPSI [REDACTED] he was not talkative as he was preoccupied playing with a toy. He was appropriately dressed for the summer weather in shorts and a t-shirt. He had no visible scars, marks or bruises. Mother and Grandmother expressed no concerns to CPSI [REDACTED] The case is set to transfer to non-custodial long term assessment Friday 08/29/2014 at 9am.



**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: 08/15/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/15/2014

Completed date: 08/15/2014

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: 08/15/2014 04:32 PM      Entered By: [REDACTED]

08/15/2014

The case is approved for closure. There is a pending Petition against [REDACTED] and a current IPA in place. The [REDACTED] case will be transferred for non-custodial services and Court monitoring.



**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: 08/10/2014

Contact Method:

Contact Time: 10:42 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/10/2014

Completed date: 08/10/2014

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: 08/10/2014 10:43 AM Entered By: [REDACTED]

Closing Summary 08/10/2014 @ 1042

The Department of Children Services received a referral on 05/14/2014 with the allegation of Physical Abuse and Lack of Supervision to [REDACTED] 7 months, against alleged perpetrator and babysitter [REDACTED]. The case was assigned to CPS Investigator [REDACTED] 05/14/2014. ACV presented to [REDACTED] emergency room with brain bleed. The Care Team doctors report the injury was obtained while in the babysitters care and is highly concerning. They agree the AP explanation is not consistent with the injury but they will not say it was abuse. The case is being classified as ASPS perpetrator unknown for Physical abuse allegation. AP said, "the baby hit his head on the wall while sleeping; I don't know what happened to the baby to cause the injury." AP did not seek medical attention for ACV between 230pm and 430pm; injury was fatal. The case for AP [REDACTED] is classified ASPS for allegations of Lack of Supervision and CPSI added Medical Maltreatment. IPA is in place on AP's 2 year old son [REDACTED] until investigation is completed. AP completed Parenting assessment and is taking parenting classes. ACV is living at home safe with his birth Mother [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 08/15/2014 03:49 PM Entered By: [REDACTED]

07/31/2014

The case was presented to CPIT and it was agreed classify the allegations of Physical Abuse and lack of Supervision against [REDACTED]. [REDACTED] will be classified as alleged perpetrator unknown and allegation substantiated. [REDACTED] will be substantiated for medical maltreatment.



**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:	08/09/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/09/2014
Completed date:	08/09/2014	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**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/09/2014 06:13 PM      Entered By: [REDACTED]

ACV Observation 08/09/2014 at 10am

CPSI observed ACV [REDACTED] at his home in [REDACTED] County at [REDACTED] on [REDACTED]. ACV [REDACTED], he was at home appropriately dressed and well groomed the home is appropriate and has all safety equipment (smoke detectors and extinguisher) and adequate bedding for the child; there were no new scars, bruises or mark's visible. ACV/Mom had no concerns to report to CPSI.



**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:	07/31/2014	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	08/09/2014
Completed date:	08/09/2014	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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/09/2014 06:02 PM      Entered By: [REDACTED]

CPIT Team Meeting 07/31/2014 @ 2pm

This CPSI presented this case at CPIT and the team agreed with classification ASPS (perpetrator Unknown). This case wont' be prosecuted and services will not be recommended. See CPIT form attached to file. Medical Neglect was added to AP [REDACTED] and the team agreed with classification ASPS. This case will be prosecuted and services have been recommended and accepted. AP [REDACTED] completed a parenting assessment on 06/09/2014 and she is currently taking parenting classes as a result.



**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: 07/16/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 08/09/2014

Completed date: 08/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/09/2014 06:07 PM Entered By: [REDACTED]

Notation 07/16/2014 @ 1pm

Settlement Court hearing was held at Juvenile Court, CPSI [REDACTED] ACV/Mother [REDACTED] AVC/Father [REDACTED] AP [REDACTED] Safety Placement [REDACTED] and [REDACTED] were all in attendance, including assigned Lawyers and GAL's. The trial was scheduled for Wednesday October 1, 2014 at 830am for all-day.



**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: 07/16/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 08/09/2014

Completed date: 08/09/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/09/2014 06:11 PM Entered By: [REDACTED]

ACV Observation 07/16/2014 @ 1pm

CPSI observed [REDACTED] while at Juvenile Court [REDACTED]. He was dressed appropriately for the weather and appeared happy and healthy. His maternal grandmother [REDACTED] was holding him and he was smiling. His stitches appeared to be healed and he did not have any helmet or hat on. He had no additional scars, marks or bruises visible.



