



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 05/15/2014 02:37 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 3
Screened By: [REDACTED]
Date Screened: 05/15/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 05/15/2014 04:23 PM
First Team Leader Assigned: [REDACTED] Date/Time 05/12/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 05/12/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 1 Mos	Physical Abuse	Yes	[REDACTED]	Birth Father
[REDACTED]	2 Yrs 1 Mos	Physical Abuse	Yes	[REDACTED]	Birth Mother

Preliminary Near Death: [REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: [REDACTED]
Open Court Custody/FSS/FCIP No
Closed Court Custody no
Open CPS - [REDACTED] ENN, LOS, PHA/ 5-10-14 [REDACTED] and supervisor [REDACTED]
Substantiated No
Fatality No
Screened out 0
History (not listed above):

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: None
School/ Daycare: Unknown



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

Native American Descent: None

Directions: None

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

Reporter states: [REDACTED] (2 months old) lives with his mother, [REDACTED] and his father, [REDACTED].

Law enforcement was called to the home last Friday, 5-9-14, due to concerns with [REDACTED]. Upon arriving, EMS checked [REDACTED] vitals and he appeared to be fine. There were not any visible marks or bruises on [REDACTED].

EMS thought that something about [REDACTED] eyes looked "off" and his skin was discolored. They sent [REDACTED] to [REDACTED] hospital for precautionary testing.

After having testing done, it was found that [REDACTED] had an acute stroke. [REDACTED] was apneic and had to be incubated. The medical staff stated that [REDACTED] was at high risk for seizures. [REDACTED] had a spinal cord injury and a subdural hematoma on the right side of his brain with a midline shift.

[REDACTED] presented with concern of non-accidental trauma. The care team, including Dr. [REDACTED] met and reviewed the information and stated that it would not be consistent with the father's story. [REDACTED] had stated that he fell while holding [REDACTED] and [REDACTED] head his [REDACTED] chin. [REDACTED] has been in the hospital for almost a week and he is still not in a stable condition for additional testing. The care team stated that this was a near-death and that this would have been caused by shaking or slamming [REDACTED]. The care team stated that this was classified as non-accidental trauma.

There are not any other children in the home.

LE Report [REDACTED]

Note: This report is being screened in as a P3 as a preliminary near death. The current open case is with [REDACTED].

The child has no special needs or disabilities that the referent is aware of.

Per SDM: Investigative Track, P3

[REDACTED] CM2 @ 307pm on 5-15-14.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 2 Yrs 1 Mos

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: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name:
Referral Date: 05/15/2014
Street Address:
City/State/Zip:

Investigation ID:
Assignment Date: 05/12/2014

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 3 rows of allegation data.

Preliminary Near Death:

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Case is being closed as ASPS for allegations of severe physical abuse perpetrated by [redacted] against [redacted] and ASPS for allegations of severe lack of supervision perpetrated by [redacted] against [redacted] as enough evidence was found to support the allegations.

D. Case Workers

Case Worker:
Team Leader:

Date: 06/05/2014
Date: 06/07/2014

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:

- Completed 06/05/2014 - Correspondence Notification of Classification
Completed 06/05/2014 - Case Summary
Completed 06/04/2014 - Face To Face CPIT (Child Protective Investigative Team)



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]

Completed 06/02/2014 - Correspondence Collateral Contact

Completed 05/30/2014 - Face To Face Alleged Perpetrator Interview; Collateral Contact; Parent/Caretaker Interview

Completed 05/30/2014 - Correspondence Collateral Contact

Completed 05/28/2014 - Face To Face Alleged Perpetrator Interview; Collateral Contact; Court Hearing; Parent/Caretaker Interview

Completed 05/23/2014 - Correspondence Collateral Contact

Completed 05/21/2014 - Face To Face ACV Interview/Observation; Collateral Contact

Completed 05/21/2014 - Correspondence Collateral Contact

Completed 05/15/2014 - Case Summary

Completed 05/14/2014 - Face To Face Alleged Perpetrator Interview; Collateral Contact; Court Hearing; Parent/Caretaker Interview

Completed 05/14/2014 - Correspondence Collateral Contact

Completed 05/12/2014 - Administrative Review

Completed 05/10/2014 - Face To Face ACV Interview/Observation; Alleged Perpetrator Interview; Collateral Contact; Parent/Caretaker Interview; Referent Interview

Completed 05/09/2014 - Face To Face Alleged Perpetrator Interview; Collateral Contact; Initial ACV Face To Face; Parent/Caretaker Interview; Referent Interview

Completed 05/09/2014 - Case Summary

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

[REDACTED] diagnosed [REDACTED] injuries to have been caused by abusive head trauma. [REDACTED] was found to have a midline shift of his brain and subdural hematoma causing a stroke and seizures. The lack of oxygen being supplied to the child's brain caused an infarct of the entire right hemisphere of the child's brain. Child was also found to have retinal hemorrhaging to the entire right eye as well as severe neck trauma.

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

The only story given by the family to explain the child's injuries was the father reported that on 5/8/14 he fell in the family kitchen while holding [REDACTED] after tripping on weak flooring. Father reported that he fell backwards onto his back and [REDACTED] fell onto his chest with his head striking his chin and shoulder. Child abuse specialist report that father's story could not have caused the severe injuries to the child.

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

Reporter states: [REDACTED] (2 months old) lives with his mother, [REDACTED] and his father, [REDACTED]. Law enforcement was called to the home last Friday, 5-9-14, due to concerns with [REDACTED]. Upon arriving, EMS checked [REDACTED] vitals and he appeared to be fine. There were not any visible marks or bruises on [REDACTED]. EMS thought that something about [REDACTED] eyes looked "off" and his skin was discolored. They sent [REDACTED] to [REDACTED] hospital for precautionary testing. After having testing done, it was



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

Case Name : ██████████

Investigation ID: ██████████

found that ██████████ had an acute stroke. ██████████ was apneic and had to be incubated. The medical staff stated that ██████████ was at high risk for seizures. ██████████ had a spinal cord injury and a subdural hematoma on the right side of his brain with a midline shift. ██████████ presented with concern of non-accidental trauma. The care team, including Dr. ██████████ met and reviewed the information and stated that it would not be consistent with the father's story. ██████████ had stated that he fell while holding ██████████ and ██████████ head his ██████████ chin. ██████████ has been in the hospital for almost a week and he is still not in a stable condition for additional testing. The care team stated that this was a near-death and that this would have been caused by shaking or slamming ██████████. The care team stated that this was classified as non-accidental trauma. There are not any other children in the home. LE Report # ██████████

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

This case is being closed as allegations substantiated / perpetrator substantiated for allegations of severe physical abuse perpetrated by ██████████ against ██████████ and allegations substantiated / perpetrator substantiated for allegations of severe lack of supervision perpetrated by ██████████ against ██████████. The department became involved with this family on 5/9/14 after ██████████ was taken to ██████████ Hospital with concerns for head injury. Upon arriving at the hospital ██████████ was diagnosed with abusive head trauma. ██████████ was found to have a midline shift of his brain and subdural hematoma which caused the child to have a stroke and seizures. The stroke and seizures restricted the flow of oxygen to ██████████ brain causing an infarct of the entire right hemisphere of his brain. ██████████ was also found to have severe retinal hemorrhaging to almost his entire right eye. ██████████ also has severe neck trauma causing his skull to almost detach from his spine. Mother worked the entire day of 5/8/14 and 5/9/14 leaving ██████████ with his father ██████████. The only explanation for the child's injuries given by the family was that the father stated that on 5/8/14 he tripped on weak flooring in the family kitchen while holding the child making him fall onto his back and the child's head struck his chin and neck. The child was taken to the hospital on 5/9/14 after the mother came home from work. Dr. ██████████ child abuse specialist with ██████████ Hospital, reports there being no way that the child's injuries could have been caused by a fall such as this. Dr. ██████████ reports injuries to be caused by "shaking or slamming" of the child. Mr. ██████████ also has a history of violent behavior including being imprisoned for 10 years for voluntary manslaughter. A severe abuse petition has been filed by the department and no suitable third party placement was able to be identified. ██████████ is placed in a medically fragile omnivision foster home. ██████████ was previously a healthy child and now on a g-tube for feeding and still placed in a c-collar to mobilize his neck. Child was also released from the hospital on methadone treatment due to the amount of pain medication that was given to him in the hospital. ██████████ long term neurological prognosis is very poor. ██████████ must undergo occupational and physical therapy. ██████████ is at high risk for blindness, cerebral palsy, pneumonia, and numerous other medical problems due to the injuries he sustained. Det. ██████████ with the ██████████ Police Department is also continuing to investigate the allegations and criminal charges may arise from the abuse.

Case has been assessed and closed.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/05/2014	Contact Method:	Correspondence
Contact Time:	03:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notification of Classification		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2014 03:17 PM Entered By: [REDACTED]

On this date a 740 is being submitted by CPSI [REDACTED] to LI [REDACTED] for review and approval. Case is being closed as ASPS for allegations of severe physical abuse perpetrated by [REDACTED] against [REDACTED] and ASPS for allegations of severe lack of supervision perpetrated by [REDACTED] against [REDACTED] as enough evidence was found to support the allegations. Once approved a copy of the 740 will be submitted to [REDACTED] County Juvenile Court and the DA's office per regional protocol.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/05/2014	Contact Method:	
Contact Time:	02:49 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/05/2014
Completed date:	06/05/2014	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: 06/05/2014 03:10 PM Entered By: [REDACTED]

This case is being closed as allegations substantiated / perpetrator substantiated for allegations of severe physical abuse perpetrated by [REDACTED] against [REDACTED] and allegations substantiated / perpetrator substantiated for allegations of severe lack of supervision perpetrated by [REDACTED] against [REDACTED]. The department became involved with this family on 5/9/14 after [REDACTED] was taken to [REDACTED] Hospital with concerns for head injury. Upon arriving at the hospital [REDACTED] was diagnosed with abusive head trauma. [REDACTED] was found to have a midline shift of his brain and subdural hematoma which caused the child to have a stroke and seizures. The stroke and seizures restricted the flow of oxygen to [REDACTED] brain causing an infarct of the entire right hemisphere of his brain. [REDACTED] was also found to have severe retinal hemorrhaging to almost his entire right eye. [REDACTED] also has severe neck trauma causing his skull to almost detach from his spine. Mother worked the entire day of 5/8/14 and 5/9/14 leaving [REDACTED] with his father [REDACTED]. The only explanation for the child's injuries given by the family was that the father stated that on 5/8/14 he tripped on weak flooring in the family kitchen while holding the child making him fall onto his back and the child's head struck his chin and neck. The child was taken to the hospital on 5/9/14 after the mother came home from work. Dr. [REDACTED] child abuse specialist with [REDACTED] Hospital, reports there being no way that the child's injuries could have been caused by a fall such as this. Dr. [REDACTED] reports injuries to be caused by "shaking or slamming" of the child. Mr. [REDACTED] also has a history of violent behavior including being imprisoned for 10 years for voluntary manslaughter. A severe abuse petition has been filed by the department and no suitable third party placement was able to be identified. [REDACTED] is placed in a medically fragile omnivision foster home. [REDACTED] was previously a healthy child and now on a g-tube for feeding and still placed in a c-collar to mobilize his neck. Child was also released from the hospital on methadone treatment due to the amount of pain medication that was given to him in the hospital. [REDACTED] long term neurological prognosis is very poor. [REDACTED] must undergo occupational and physical therapy. [REDACTED] is at high risk for blindness, cerebral palsy, pneumonia, and numerous other medical problems due to the injuries he sustained. Det. [REDACTED] with the [REDACTED] Police Department is also continuing to investigate the allegations and criminal charges may arise from the abuse.

Case has been assessed and closed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/04/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 06/05/2014
 Completed date: 06/05/2014 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: 06/05/2014 12:57 PM Entered By: [REDACTED]

On this date and time allegations of severe physical abuse perpetrated by [REDACTED] against [REDACTED] was staffed with the [REDACTED] County CPIT team by CPSI [REDACTED] and Det. [REDACTED] of the [REDACTED] Police Department. [REDACTED] injuries were discussed along with the families story and medical opinions. After all facts were discussed all parties agreed to substantiate severe physical abuse allegations against [REDACTED] CPSI [REDACTED] will staff allegations against [REDACTED] [REDACTED] to determine appropriate indication. CPSI [REDACTED] had previously staffed allegations against Mrs. [REDACTED] at which time it was determined to explore medical neglect allegations. This was discussed at CPIT and Det. [REDACTED] reported that if the child had been brought to the hospital sooner the child still would have suffered the same affects as at the time the child was brought to the hospital his injuries were not immediately apparent. CPSI will discuss possible lack of supervision allegations with LI [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/02/2014	Contact Method:	Correspondence
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/05/2014
Completed date:	06/05/2014	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: 06/05/2014 12:37 PM Entered By: [REDACTED]

On this date and time updated medical records were received for [REDACTED] [REDACTED]. These records will be placed in the family file for documentation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/30/2014

Contact Method: Correspondence

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/05/2014

Completed date: 06/05/2014

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: 06/05/2014 12:38 PM Entered By: [REDACTED]

On this date and time updated medical records were received for [REDACTED]. These records will be placed in the family file for documentation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/28/2014 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 06/05/2014
 Completed date: 06/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Court Hearing,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/05/2014 12:47 PM Entered By: [REDACTED]

On this date and time a review hearing was held on the restraining order filed by the department against [REDACTED] and [REDACTED] and their son [REDACTED]. [REDACTED] current status was discussed including the child being placed on a g-tube and currently in a c-collar. CPSI [REDACTED] discussed medical finding and opinion since the preliminary hearing. CPSI further discussed that hospital expect to discharge [REDACTED] possibly as early as the 29th. All facts were discussed at which time the child's GAL [REDACTED] requested the child be placed into states custody. Possible family and friend placements were discussed in court at which time is was determined no other suitable custody options existed. [REDACTED] was placed into the custody of the department. Mandatory intake paperwork was completed with the family and an initial CFTM scheduled for Friday May 30th at 8:30 a.m. to discuss next steps.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/23/2014

Contact Method: Correspondence

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/05/2014

Completed date: 06/05/2014

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: 06/05/2014 12:39 PM Entered By: [REDACTED]

On this date and time updated medical records were received for [REDACTED] These records will be placed in the family file for documentation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	████████████████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	05/21/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 03 Hour
Entered By:	██████████████████	Recorded For:	
Location:	Hospital	Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	██████████████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Collateral Contact		
Contact Sub Type:			

Children Concerning

██████████████████

Participant(s)

██

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2014 12:28 PM Entered By: ████████████████████

On May 21st at 9:00 a.m. CPSI ██████████ went to ██████████ Hospital along with IC ██████████ to attend the ██████████ meeting to discuss ██████████ progress and condition at time of admittance was discussed. Dr. ██████████ discussed the severity of ██████████ head injury, retinal hemorrhaging, and severe neck trauma. Dr. ██████████ reported injuries to have been caused by abusive head trauma and that their was no way that families story of how injuries occurred was the cause. Dr. ██████████ further discussed the child being placed on a g-tube and being in a c-collar

After the Care Team meeting CPSI ██████████ and IC ██████████ went to the room of ██████████ ██████████ ██████████ was observed to be resting. Pictures of the child were taken for documentation. CPSI ██████████ spoke with child's social worker and updated medical records were requested. This medical records will be placed in the family file for documentation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/21/2014	Contact Method:	Correspondence
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/05/2014
Completed date:	06/05/2014	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: 06/05/2014 12:41 PM Entered By: [REDACTED]

On this date and time updated medical records were received for [REDACTED]. These records will be placed in the family file for documentation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/15/2014

Contact Method:

Contact Time: 02:37 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/05/2014

Completed date: 06/05/2014

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: 06/05/2014 11:51 AM Entered By: [REDACTED]

This referral was received by [REDACTED] Intake on 05-15-14 at 02:37 PM [REDACTED]. It was assigned to CM [REDACTED] on 05-15-14. The response priority was assigned as P-3 and the response is due on 05-20-14 at 11:59 PM [REDACTED]. The referral stated the following: [REDACTED] (2 months old) lives with his mother, [REDACTED] and his father, [REDACTED].

Law enforcement was called to the home last Friday, 5-9-14, due to concerns with [REDACTED]. Upon arriving, EMS checked [REDACTED] vitals and he appeared to be fine. There were not any visible marks or bruises on [REDACTED].

EMS thought that something about [REDACTED] eyes looked "off" and his skin was discolored. They sent [REDACTED] to [REDACTED] hospital for precautionary testing.

After having testing done, it was found that [REDACTED] had an acute stroke. [REDACTED] was apneic and had to be incubated. The medical staff stated that [REDACTED] was at high risk for seizures. [REDACTED] had a spinal cord injury and a subdural hematoma on the right side of his brain with a midline shift.

[REDACTED] presented with concern of non-accidental trauma. The care team, including Dr. [REDACTED] met and reviewed the information and stated that it would not be consistent with the father's story. [REDACTED] had stated that he fell while holding [REDACTED] and [REDACTED] head his [REDACTED] chin. [REDACTED] has been in the hospital for almost a week and he is still not in a stable condition for additional testing. The care team stated that this was a near-death and that this would have been caused by shaking or slamming [REDACTED]. The care team stated that this was classified as non-accidental trauma.

There are not any other children in the home.

LE Report # [REDACTED].