**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:	07/16/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	08/19/2014
Completed date:	08/19/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Notation		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/19/2014 12:25 PM      Entered By: [REDACTED]

Safety Wellness Check 07/16/2014

CPSI observed ACV [REDACTED] at Settlement Court hearing at Juvenile Court, [REDACTED]. The child appeared happy and healthy, dressed appropriately for the weather and no current visible, scars, marks or bruises. A manual closing SDM is attached to the file with the safety decision Safe. ACV [REDACTED] [REDACTED] is living at home safe with his Mother [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:	06/23/2014	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	08/09/2014
Completed date:	08/09/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/09/2014 06:05 PM      Entered By: [REDACTED]

Notation 06/23/2014 @ 830am

Preliminary Hearing was held at Juvenile court; CPSI [REDACTED] ACV/Mother [REDACTED] AVC/Father [REDACTED] [REDACTED], Safety Placement [REDACTED] and [REDACTED] were all in attendance, Lawyers and GAL's were assigned accordingly. Settlement court was scheduled for 1pm Wednesday July 16, 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: 06/12/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 08/09/2014

Completed date: 08/09/2014

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: 08/09/2014 06:00 PM Entered By: [REDACTED]

CPIT Team Meeting 06/12/2014 @ 1pm

CPIT team was Reset due to DA requesting polygraphs be done on AP [REDACTED] and ACV/Mother [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:	06/10/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/09/2014
Completed date:	08/09/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/09/2014 06:10 PM      Entered By: [REDACTED]

ACV Observation 06/10/2014 @ 1pm  
 CPSI [REDACTED], Supervisor) completed courtesy Safety and Wellness Check and home visit in [REDACTED] County at [REDACTED] on ACV [REDACTED] he was at home appropriately dressed and well groomed the home is appropriate and has all safety equipment (smoke detectors and extinguisher) and adequate bedding for the child; there were no new scars, bruises or mark's visible. ACV/Mom had no concerns to report to CPSI.



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: 06/09/2014

Contact Method: Face To Face

Contact Time: 07:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/09/2014

Completed date: 08/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/09/2014 06:04 PM      Entered By: [REDACTED]

Notation 06/09/2014

[REDACTED] completed Parenting assessment as requested by DCS. Recommendations were for AP [REDACTED] to complete parenting classes. CPSI called [REDACTED] and she agreed to enroll in parenting classes. Parenting Assessment results 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: 05/28/2014

Contact Method:

Contact Time: 04:36 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/09/2014

Completed date: 08/09/2014

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: 08/09/2014 05:59 PM Entered By: [REDACTED]

Notation 05/28/2014 Phone Call @ 436pm-446pm

CPSI talked to [REDACTED] Social Worker [REDACTED] she reported, " the hospital is going to discharge ACV [REDACTED] this afternoon, that the plan to send him to rehab in [REDACTED] has changed because ACV was doing remarkably better than they expected, although they cannot be sure of the future. [REDACTED] will be going home without bone flap on his head; he has a helmet and is scheduled for surgery on June 14, 2014 to put the bone flap in place. He will probably spend one night in ICU to put the bone flap back in with titanium, until the skull heals normally. There is no way to know for sure if he's going to have and deficits. Mom seems to be coping well. Medical said it could have been an accident but it wasn't the story she told along with the delay in seeking care.



**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:	05/23/2014	Contact Method:	
Contact Time:	01:18 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/09/2014
Completed date:	08/09/2014	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: 08/09/2014 05:57 PM      Entered By: [REDACTED]

Notation 05/23/2014 Follow-Up Phone Call @ 118pm- 124pm

CPSI spoke to ACV/Mother [REDACTED] to follow up on ACV's progress. ACV/Mother reported, "He's getting better and will be going to Rehab in [REDACTED]. They will be taking his feeding tube out today. The doctors said it wasn't medical, it wasn't like somebody beat him because his skull wasn't cracked; they said they may never know what happened.



**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:	05/21/2014	Contact Method:	
Contact Time:	09:25 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	08/09/2014
Completed date:	08/09/2014	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: 08/09/2014 05:54 PM      Entered By: [REDACTED]

Collateral Interview Care Team 05/21/2014 at 925am

Dr [REDACTED] reported, "ACV [REDACTED] had an enormous hemodural, it looked like a placenta it was so big, along with a subdural. ";Which in laymen's terms means he had two big blood clots one on top and one underneath the brain and they were bleeding. The Dr. stated, Here's the thing something happened that caused the injury it didn't happen from bumping his head on the wall or falling off the bed. I can't say if it's abuse or not but its highly concerning.