The next step is: Make contact with the family and assess for safety in the home for the child(ren). Juvenile Court is notified of all cases on a monthly basis in accordance with local protocol. At the conclusion of the case, a 740 is submitted to the supervisor for review and signature, and then submitted to Juvenile Court on a



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

monthly basis in accordance with local protocol.
For all Severe Abuse, CPIT Team (the DA and CAC) is notified on this date.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/14/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	06/05/2014
Completed date:	06/05/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Collateral Contact,Court Hearing,Parent/Caretaker Interview		

Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2014 12:00 PM Entered By: [REDACTED]

On this date and time a preliminary hearing was held on this case case requesting a restraining order be put in place between [REDACTED] and [REDACTED] and their infant son [REDACTED]. Both parents were appointed counsel and waived their probable cause hearing. A review was schedule for May 28th at 9:00 a.m. to discuss child's progress and disposition of the child from the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/14/2014	Contact Method:	Correspondence
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/05/2014
Completed date:	06/05/2014	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: 06/05/2014 12:40 PM Entered By: [REDACTED]

On this date and time updated medical records were received for [REDACTED]. These records will be placed in the family file for documentation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/12/2014

Contact Method:

Contact Time: 12:16 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/05/2014

Completed date: 06/05/2014

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: 06/05/2014 11:53 AM Entered By: [REDACTED]

On this date and time a CPS legal request was submitted by CPSI [REDACTED] to [REDACTED] County Legal Counsel [REDACTED] [REDACTED] for a restraining order to be put in place against [REDACTED] and [REDACTED] and their son [REDACTED]. A preliminary hearing was scheduled for 5/14/14 at 1:00 p.m. Family was notified of hearing.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/10/2014 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/05/2014
 Completed date: 06/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview,Referent Interview
 Contact Sub Type:

Children ConcerningParticipant(s)Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2014 11:44 AM Entered By: [REDACTED]

The department became involved with this family on 05/09/2014 when a referral was received with allegation of severe lack of supervision and environmental neglect perpetrated by [REDACTED] against his son [REDACTED]. The referral stated that at 4:30 p.m. on May 9th [REDACTED] County EMS and [REDACTED] Law Enforcement were notified to response to the family home due to concerns about [REDACTED] health. Upon arrival the child's vitals were all normal but EMS documented concerns of the child being discolored and one of the child's eyes being unfocused. In speaking with Mr. [REDACTED] it was learned that the previous day on 5/8, while mother was at work, the father had tripped on loose flooring in the family home and fallen on his back while holding the child. Father reported that the child's head had struck his shoulder and chin during the fall. For precautionary reasons [REDACTED] was transported to [REDACTED] Hospital. CM [REDACTED] received this referral on-call and met response at [REDACTED] on the night of 5/9 along with [REDACTED] Police Department's Det. [REDACTED]. Upon arriving at the hospital the severity of [REDACTED] injuries were learned and medical records were gathered documenting that [REDACTED] had suffered severe head trauma and neck injury. A CT scan of the child showed subdural/subarachnoid hematomas leading to a stroke and an infarct to almost the entire right hemisphere of [REDACTED] brain. [REDACTED] was placed in [REDACTED] PICU and intubated. In review of the medical records Care Team Dr. [REDACTED] found the father's story of the child's injuries to be unlikely however would not be visiting the family or child until 5/10/14 at 7:30 a.m. Upon the request of law enforcement CM [REDACTED] left the hospital the morning of 5/10 to return after the care team had consulted. Both parents of [REDACTED] were interviewed by Det. [REDACTED] and both parents denied any other incidents that could have caused the injury other than dad's explanation of falling with the child and the child's head striking his shoulder and chin. On 5/10/2014 CM [REDACTED] returned to [REDACTED] after the Care Team Consult. CM [REDACTED] spoke with Dr. [REDACTED] who indicated that after review of the child's tests and seeing the child the injuries were not caused by father's report of a fall. Dr. [REDACTED] indicated that possible causes for these injuries could be "shaking or slamming" however due to the child not yet being stable additional testing could not be done to help clarify the cause of the injuries. Additionally the attending Dr. reported that the injuries to the child were "likely life threatening." Dr. [REDACTED] reported that both parents present different reports of the symptoms exhibited by the child over the past couple of days. In father's account of symptoms it would be likely that the incident would have occurred on Thursday, however, mother's account would lend the incident to have occurred on Friday. Mother was reported to be working from 10:00 to 6:00 p.m. on Thursday the 8th and from 7:30 4:00 p.m. on Friday the 9th leaving the child's father to care for the child. After gathering information from



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

medical staff CM [REDACTED] interviewed both the mother and father regarding the child's injuries. CM [REDACTED] confronted the parents with the reports of the Dr. that these injuries were not caused by the father's explanation of falling with the child. Both parents denied knowledge of any other incidents that could have caused the injuries or causing the injuries themselves. After speaking with the parents case was staffed with CM [REDACTED] supervisors and DCS legal at which time it was decided to request the parents enter into an IPA agreeing to be supervised while with [REDACTED] at [REDACTED] pending further investigation of child's injuries. Supervision was to be supervised by parties designated by the parents and approved by the department. CM [REDACTED] discussed the IPA with both parents at which time both parties agreed to sign the IPA. Possible supervisors were given by the parents including [REDACTED], [REDACTED] and [REDACTED] TFACTS and internet background searches were completed and all designated supervisors were approved. As on 5/12/2014 there has been no change in the condition of [REDACTED]. The department and law enforcement will continue to investigate the allegations to determine what/who caused the injuries to [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: 05/09/2014 Contact Method: Face To Face
 Contact Time: 11:00 PM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/05/2014
 Completed date: 06/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview,Referent Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/05/2014 11:41 AM Entered By: [REDACTED]

The department became involved with this family on 05/09/2014 when a referral was received with allegation of severe lack of supervision and environmental neglect perpetrated by [REDACTED] against his son [REDACTED]. The referral stated that at 4:30 p.m. on May 9th [REDACTED] County EMS and [REDACTED] Law Enforcement were notified to respond to the family home due to concerns about [REDACTED] health. Upon arrival the child's vitals were all normal but EMS documented concerns of the child being discolored and one of the child's eyes being unfocused. In speaking with Mr. [REDACTED] it was learned that the previous day on 5/8, while mother was at work, the father had tripped on loose flooring in the family home and fallen on his back while holding the child. Father reported that the child's head had struck his shoulder and chin during the fall. For precautionary reasons [REDACTED] was transported to [REDACTED] Hospital. CM [REDACTED] received this referral on-call and met response at [REDACTED] on the night of 5/9 along with [REDACTED] Police Department's Det. [REDACTED]. Upon arriving at the hospital the severity of [REDACTED] injuries were learned and medical records were gathered documenting that [REDACTED] had suffered severe head trauma and neck injury. A CT scan of the child showed subdural/subarachnoid hematomas leading to a stroke and an infarct to almost the entire right hemisphere of [REDACTED] brain. [REDACTED] was placed in [REDACTED] PICU and intubated. In review of the medical records Care Team Dr. [REDACTED] found the father's story of the child's injuries to be unlikely however would not be visiting the family or child until 5/10/14 at 7:30 a.m. Upon the request of law enforcement CM [REDACTED] left the hospital the morning of 5/10 to return after the care team had consulted. Both parents of [REDACTED] were interviewed by Det. [REDACTED] and both parents denied any other incidents that could have caused the injury other than dad's explanation of falling with the child and the child's head striking his shoulder and chin. On 5/10/2014 CM [REDACTED] returned to [REDACTED] after the [REDACTED] CM [REDACTED] spoke with Dr. [REDACTED] who indicated that after review of the child's tests and seeing the child the injuries were not caused by father's report of a fall. Dr. [REDACTED] indicated that possible causes for these injuries could be "shaking or slamming" however due to the child not yet being stable additional testing could not be done to help clarify the cause of the injuries. Additionally the attending Dr. reported that the injuries to the child were "likely life threatening." Dr. [REDACTED] reported that both parents present different reports of the symptoms exhibited by the child over the past couple of days. In father's account of symptoms it would be likely that the incident would have occurred on Thursday, however, mother's account would lend the incident to have occurred on Friday. Mother was reported to be working from 10:00 to 6:00 p.m. on Thursday the 8th and from 7:30 4:00 p.m. on Friday the 9th leaving the child's father to care for the child. After gathering information from



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

medical staff CM [REDACTED] interviewed both the mother and father regarding the child's injuries. CM [REDACTED] confronted the parents with the reports of the Dr. that these injuries were not caused by the father's explanation of falling with the child. Both parents denied knowledge of any other incidents that could have caused the injuries or causing the injuries themselves. After speaking with the parents case was staffed with CM [REDACTED] supervisors and DCS legal at which time it was decided to request the parents enter into an IPA agreeing to be supervised while with [REDACTED] at [REDACTED] pending further investigation of child's injuries. Supervision was to be supervised by parties designated by the parents and approved by the department. CM [REDACTED] discussed the IPA with both parents at which time both parties agreed to sign the IPA. Possible supervisors were given by the parents including [REDACTED], [REDACTED] and [REDACTED] TFACTS and internet background searches were completed and all designated supervisors were approved. As on 5/12/2014 there has been no change in the condition of [REDACTED]. The department and law enforcement will continue to investigate the allegations to determine what/who caused the injuries to [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: 05/09/2014

Contact Method:

Contact Time: 08:48 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/05/2014

Completed date: 06/05/2014

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: 06/05/2014 11:49 AM Entered By: [REDACTED]

This referral was received by [REDACTED] Intake on 05-09-14 at 08:48 PM [REDACTED]. It was assigned to CM [REDACTED] on 05-09-14. The response priority was assigned as P-1 and the response is due on 05-09-14 at 07:46 PM [REDACTED]. The referral stated the following: Living in the home are [REDACTED] (1 mos), [REDACTED] (birth father), and the birth mother whose information was unknown by the referent.

At approximately 4:30 p.m. this afternoon, [REDACTED] [REDACTED] received a call requesting they come to the family's home. Medical personnel arrived as did LE. LE usually comes to assist in the area of the family home due to it being a high crime area.

Upon arrival medical staff took [REDACTED] vitals and found all to be okay. He was breathing normally and his heart rate was fine. There was no observation of any marks or bruises. EMS did, however, observe and note concern about the discoloration of [REDACTED] skin noting the color just wasn't right. They also noted something to do with [REDACTED] eye (unknown which eye) being unfocused. There were no signs of trauma to the eye area. EMS and LE spoke with [REDACTED] who said [REDACTED] wasn't himself and had less activity today. [REDACTED] said in addition to the way [REDACTED] was acting, he wasn't eating as normal. After additional questioning by the EMS and LE, [REDACTED] disclosed that last night between 11:00 -11:30 p.m. he was holding [REDACTED] and had gone to the refrigerator. He said he opened the door and suddenly the floor gave way causing him to lose his balance and fall back. When he fell, [REDACTED] struck his head on [REDACTED] chin. [REDACTED] cried and it took approximately 5-10 minutes to calm him.

The flooring in the home was check and found to be weak. The home is not in the best condition as is the same for many of the homes in the area where the family lives.

EMS transported [REDACTED] straight to [REDACTED] fully for precautionary reasons. During their testing and examinations, medical staff found there to be possible internal bleeding in an unknown area. The Pediatric Social Worker, [REDACTED] advised the referent that there is concern there may be physical abuse, but said the staff doesn't have enough information to treat the situation as abuse and must wait to receive the results of additional tests and examinations. Both the mother and father are at [REDACTED] with the [REDACTED].

LE Report # [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The next step is: Make contact with the family and assess for safety in the home for the child(ren).
Juvenile Court is notified of all cases on a monthly basis in accordance with local protocol. At the conclusion of the case, a 740 is submitted to the supervisor for review and signature, and then submitted to Juvenile Court on a monthly basis in accordance with local protocol.
For all Severe Abuse, CPIT Team (the DA and CAC) is notified on this date.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/09/2014 Contact Method:
 Contact Time: 08:48 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/05/2014
 Completed date: 06/05/2014 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: 06/05/2014 03:28 PM Entered By: [REDACTED]

This referral was received by [REDACTED] Intake on 05-09-14 at 08:48 PM [REDACTED] It was assigned to CM [REDACTED] on 05-09-14. The response priority was assigned as P-1 and the response is due on 05-09-14 at 07:46 PM [REDACTED]. The referral stated the following: Living in the home are [REDACTED] (1 mos), [REDACTED] (birth father), and the birth mother whose information was unknown by the referent.

At approximately 4:30 p.m. this afternoon, [REDACTED] [REDACTED] received a call requesting they come to the family's home. Medical personnel arrived as did LE. LE usually comes to assist in the area of the family home due to it being a high crime area.

Upon arrival medical staff took [REDACTED] vitals and found all to be okay. He was breathing normally and his heart rate was fine. There was no observation of any marks or bruises. EMS did, however, observe and note concern about the discoloration of [REDACTED] skin noting the color just wasn't right. They also noted something to do with [REDACTED] eye (unknown which eye) being unfocused. There were no signs of trauma to the eye area. EMS and LE spoke with [REDACTED] who said [REDACTED] wasn't himself and had less activity today. [REDACTED] said in addition to the way [REDACTED] was acting, he wasn't eating as normal. After additional questioning by the EMS and LE, [REDACTED] disclosed that last night between 11:00 -11:30 p.m. he was holding [REDACTED] and had gone to the refrigerator. He said he opened the door and suddenly the floor gave way causing him to lose his balance and fall back. When he fell, [REDACTED] struck his head on [REDACTED] chin. [REDACTED] cried and it took approximately 5-10 minutes to calm him.

The flooring in the home was check and found to be weak. The home is not in the best condition as is the same for many of the homes in the area where the family lives.

EMS transported [REDACTED] straight to [REDACTED] fully for precautionary reasons. During their testing and examinations, medical staff found there to be possible internal bleeding in an unknown area. The Pediatric Social Worker, [REDACTED] advised the referent that there is concern there may be physical abuse, but said the staff doesn't have enough information to treat the situation as abuse and must wait to receive the results of additional tests and examinations. Both the mother and father are at [REDACTED] with the [REDACTED]

LE Report # [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The next step is: Make contact with the family and assess for safety in the home for the child(ren).
Juvenile Court is notified of all cases on a monthly basis in accordance with local protocol. At the conclusion of the case, a 740 is submitted to the supervisor for review and signature, and then submitted to Juvenile Court on a monthly basis in accordance with local protocol.
For all Severe Abuse, CPIT Team (the DA and CAC) is notified on this date.



Family Functional Assessment

Case Name: _____ Case ID: _____

Primary Case Worker: _____ Begin Date: 05/28/2014

Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

05/28/2014 - [REDACTED] - FFA - Family - The department became involved with this family on 5/9/14 when a referral was received with allegation of lack of supervision and environmental neglect. At the time of the referral [REDACTED] was taken to [REDACTED] Hospital after his father reported tripping on loose flooring and falling onto his back at which time [REDACTED] head struck the father's shoulder and chin. Upon arriving at [REDACTED] severe medical condition was discovered including the child having a subdural hematoma and severe neck injury. Due to the brain bleed [REDACTED] suffered a stroke causing an infarct to the entire right hemisphere of his brain. Care Team consulted and injuries diagnosed to have been caused by abusive head trauma. Medical professionals report that father's story could not have caused the severe injuries to the child.

B. Family Story:

05/28/2014 - [REDACTED] - FFA - Family - Father reports that on 5/8/14, while [REDACTED] mother was at work, the father fell on weak flooring in the home and fell back onto his back. At the time of the fall father was holding the baby and he reported that the child's head struck his shoulder and chin. Medical professionals state that injuries to the child could not have been caused by such an accident and diagnosed the cause of the injury to be abusive head trauma.

08/28/2015 - [REDACTED] - FFA - Family - 08/28/2015

Mrs. [REDACTED] continues to deny that Mr. [REDACTED] had any involvement with the injuries that [REDACTED] has. Mrs. [REDACTED] wants to see the good in Mr. [REDACTED] and consistently checks on him by communicating with her mother-in-law. Mrs. [REDACTED] does not fully understand the extent of [REDACTED] injuries and diagnosis. Mr. [REDACTED] continues to state that he is innocent and does not believe [REDACTED] injuries came from him.

09/28/2015 - [REDACTED] - FFA - Family - 09/28/2015:

Mr. [REDACTED] and Mrs. [REDACTED] surrendered their parental rights. [REDACTED] is doing well in his pre-adoptive placement and at this time there are no concerns.

12/05/2014 - [REDACTED] - FFA - Family - 12/05/2014

Mrs. [REDACTED] continues to deny the severe abuse allegations and states that she does not understand why [REDACTED] is still in custody and why Mr. [REDACTED] is still incarcerated. Mr. [REDACTED] continues to state his innocence in the situation. Mrs. [REDACTED] states that she believes [REDACTED] health condition is something genetic and that she would like genetic tests to be completed. Mrs. [REDACTED] has stated multiple times that [REDACTED] is her life and she wants to get him back. She also maintains Mr. [REDACTED] innocence in the situation and states that she believes he will get out of jail and they will get [REDACTED] back and be a happy family once again.

08/17/2014 - [REDACTED] - FFA - [REDACTED] - 8/17/2014:

Mrs. [REDACTED] understands that [REDACTED] is in foster care because it is alleged that he was abused and neglected. Mrs. [REDACTED] states that to her knowledge [REDACTED] hit his head on his father's chin when his father slipped on the kitchen floor after opening the refrigerator. Mrs. [REDACTED] believes that she and Mr. [REDACTED] will get [REDACTED] back and she states that she loves her son more than anything and she wants to do what she needs to according to the permanency plan in order to get him back. Mrs. [REDACTED] states that she knows the department and the police believe that [REDACTED] was abused and she states that she knows the truth will come out in court. Mrs. [REDACTED] account of how the injury occurred differs slightly from Mr. [REDACTED] but she points out that the goal here is to get [REDACTED] back because she loves him and she wants to be his mother. She believes that if she learns how to care for his medical needs she will be able to provide for him and take him to his doctor's appointments.

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

05/28/2014 - [REDACTED] - FFA - Family - Family has stable housing in [REDACTED] Mother is currently employed at [REDACTED] Family has support through father's mother [REDACTED]

06/13/2014 - [REDACTED] - FFA - Family - Initial CFTM: 5/30/2014

[REDACTED] is a very sweet and quiet baby. He likes to be held and interacts with others. He has a wonderful smile and is resilient.

15 Day CFTM: 6/12/2014

[REDACTED] is a fighter. He has had his C-collar removed and is moving his hands more. He is grasping for things and has started sucking his pacifier. The EPSDT was completed and [REDACTED] is now weighing over 9lbs.

Mr. [REDACTED] has completed his GED. He is a family man who has an employment history. He is confident and smart. He worked in the prison system as the release program manager. Mr. [REDACTED] is kind, loving, and dedicated to his family. He enjoys helping others.