**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: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/10/2014

Completed date: 08/10/2014

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: 08/10/2014 09:42 AM Entered By: [REDACTED]

Child Protective Service, Investigator: [REDACTED]

Case Name: [REDACTED]

Victim's Name: [REDACTED] 7 months

Household Composition includes:

Birth Mother: [REDACTED]

Child/ren: [REDACTED], 7 months and [REDACTED] 4 years

The family is not of Native American Descent.

TFACTS History: None found.

Local [REDACTED] County Background Search Results: None found

All interviews will be conducted on an individual basis and in a private setting.

The Department of Children Services received a referral on 05/14/2014 with the allegation of Lack of Supervision and Physical Abuse to [REDACTED] against alleged perpetrator and babysitter [REDACTED]. The case was assigned to CPS Investigator [REDACTED] this day. "Daily notice of the referral and classification pursuant to 37-105 sent to Juv. Ct, Law Enforcement as applicable." Per Local protocol...

In order to engage the family, CPSI [REDACTED] explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment approach. CPSI [REDACTED] explained all forms and engaged the family during the paperwork process. The birth mother signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPPA) Acknowledge form, Notice of Equal Access to Programs and Services, and no Release of Information forms were needed. CPSI [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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**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:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/09/2014
Completed date:	08/09/2014	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: 08/09/2014 05:52 PM      Entered By: [REDACTED]

Notation 05/15/2014 @ 2pm

CPSI called ACV/Mother [REDACTED] to check on her son ACV [REDACTED] Mom reported, "Doctors completed a C.T scan this morning, there is no more blood clots and no more bleeding in his brain, and she talked to Dr. [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: 01:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/20/2014  
 Completed date: 08/20/2014 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/20/2014 12:19 PM Entered By: [REDACTED]

Initial Case Summary Companion Family Case/AP

Child Protective Service, Investigator: [REDACTED]

Case Name: [REDACTED]

Victim's Name | [REDACTED] 7 months

Household Composition includes:

Birth Mother: [REDACTED]

Child: [REDACTED], 2

Maternal Grandfather: [REDACTED]

Maternal Grandmother: [REDACTED]

The family is not of Native American Descent.

TFACTS History: None found.

Local [REDACTED] County Background Search Results: None found

All interviews will be conducted on an individual basis and in a private setting.

The Department of Children Services received a referral on 05/14/2014 with the allegation of Physical Abuse and Lack of Supervision to [REDACTED] against alleged perpetrator and babysitter [REDACTED]. The case was assigned to CPS Investigator [REDACTED] this day. "Daily notice of the referral and classification pursuant to 37-105 sent to Juv. Ct, Law Enforcement as applicable." Per Local protocol...





## 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: 05/14/2014 Contact Method: Face To Face  
 Contact Time: 11:35 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 08/09/2014  
 Completed date: 08/09/2014 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: 08/09/2014 05:32 PM Entered By: [REDACTED]  
 Alleged Perpetrator Interview 05/14/2014 @1135pm-1223am