Mrs. [REDACTED] has maintained her job. She is loving and is compliant with DCS. Mrs. [REDACTED] received her GED and is self-sufficient. She pays bills and stays healthy. Mrs. [REDACTED] is looking forward to the future. She is loyal, dependable, and willing to learn. Mrs. [REDACTED] has a good heart, bonds well, and makes friends easily.

08/28/2015 - ██████████ - FFA - Family - 3/5/15 CFTM: Strengths for ██████████ is he is growing, his vision has come back some, can roll over, working to get him to sit up.
Per mom, He is thriving and functioning at 5 months.

Strengths for Mrs. ██████████ has been attending visits and the doctor's appointments that she can get too. She is aware of all appointments.

She stated she has her own place and looking to a place to get ██████████ license. She continues to work at ██████████ She stated she has her learners permit and practicing to drive.

Per GAL, mom is very diligent and communicating with her attorney, DCS and the resource parent.

Per FSW, he stated he has observed mom with ██████████ and is involved with his therapy. She is very concerned about her son.

5/6/15 CFTM:

██████████ He is sitting on his own. He is bearing weight on his feet/legs. ██████████ passed his swallow test on on 3-27-15.

Mrs. ██████████ She was admitted to ██████████ Mental Health on 5-4-15 for address mental health issues. She has begun taking meds in order to address issues.

7/29/15 CFTM:

Strengths:

██████████ is doing well, he rolls over now, gets what he wants (age appropriate), starting lymphotic massage, active, growing, and eating good.

The strengths for the mother were identified as she is getting more hours at work and mom received her GED in December.

12/05/2014 - ██████████ - FFA - Family - 12/05/2014:

CFTM 10/14/2014:

██████████ is laughing and can now see somewhat out of his left eye but is somewhat out of his right eye. He is playing more with toys and has found his right foot. He can fully suck the pacifier now. He currently weighs 14.6 lbs and is 24.7 inches. He is making more sounds and is holding his head up well. He is beginning to track and there is some sight emerging in the right eye but is not yet consistent. The tracking is also not yet consistent. He has greater strength on his right side than left side. ██████████ currently has purposeful movement on his right side. He has been diagnosed officially with Cerebral Palsey.

Mrs. ██████████ has been attending visits and the doctor's appointments that she can get too. She is aware of all appointments. She has housing at the ██████████ for 4 to 6 months. She starts a second job today at ██████████ on ██████████ She stated that they are willing to work around her schedule at ██████████ and her other necessary meetings. Mrs. ██████████ has been studying for her license and has the online test available. Mrs. ██████████ completed her Clinical Intake and Competency. She has supports at the ██████████ and Ms. ██████████ stated that she works and she walks to get from point A to point B. She is not dependent on what they can do for her. Ms. ██████████ stated that she could move her out into her own apartment right now if she wanted but she does not feel Mrs. ██████████ is ready. Ms. ██████████ stated that she wants her to feel her whole time at the ██████████. Ms. ██████████ stated that she is reading and trying to be knowledgable about ██████████ and what is going on with him. She wants to be able to better take care of her child. Ms. ██████████ stated that she can do the parenting classes and a psychologist that can be there as well which would be free from Ms. ██████████ She has a savings account and is the only person in the house that has one. She is paying child support and visiting consistently. Mrs. ██████████ is very willing to learn all of the things that ██████████ needs.

Mr. ██████████ is willing to take any classes the jail offers. Prior to being incarcerated Mr. ██████████ was visiting consistently with ██████████ Mr. ██████████ was also paying child support prior to being incarcerated. He was also assisting with lining up transportation. He worked at the farm temporarily until incarcerated.

B. Family Significant Needs/Risks/Concerns:

05/28/2014 - [REDACTED] - FFA - Family - [REDACTED] has been diagnosed with abusive head trauma. Due to the severity of the child's injuries child has been placed on a g-tube and put in a c-collar. Child's neurological outcome is not known at this time due to his age. Father has been in jail for 10 years previous to the department's involvement for manslaughter. Mother is mentally delayed.

06/13/2014 - [REDACTED] - FFA - Family - 15 Day CFTM 6/12/2014:

Mr. [REDACTED] has a history of incarceration. He also has anger management concerns which need to be addressed. Mr. [REDACTED] has recently gone through the trauma of dealing with his son's medical problems and being separated from his son. He has been court ordered to undergo a full psychological evaluation with a parenting component and a competency component.

Mrs. [REDACTED] has been court ordered to receive a full psychological evaluation with a competency component and a parenting component. Mrs. [REDACTED] has recently been dealing with the trauma that her son [REDACTED] has undergone and she has been dealing with issues of being separated from him. Mrs. [REDACTED] will complete a parenting assessment and clinical intake which will adhere to the need for further counseling and parenting education.

Mr. and Mrs. [REDACTED] reported that the condition of their home is not good and that the boards under the kitchen are ready to break. They reported that they need better housing. Mr. [REDACTED] currently does not have a job and is looking for employment. Currently Mr. and Mrs. [REDACTED] live on Mrs. [REDACTED] income and have more expenditures than they do income. They need to have residential and financial stability so that they can provide for [REDACTED]

Mr. and Mrs. [REDACTED] need to provide a safe home environment for [REDACTED] free from harm. They need to be able to supervise him appropriately and ensure that all of his medical needs are met in the home. [REDACTED] was injured while in the care of Mr. and Mrs. [REDACTED] and the injuries sustained must be closely monitored by medical professionals and his caretakers. It is important that [REDACTED] not miss any doctors appointments and that the caretakers follow through with every recommendation given by the doctors.

[REDACTED] currently has severe trauma to his neck and head. He has a G-Tube for eating. As a result of the trauma he has a subdural hematoma. Due to the brain bleed [REDACTED] suffered a stroke which caused an infarct to the entire right hemisphere of his brain. All injuries were assessed by medical professionals and determined to be the result of abusive head trauma.

08/17/2014 - ██████████ - FFA - Family - 08/17/2014:

Mr. and Mrs. ██████████ completed a parenting assessment with an anger management and competency component.

Mrs. ██████████ recommendations:

It is recommended Ms. ██████████ participate in outpatient therapy to address her major depressive and hypomanic episodes. The assessments indicate these features are currently present and affecting her daily functioning. It is possible that her current depressive symptoms have arisen from her child being removed from her by the state. Mrs. ██████████ would also benefit from counseling to address her alcohol dependence and use. If she is not agreeable to counseling to address her chemical use issues, she should at least participate in a minimum of 5 AA meetings a week. As evidence by her anger management assessment, Mrs. ██████████ should engage in counseling services to address her anger issues. Her assessment indicates a person prone to violent behavior and easily angered. In regards to the specific issue of competence presented by DCS, it is the assessment of this clinician that Mrs. ██████████ has a solid understanding of his present legal situation that lead to the removal of his child and is aware of possible outcomes for this situation. She presented with no apparent psychosis or other cognitive defect that impaired her functioning and/or reasoning. She has a understanding of the concepts between right and wrong and consequences for behaviors. While final determination of competency must be made by a qualified forensic clinician, this clinician found no justification to assessment her to be less than competent. In regards to the specific question of if a full psychological assessment is an order. A full scale psychological assessment would provide further insight into Mrs. ██████████ and would provide a clearer picture of her psychological processes.

Mr. ██████████ recommendations:

It is recommended that Mr. ██████████ participate in parenting skills training through a formal parenting class or he participate in in home counseling through family support services that will focus on his parenting skills. His parenting skills are lacking as evident by his responses on the assessments. It is also recommended he participate in outpatient therapy to address his major depressive and hypomanic episodes. The assessments indicate these features are currently present and affecting his daily functioning. Mr. ██████████ would also benefit from counseling to address his alcohol dependence and use. If he is not agreeable to counseling to address his chemical use issues, he should at least participate in a minimum of 5 AA meetings a week. As evident of his anger management assessment, Mr. ██████████ is in need of counseling services to address his anger and hostility issues. His anger management assessment indicates a person at high risk to acting out violently when he believes he has been provoked or has lost control of a situation. In regards to the specific issue of competence presented by DCS, it is the assessment of this clinician that Mr. ██████████ has a solid understanding of his present legal situation that lead to the removal of his child and is aware of possible outcomes for this situation. Mr. ██████████ also spoke about his prison sentence of serving 10 years for manslaughter. He showed a good understanding of legal proceedings and processes when speaking of this. He presented with no apparent psychosis or other cognitive defect that impaired his functioning and/or reasoning. He has a understanding of the concepts between right and wrong and consequences for behaviors. While final determination of competency must be made by a qualified forensic clinician, this clinician found no justification to assessment him to be less than competent. In regards to the specific question of if a full psychological assessment is an order. A full scale psychological assessment would provide further insight into Mr. ██████████ and would provide a clearer picture of his psychological processes.

08/28/2015 - [REDACTED] - FFA - Family - 3/5/15 CFTM:

Concerns for [REDACTED]

[REDACTED] has been officially diagnosed with Cerebral Palsy and Hemi paraplegic. He is on seizures medication and is still not making purposeful movement on his left side, does not have control of that side. [REDACTED] continues to meet with the neurologist but the seizures are very common with this brain injury. The epilepsy is currently on the paperwork. Dr [REDACTED] is his neurologist at [REDACTED] [REDACTED] Dr [REDACTED] nurse-surgeon.