CPSI [REDACTED] interviewed alleged perpetrator and babysitter [REDACTED] 23, DOB [REDACTED] at [REDACTED]. AP [REDACTED] reports she lives with her birth Mother and birth father [REDACTED] and [REDACTED] at [REDACTED] along with her son [REDACTED] age 2 years old, DOB [REDACTED] AP [REDACTED] reported her mother [REDACTED] is out-of-town in [REDACTED] today to visit her father who is dying. AP [REDACTED] reports her father [REDACTED] is at home and her son [REDACTED] is with his birth father [REDACTED] 23, DOB [REDACTED] who resides at [REDACTED] phone number [REDACTED] AP [REDACTED] reported, "She dropped him off in his car seat still strapped in; I got up let her in; opened the door at 745am. I got him out of his car seat, we sat on the bed; [REDACTED] was laying beside us asleep. [REDACTED] woke up at 830ish we (all) went into the living room and I placed ACV [REDACTED] in the walker and [REDACTED] was at his table; I went in to the kitchen and made [REDACTED] a bowl of cereal. No one was watching them when I went in to the kitchen then I made [REDACTED] a bottle around 930am. He finished the bottle around 10am and I burped him; we layed down on a blanket on the floor after that I picked him up and put him in his bouncy chair; they watched Barney. I picked up [REDACTED] and put him in the bed; I told [REDACTED] to follow me I put [REDACTED] in the bed by the wall, I was in the middle and [REDACTED] was on the right. [REDACTED] rolled over when he was sleeping I heard his head bang on the wall the he just rolled over and went back to sleep. [REDACTED] woke up at 2pm; I tried to wake [REDACTED] up at 230pm. I stood him up and his head just fell, his eyes were open but he wasn't responding to my voice; his legs and arms were moving and he was breathing fine he just wasn't responding to my voice, because his head kept falling down and he wouldn't hold his head up to look at me. So I took him in the living room laid him on the couch changed his diaper and his clothes but I knew something was wrong because he wouldn't cry or nothing; he usually cries." AP [REDACTED] continues, "when I was in the waiting room at the hospital at 445pm or 5pm [REDACTED] said do you think we should tell them he fell off the couch on Sunday (Mother's Day), she said it out loud in front of me and [REDACTED] Mom's husband. He said baby's fall off the couch all the time; so I told the Detectives that it happened and she told me that, that's not something that would cause this damage." AP [REDACTED] Father [REDACTED] arrived and we went to pick up AP's son [REDACTED] then we went to AP's residence 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: 05/14/2014 Contact Method: Face To Face  
 Contact Time: 10:30 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 08/09/2014  
 Completed date: 08/09/2014 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: 08/09/2014 05:31 PM Entered By: [REDACTED]  
 Collateral Interview 05/14/2014 @ 1030pm

CPSI arrived to alleged perpetrator [REDACTED] job at [REDACTED] When CPSI arrived Detective [REDACTED] and [REDACTED] were standing outside with AP when I pulled up they all got into the detectives car. After they finished Detective [REDACTED] told CPSI [REDACTED] "AP [REDACTED] reported ACV was fine all day, he took a bottle; she lays in the bed with her son and [REDACTED] at 12 noon; at about 130pm [REDACTED] rolled over against the wall then rolled back over; she tries to get him up about 230pm tkes him to the living room to change his diaper; he wasn't responding. [REDACTED] called her Mom, out-of-state; Mom told her if she can't get in touch with Mom, you have to take the baby to the hospital." The detectives left at 1115pm and [REDACTED] went inside Sonic to count her drawer so that the other employees could go home.



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: 05/14/2014

Contact Method: Face To Face

Contact Time: 10:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/09/2014

Completed date: 08/09/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/09/2014 05:50 PM      Entered By: [REDACTED]

ACV Observation 05/14/2014 @ 1000pm

CPSI observed ACV [REDACTED] in the pediatric intensive care unit room [REDACTED]. He was sedated and asleep directly following surgery. The doctors are still not certain he will make it through the night.



**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:	05/14/2014	Contact Method:	Face To Face
Contact Time:	09:54 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	08/09/2014
Completed date:	08/09/2014	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: 08/09/2014 05:29 PM      Entered By: [REDACTED]

Collateral Interview 05/14/2014 @ 954pm

CPSI and Detective talked to the Surgeon who stated, "I am actually not privileged to say (anything about the surgery), I relieved the nurse that left at 7pm. Dr. [REDACTED] can give you details of the surgery; talk to Dr [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: 05/14/2014 Contact Method: Face To Face
Contact Time: 09:21 PM Contact Duration: Less than 01 Hour
Entered By: [Redacted] Recorded For:
Location: Hospital Created Date: 08/09/2014
Completed date: 08/09/2014 Completed By: [Redacted]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

[Redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2014 05:28 PM Entered By: [Redacted]