Concern for [REDACTED] continues to need permanency.

Ms [REDACTED] is concerned that mom can hold down a full time job and get [REDACTED] to all his therapy appointments. Mom will need housing in [REDACTED] or [REDACTED] Co.

[REDACTED] will have to attend a day care for a special needs child. Concern for Mrs. [REDACTED] has no transportation and while she has a few options these are becoming an issue. The [REDACTED] bus is a problem for Ms. [REDACTED]

5/6/15 CFTM:

Concerns: Police have been called to Ms. [REDACTED] new apartment.

Ms. [REDACTED] was recently placed in mental health facility.

Ms. [REDACTED] has not been attending medical and therapy visits for [REDACTED]

7/29/15 CFTM:

Needs:

The needs were identified as [REDACTED] needs to continue with therapy, mom needs to follow up with visits, needs to work on her work schedule, and receive copies of her mental health records. Mrs. [REDACTED] does not have a plan for how to care for [REDACTED] Additionally there have been 125 medical and therapy appointments since the Adjudication hearing. Mrs. [REDACTED] has attended 17 of these appointments and missed 108.

12/05/2014 - [REDACTED] - FFA - Family - 12/05/2014

CFTM 10/19/2014:

[REDACTED] has been officially diagnosed with Cerebral Palsy. He is currently having seizures and is still not making purposeful movement on his left side. [REDACTED] continues to meet with the neurologist but the seizures are very common with this brain injury. The epilepsy is currently on the paperwork. Dr. [REDACTED] is his neurologist at [REDACTED] in [REDACTED]. [REDACTED] continues to need permanency. [REDACTED] had a CT scan and there is some fusing of the plates in his skull and some hydrocephaly (fluid on the brain). There is question as to whether there is increased pressure in the cranium. The part of his brain that was injured and has rotted away. We are currently awaiting the MRI on November 7th. Depending on the MRI treatment will be decided. The plates in the front have to be fixed because they are on top of each other and if they are not fixed there will be facial problems and breathing problems. The other question is whether or not a shunt needs to be put in to alleviate the pressure and get rid of some of the fluid. For the fusing of the plates they will surgically separate them and fix them. Surgery will occur down the road but when and what it entails is currently in the air. Everything will be taken care of at once and they will try to wait for the surgery until they feel that it is necessary and he is strong enough. The consultation is set for November 10th at [REDACTED].

Mrs. [REDACTED] has no transportation and while she has a few options these are becoming an issue. The [REDACTED] bus is a problem for Ms. [REDACTED]. Ms. [REDACTED] assistant has been taking her to appointments and she wants to be at every meeting. Ms. [REDACTED] stated that she is concerned about the second job and the availability of Ms. [REDACTED] to attend appointments. Ms. [REDACTED] stated that she is concerned about Ms. [REDACTED] having to pay child support. The DA's office called about [REDACTED] child support on [REDACTED] phone and Ms. [REDACTED] called them to state that [REDACTED] has been incarcerated.

Mrs. [REDACTED] stated that she was concerned that she could not reach her attorney on the phone.

Mr. [REDACTED] is incarcerated and believes that he has been taken out of the picture. He stated that the DA and the county are not part of [REDACTED] life. Mr. [REDACTED] stated that since his last court appearance, Mr. [REDACTED] has not contacted him. He stated that he had not had any evaluations since he is incarcerated.

Mr. [REDACTED] needs to be able to have access to services.

III. Person Information:

A. Children:

06/05/2014 - ██████████ - FAST - ██████████ - This case is being closed as allegations substantiated / perpetrator substantiated for allegations of severe physical abuse perpetrated by ██████████ against ██████████ and allegations substantiated / perpetrator substantiated for allegations of severe lack of supervision perpetrated by ██████████ against ██████████. The department became involved with this family on 5/9/14 after ██████████ was taken to ██████████ Hospital with concerns for head injury. Upon arriving at the hospital ██████████ was diagnosed with abusive head trauma. ██████████ was found to have a midline shift of his brain and subdural hematoma which caused the child to have a stroke and seizures. The stroke and seizures restricted the flow of oxygen to ██████████ brain causing an infarct of the entire right hemisphere of his brain. ██████████ was also found to have severe retinal hemorrhaging to almost his entire right eye. ██████████ also has severe neck trauma causing his skull to almost detach from his spine. Mother worked the entire day of 5/8/14 and 5/9/14 leaving ██████████ with his father ██████████. The only explanation for the child's injuries given by the family was that the father stated that on 5/8/14 he tripped on weak flooring in the family kitchen while holding the child making him fall onto his back and the child's head struck his chin and neck. The child was taken to the hospital on 5/9/14 after the mother came home from work. Dr. ██████████ child abuse specialist with ██████████ Hospital reports, there being no way that the child's injuries could have been caused by a fall such as this. Dr. ██████████ reports injuries to be caused by "shaking or slamming" of the child. Mr. ██████████ also has a history of violent behavior including being imprisoned for 10 years for voluntary manslaughter. A severe abuse petition has been filed by the department and no suitable third party placement was able to be identified. ██████████ has been placed into state custody. ██████████ is placed in a medically fragile ██████████ foster home. ██████████ was previously a healthy child and now on a g-tube for feeding and still placed in a c-collar to mobilize his neck. Child was also released from the hospital on methadone treatment due to the amount of pain medication that was given to him in the hospital. ██████████ long term neurological prognosis is very poor. ██████████ must undergo occupational and physical therapy. ██████████ is at high risk for blindness, cerebral palsy, pneumonia, and numerous other medical problems due to the injuries he sustained. Det. ██████████ with the ██████████ Police Department is also continuing to investigate the allegations and criminal charges may arise from the abuse.

05/28/2014 - ██████████ - FFA - ██████████ - ██████████ - DOB ██████████ Previously well child that suffered abusive head trauma on 5/8/14. Child suffered a complete right hemisphere infarct of his brain, retinal hemorrhaging, and severe neck trauma. Child's longer term neurological outcome is poor. Child is currently on a g-tube and in a c-collar.

06/13/2014 - ██████████ - FFA - ██████████ - ██████████ is a caucasian 3 month old who has suffered severe head trauma. ██████████ was considered a well child before the head trauma occurred. ██████████ currently has a G-Tube which assists him in eating. He had a Cervical Collar but the Collar was removed. ██████████ is currently placed in a medically fragile, provider foster home in ██████████. ██████████ is the provider. The foster parent has extensive history with children who are considered medically fragile. ██████████ was discharged from ██████████ Hospital on 05/31/2014. His cervical collar was removed. His neck is very weak but he is able to move to both sides without seeming to be uncomfortable. He can suck on his pacifier, grip with both hands, and is opening his left eye more. He continues to need the G-Tube to eat. According to the discharge paperwork ██████████ was "previously healthy 8 week old male with abusive head trauma. Admitted to ██████████ requiring mechanical ventilation. Imaging findings of head CT with subdural hematoma and R hemisphere infarct, spine CT with atlantoaxial and possible atlantooccipital dissociation. ██████████ has completed his EPSDT and has several appointments set up for physical therapy, vision therapy, feeding therapy, and occupational therapy. He will continue to have EPSDT appointments and has an in-home nurse as well. The in-home nurse will give him a bath on Fridays and his primary care physician will give him a bath on Monday and Wednesday. He also has a TEIS appointment set up for 6/16/2014. A pulse ox monitor was ordered for ██████████ for night time just in case he aspirates. He is refluxing silently.

08/28/2015 - [REDACTED] - FFA - [REDACTED] - 08/28/2015:

[REDACTED] has lymphotic massage (also called lymphatic drainage or manual lymph drainage, is a technique developed in [REDACTED] for treatment of lymphedema, an accumulation of fluid that can occur after lymph nodes are removed during surgery) due to swelling, his left side retains fluid. Additionally he has Physical Therapy (2x a week), Occupational Therapy (2x week), Speech Therapy (2x a week), Vision Therapy (every 3 months), and Feeding Therapy (2x a week). He will begin to go to the clinic to receive therapy now because he is growing and needs bigger equipment. He has new shoes and the right side is fitted with a brace. He had an appointment with the neurosurgeon in June that went well and there are no new needs for surgeries or consultations at this time. He will continue to be monitored regarding the fluid in his brain. Feeding therapy is going very well and he is eating pureed foods. The majority of his nutrition still comes from the feeding tube at this time. Another swallow test will be scheduled during the fall of 2015. [REDACTED] still has seizures at times. He is diagnosed with Epilepsy, GERD, Cerbal Palsey, and is a Hemiparplegic (paralysis of the lower half of one side) on his left side. Currently he takes Gabapentin to control the pain on his left side. This has worked very well for him as he is now rolling over to get to toys on the floor and is very strong on his right side. There are no dental concerns at this time.

[REDACTED] is doing well in his placement and continues to meet with TEIS.

09/28/2015 - [REDACTED] - FFA - [REDACTED] - 09/28/2015:

[REDACTED] has lymphotic massage (also called lymphatic drainage or manual lymph drainage, is a technique developed in [REDACTED] for treatment of lymphedema, an accumulation of fluid that can occur after lymph nodes are removed during surgery) due to swelling, his left side retains fluid. Additionally he has Physical Therapy (2x a week), Occupational Therapy (2x week), Speech Therapy (2x a week), Vision Therapy (every 3 months), and Feeding Therapy (2x a week). He will begin to go to the clinic to receive therapy now because he is growing and needs bigger equipment. He has new shoes and the right side is fitted with a brace. He had an appointment with the neurosurgeon in June that went well and there are no new needs for surgeries or consultations at this time. He will continue to be monitored regarding the fluid in his brain. Feeding therapy is going very well and he is eating pureed foods. The majority of his nutrition still comes from the feeding tube at this time. Another swallow test will be scheduled during the fall of 2015. [REDACTED] still has seizures at times. He is diagnosed with Epilepsy, GERD, Cerbal Palsey, and is a Hemiparplegic (paralysis of the lower half of one side) on his left side. Currently he takes Gabapentin to control the pain on his left side. This has worked very well for him as he is now rolling over to get to toys on the floor and is very strong on his right side. There are no dental concerns at this time.

12/05/2014 - [REDACTED] - FFA - [REDACTED] - 12/05/2014:

[REDACTED] is currently residing in a medically fragile, provider foster home through [REDACTED]. The home is in [REDACTED]. [REDACTED] was discharged from [REDACTED] Hospital on 05/31/2014. His cervical collar was removed. His neck is very weak but he is able to move to both sides without seeming to uncomfortable. He can suck on his pacifier, grip with both hands, and is opening his left eye more. He continues to need the G-Tube to eat. According to the discharge paperwork [REDACTED] was a:

- previously healthy 8 week old male that was presented with abusive head trauma;
- admitted to PCCU requiring mechanical ventilation;
- imaging findings of head CT with subdural hematoma and R hemisphere infarct, cspine CT with atlantoaxial and poss atlantooccipital dissociation.

[REDACTED] has completed his EPSDT and has several appointments setup for physical therapy, vision therapy, feeding therapy, and occupational therapy. He will continue to have EPSDT appointments and has an in-home nurse as well. The in-home nurse will give him a bath on Fridays and his primary care physician will give him a bath on Monday and Wednesday. He also has a TEIS appointment set up for 6/16/2014. A pulse oxygen monitor was ordered for [REDACTED] for night time just in case he aspirates. He is refluxing silently.

The resource parent has been taking [REDACTED] to all of his appointments which include physical therapy, occupational therapy, vision therapy, and medical appointments. According to the discharge papers from [REDACTED] [REDACTED] skull has sunk in due to the trauma he has been through regarding his head. The doctors have stated that it is expected that his skull would cave in and the plates would shift from the trauma he has endured. [REDACTED] primary diagnosis according to the discharge papers is abusive head trauma. His secondary diagnoses include subdural hematoma, cerebral infraction, and feeding problems. [REDACTED] has the following appointments:

- Wed 6/4 1:30 pm Dr. [REDACTED] pediatrician [REDACTED]
- Thurs 6/26 1:45 pm Dr. [REDACTED] Orthopedics, [REDACTED]
- Tues 7/1 9:00 am Dr. [REDACTED] surgery, [REDACTED]
- Thurs 9/11 9:40 am Dr. [REDACTED] neurology, [REDACTED]
- Wed 10/8 2:00 pm Dr. [REDACTED] and Dr. [REDACTED] Head trauma, [REDACTED]

[REDACTED] are waiting on appointments for

- Vision Therapy - Dr. [REDACTED] - will make an appointment for next month on Thursday
- Occupational and Physical Therapy - waiting on referrals from the doctor.
- Feeding therapy waiting for another referral as the previous doctor could not see him.
- Audiology - waiting on referral from the doctor.

He failed his feeding surgery test on 07/28/2014 and will continue feeding therapy until he is deemed appropriate for the surgery. [REDACTED] continues to attend all of his doctor's appointments and has not progressed very much from his initial discharge from [REDACTED]. On September 3rd, 2014 [REDACTED] will be admitted to the neurological pediatric unit at [REDACTED] for a three day stay where they will monitor him for possible seizures and to pinpoint the source of his uncontrollable crying that lasts anywhere from an hour to two. [REDACTED] continues to be monitored by many physicians who continue to evaluate the extent of damage to his head.

Per, a report from [REDACTED] Medical Center, authored by Dr. [REDACTED]

- [REDACTED] currently participates in the following:
 - Physical Therapy: Twice a week
 - Occupational Therapy: Twice a week
 - Feeding Therapy: Every other week
 - Vision Services: Every three months- with home program
- Currently [REDACTED] has a hand splint on his left hand.

B. Adults:

06/05/2014 - ██████████ - FAST - ██████████ - This case is being closed as allegations substantiated / perpetrator substantiated for allegations of severe physical abuse perpetrated by ██████████ against ██████████ and allegations substantiated / perpetrator substantiated for allegations of severe lack of supervision perpetrated by ██████████ against ██████████. The department became involved with this family on 5/9/14 after ██████████ was taken to ██████████ Hospital with concerns for head injury. Upon arriving at the hospital ██████████ was diagnosed with abusive head trauma. ██████████ was found to have a midline shift of his brain and subdural hematoma which caused the child to have a stroke and seizures. The stroke and seizures restricted the flow of oxygen to ██████████ brain causing an infarct of the entire right hemisphere of his brain. ██████████ was also found to have severe retinal hemorrhaging to almost his entire right eye. ██████████ also has severe neck trauma causing his skull to almost detach from his spine. Mother worked the entire day of 5/8/14 and 5/9/14 leaving ██████████ with his father ██████████. The only explanation for the child's injuries given by the family was that the father stated that on 5/8/14 he tripped on weak flooring in the family kitchen while holding the child making him fall onto his back and the child's head struck his chin and neck. The child was taken to the hospital on 5/9/14 after the mother came home from work. Dr. ██████████ child abuse specialist with ██████████ Hospital reports, there being no way that the child's injuries could have been caused by a fall such as this. Dr. ██████████ reports injuries to be caused by "shaking or slamming" of the child. Mr. ██████████ also has a history of violent behavior including being imprisoned for 10 years for voluntary manslaughter. A severe abuse petition has been filed by the department and no suitable third party placement was able to be identified. ██████████ has been placed into state custody. ██████████ is placed in a medically fragile ██████████ foster home. ██████████ was previously a healthy child and now on a g-tube for feeding and still placed in a c-collar to mobilize his neck. Child was also released from the hospital on methadone treatment due to the amount of pain medication that was given to him in the hospital. ██████████ long term neurological prognosis is very poor. ██████████ must undergo occupational and physical therapy. ██████████ is at high risk for blindness, cerebral palsy, pneumonia, and numerous other medical problems due to the injuries he sustained. Det. ██████████ with the ██████████ Police Department is also continuing to investigate the allegations and criminal charges may arise from the abuse.

06/05/2014 - ██████████ - FAST - ██████████ - This case is being closed as allegations substantiated / perpetrator substantiated for allegations of severe physical abuse perpetrated by ██████████ against ██████████ and allegations substantiated / perpetrator substantiated for allegations of severe lack of supervision perpetrated by ██████████ against ██████████. The department became involved with this family on 5/9/14 after ██████████ was taken to ██████████ Hospital with concerns for head injury. Upon arriving at the hospital ██████████ was diagnosed with abusive head trauma. ██████████ was found to have a midline shift of his brain and subdural hematoma which caused the child to have a stroke and seizures. The stroke and seizures restricted the flow of oxygen to ██████████ brain causing an infarct of the entire right hemisphere of his brain. ██████████ was also found to have severe retinal hemorrhaging to almost his entire right eye. ██████████ also has severe neck trauma causing his skull to almost detach from his spine. Mother worked the entire day of 5/8/14 and 5/9/14 leaving ██████████ with his father ██████████. The only explanation for the child's injuries given by the family was that the father stated that on 5/8/14 he tripped on weak flooring in the family kitchen while holding the child making him fall onto his back and the child's head struck his chin and neck. The child was taken to the hospital on 5/9/14 after the mother came home from work. Dr. ██████████ child abuse specialist with ██████████ Hospital reports, there being no way that the child's injuries could have been caused by a fall such as this. Dr. ██████████ reports injuries to be caused by "shaking or slamming" of the child. Mr. ██████████ also has a history of violent behavior including being imprisoned for 10 years for voluntary manslaughter. A severe abuse petition has been filed by the department and no suitable third party placement was able to be identified. ██████████ has been placed into state custody. ██████████ is placed in a medically fragile ██████████ foster home. ██████████ was previously a healthy child and now on a g-tube for feeding and still placed in a c-collar to mobilize his neck. Child was also released from the hospital on methadone treatment due to the amount of pain medication that was given to him in the hospital. ██████████ long term neurological prognosis is very poor. ██████████ must undergo occupational and physical therapy. ██████████ is at high risk for blindness, cerebral palsy, pneumonia, and numerous other medical problems due to the injuries he sustained. Det. ██████████ with the ██████████ Police Department is also continuing to investigate the allegations and criminal charges may arise from the abuse.