Parent Interview 05/14/2014 @ 921pm

ACV/Birth Mother [Redacted] reported she has full custody of her sons ACV [Redacted] 7 months, and [Redacted] age 4. [Redacted] reports [Redacted] Dad hasn't seen him since before Christmas last year and my Mom, [Redacted] keeps him on the weekends; 4 year old [Redacted] was with my dad during the day. [Redacted] reported, she was running late this morning; that she'd gotten up around 6am, I normally get up at 530am; [Redacted] woke up at 4am and went back to sleep; [Redacted] had stayed the night with my Dad, [Redacted] which was Tuesday; [Redacted] normally stays the nights with me and stays with my dad during the days; I left around 640am -650am; I stopped to get gas; [Redacted] my brothers girlfriend rides into work with me. I got to [Redacted] around 740am; she got up answered the door; [Redacted] was awake and alert he was fine; I text her around 11am and asked how [Redacted] was doing, she said, Good taking a nap with [Redacted] I'm glad it's only them two today; normally she keeps her cousin. [Redacted] continues reporting [Redacted] said [Redacted] is loving all over him [Redacted] said I went ion lunch at 1110am we are not supposed to have our phones at work; [Redacted] was texting me at 3pm telling me [Redacted] is not alert and he's not breathing; I had to take my son to his Daddy. [Redacted] said to [Redacted] he was asleep at 1140am and you're calling me around 3 saying something's wrong with him he's not alert, you was changing his diaper; he's not alert but he's breathing; I'm dropping my son at his Dad's , (because she had to go to work). [Redacted] said, I couldn't stop crying, my sister went with me, we work together, her name is [Redacted]; I told my friend [Redacted] to get the phone because I was crying; she said to meet us at Kroger; we left my sisters car for [Redacted] to get home; we pulled into Kroger and [Redacted] was pumping gas. She got in her car, it was just her and my baby, she pulled into a parking spot and we pulled in behind her. I got my baby out of her car; I got the car seat base and put it in my car; [Redacted] was real, real, pale, drooling, his eyes rolling in back of his head, he was holding my finger really tight. The doctor came into the room and asked, what happened?" I said I don't know so I gave the phone to her (doctor) I heard [Redacted] say over the phone [Redacted] fell off the bed. [Redacted] reported, [Redacted] sons name is [Redacted] he's two years old; I woke her up the only time I talked to her today was this morning; my Mom drops [Redacted] off on Thursdays; I normally drop him off at 730am, but this morning I was running late, it was about 740am. [Redacted] works at [Redacted] by [Redacted] drops him at my Moms when she works at night, my Mom lives at [Redacted] states, He was awake when I dropped him off, he was jabbering all the way so he was wide awake; I dropped off his bag with a bottle and some baby food; he ate at 4am-430am this morning a full bottle 4-5 ounces; he eats a whole jar of baby food; I've known [Redacted] since we were kids; I never had to talk to her about feeding him she feeds him when



**Tennessee Department of Children's Services**

**Case Recording Summary**

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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he's hungry; he cries and she feeds him. The baby had two blood clots one on the side and one under the brain; I don't think she would hurt him deliberately but something happened more than she's saying. She went to work because I didn't want her here at the hospital. She started calling me at 312pm and ending at 321pm I have 7 missed calls in the call log on my phone; I called her back from the work phone at 321pm.



**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: 05/14/2014

Contact Method: Face To Face

Contact Time: 08:20 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

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

Contact Type(s): 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: 06/26/2014 09:35 AM Entered By: [REDACTED]

Initial ACV Observation/Parent Interview 05/14/2014 @ 820pm

Response time met. Case notes to follow.



**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:	05/14/2014	Contact Method:	Face To Face
Contact Time:	08:20 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	08/09/2014
Completed date:	08/09/2014	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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/09/2014 05:20 PM      Entered By: [REDACTED]

CPIT Convened 05/14/2014 @ 820pm

CPSI [REDACTED] Arrived to [REDACTED] Hospital, [REDACTED] responding to a referral to the department for Lack of Supervision and Physical Abuse. Upon arrival CPSI [REDACTED] met with Detective [REDACTED] and Detective [REDACTED]. Detective [REDACTED] reported, "They are done with the evacuation; they are stitching him up; we don't know if he's going to make it." Detective [REDACTED] reported she and Detective [REDACTED] would interview ACV Mom [REDACTED] and then they will talk to AP/Babysitter [REDACTED] tonight. Detective reported ACV/Mom has a 4 year old son; that the AP/Babysitter called ACV/Mom at 330pm and told her the ACV/baby was unresponsive since 100pm; that the AP/Babysitter told Dr. [REDACTED] that the baby rolled between the mattress and wall; ACV/Mom [REDACTED] DOB [REDACTED] employed at [REDACTED] lives at [REDACTED] ACV/Dad is [REDACTED] DOE [REDACTED] cell# [REDACTED], and lives at [REDACTED] employed by [REDACTED] AP/Babysitter [REDACTED] lives at [REDACTED] Detective reported she believes the AP/Babysitter is a white female but she is not sure.