05/28/2014 - ██████████ - FFA - Family - ██████████ - DOB ██████████ Father of ██████████ and primary caregiver. Has been in prison for manslaughter before the birth of ██████████. Has a noticeable anger problem and becomes easily agitated.

██████████ - DOB ██████████ Mother of ██████████ Works at ██████████ Competency is limited.

09/28/2015 - [REDACTED] - FFA - Family - 09/28/2015
Mr. and Mrs. [REDACTED] have surrendered their parental rights.

12/05/2014 - [REDACTED] - FFA - Family - 12/05/2014

Mr. [REDACTED] is currently incarcerated at the [REDACTED] County Jail for aggravated child abuse under 6 years of age. Mr. [REDACTED] is willing to take any classes the jail offers. Prior to being incarcerated Mr. [REDACTED] was visiting consistently with [REDACTED]. Mr. [REDACTED] was also paying child support prior to being incarcerated. He was also assisting with lining up transportation. He worked at the farm temporarily until incarcerated. Mr. [REDACTED] is incarcerated and believes that he has been taken out of the picture. He stated that the DA and the county are not part of [REDACTED] life. Mr. [REDACTED] stated that since his last court appearance, Mr. [REDACTED] has not contacted him. He stated that he had not had any evaluations since he is incarcerated.

08/17/2014 - [REDACTED] - FFA - [REDACTED] - 08/17/2014:

Mr. [REDACTED] was indicted by the Grand Jury in [REDACTED] and was arrested on 08/15/2014 for Child Abuse Aggravated/Neglect under 6 years old of age and his bond was set at \$25000. Mr. [REDACTED] continues to show that he is angry as evidenced by a recent argument with roommates that Mr. and Mrs. [REDACTED] had invited to live in their house and help with rent. Mr. [REDACTED] stated that the roommates were not contributing and they jumped Mrs. [REDACTED] when she walked outside of her bedroom. Mr. [REDACTED] stated that immediately went outside and began punching the roommates to get Mrs. [REDACTED] out of the way. He stated that she cut her palm open on a nail and the police and ambulance were called. However the FSW checked with the [REDACTED] Police Department and the [REDACTED] County Police and while police have been dispatched several times there is no written police report from that night and no charges filed. Mr. [REDACTED] continues to state that if he ever sees the roommates again he will kill them he does not care if he has to go back to prison.

08/28/2015 - [REDACTED] - FFA - [REDACTED] - 8/28/2015:

[REDACTED] remains incarcerated at the [REDACTED] County Jail on aggravated child abuse charges pertaining to [REDACTED]. He has not had any contact with [REDACTED] and has refused to participate in Child and Family Team Meetings. Mr. [REDACTED] was previously incarcerated for manslaughter for killing a prostitute. He has a history of violent and aggressive behavior. Additionally he has a history of alcohol abuse and is very controlling of Mrs. [REDACTED].

06/13/2014 - [REDACTED] - FFA - [REDACTED] - [REDACTED] is a caucasian female who was born on [REDACTED]. She currently works at [REDACTED] store in [REDACTED]. She just finished her GED. Ms. [REDACTED] is a United States Citizen. Ms. [REDACTED] is healthy. She reports having a history with domestic violence in relationships. Ms. [REDACTED] is currently married to [REDACTED]. They were married before [REDACTED] was born on [REDACTED].

08/28/2015 - [REDACTED] - FFA - [REDACTED] - 08/28/2015:

Mrs. [REDACTED] reports that she continues to be employed by [REDACTED] in [REDACTED]. She is now residing at [REDACTED] with her boyfriend. Mrs. [REDACTED] attends therapy at [REDACTED] but is not consistent in attending scheduled sessions. On 08/21/2015, Mrs. [REDACTED] was hospitalized due to mental health issues. FSW [REDACTED] and TL [REDACTED] had made a home visit and felt that Mrs. [REDACTED] may be unsafe so a welfare check was called in. Mrs. [REDACTED] was admitted to [REDACTED] but then transferred to [REDACTED]. Mrs. [REDACTED] has numerous mental health issues and has recently reported to her therapist that she has another personality named [REDACTED]. Mrs. [REDACTED] therapists reports that she is unstable. She reports that she does not have any substance abuse issues. However, at the beginning of the case it was suspected that Mrs. [REDACTED] was drinking. This is based on a self-report she made during a parenting assessment. Mrs. [REDACTED] has much trauma from her past, including the death of both of her parents, that she needs to address in counseling. She has obtained her GED and is currently still married to Mr. [REDACTED].

12/05/2014 - ██████████ - FFA - ██████████ - 12/05/2014:

Mrs. ██████████ has been attending visits and the doctor's appointments that she can get too. She is aware of all appointments. She has housing at the ██████████ for 4 to 6 months. She starts a second job today at ██████████ on ██████████. She stated that they are willing to work around her schedule at ██████████ and her other necessary meetings. Mrs. ██████████ has been studying for her license and has the online test available. Mrs. ██████████ completed her Clinical Intake and Competency. She has supports at the ██████████ and Ms. ██████████ stated that she works and she walks to get from point A to point B. She is not dependent on what they can do for her. Ms. ██████████ stated that she could move her out into her own apartment right now if she wanted but she does not feel Mrs. ██████████ is ready. Ms. ██████████ stated that she wants her to feel her whole time at ██████████. Ms. ██████████ stated that she is reading and trying to be knowledgeable about ██████████ and what is going on with him. She wants to be able to better take care of her child. Ms. ██████████ stated that she can do the parenting classes and a psychologist that can be there as well which would be free from Ms. ██████████. She has a savings account and is the only person in the house that has one. She is paying child support and visiting consistently. Mrs. ██████████ is very willing to learn all of the things that ██████████ needs.

Mrs. ██████████ has no transportation and while she has a few options these are becoming an issue. The ██████████ bus is a problem for Ms. ██████████. Ms. ██████████ assistant has been taking her to appointments and she wants to be at every meeting. Ms. ██████████ stated that she is concerned about the second job and the availability of Ms. ██████████ to attend appointments. Ms. ██████████ stated that she is concerned about Ms. ██████████ having to pay child support. The DAs office called about ██████████ child support on ██████████ phone and Ms. ██████████ called them to state that ██████████ has been incarcerated.

Mrs. ██████████ stated that she was concerned that she could not reach her attorney on the phone.

C. Family Together History:

06/05/2014 - ██████████ - FAST - ██████████ - This case is being closed as allegations substantiated / perpetrator substantiated for allegations of severe physical abuse perpetrated by ██████████ against ██████████ and allegations substantiated / perpetrator substantiated for allegations of severe lack of supervision perpetrated by ██████████ against ██████████. The department became involved with this family on 5/9/14 after ██████████ was taken to ██████████ Hospital with concerns for head injury. Upon arriving at the hospital ██████████ was diagnosed with abusive head trauma. ██████████ was found to have a midline shift of his brain and subdural hematoma which caused the child to have a stroke and seizures. The stroke and seizures restricted the flow of oxygen to ██████████ brain causing an infarct of the entire right hemisphere of his brain. ██████████ was also found to have severe retinal hemorrhaging to almost his entire right eye. ██████████ also has severe neck trauma causing his skull to almost detach from his spine. Mother worked the entire day of 5/8/14 and 5/9/14 leaving ██████████ with his father ██████████. The only explanation for the child's injuries given by the family was that the father stated that on 5/8/14 he tripped on weak flooring in the family kitchen while holding the child making him fall onto his back and the child's head struck his chin and neck. The child was taken to the hospital on 5/9/14 after the mother came home from work. Dr. ██████████ child abuse specialist with ██████████ Children's Hospital reports, there being no way that the child's injuries could have been caused by a fall such as this. Dr. ██████████ reports injuries to be caused by "shaking or slamming" of the child. Mr. ██████████ also has a history of violent behavior including being imprisoned for 10 years for voluntary manslaughter. A severe abuse petition has been filed by the department and no suitable third party placement was able to be identified. ██████████ has been placed into state custody. ██████████ is placed in a medically fragile ██████████ foster home. ██████████ was previously a healthy child and now on a g-tube for feeding and still placed in a c-collar to mobilize his neck. Child was also released from the hospital on methadone treatment due to the amount of pain medication that was given to him in the hospital. ██████████ long term neurological prognosis is very poor. ██████████ must undergo occupational and physical therapy. ██████████ is at high risk for blindness, cerebral palsy, pneumonia, and numerous other medical problems due to the injuries he sustained. Det. ██████████ with the ██████████ Police Department is also continuing to investigate the allegations and criminal charges may arise from the abuse.

05/28/2014 - ██████████ - FFA - Family - ██████████ resides with his mother ██████████ and father ██████████ at ██████████ in ██████████. Family has limited support as mother's parents are deceased. Mr. ██████████ has no contact with his father however his mother is a support to the family.

08/28/2015 - [REDACTED] - FFA - Family - 08/28/2015:

Mrs. [REDACTED] currently resides at [REDACTED] in [REDACTED] with her boyfriend. [REDACTED] has not been visiting with his father due to the fact that Mr. [REDACTED] is currently incarcerated in the [REDACTED] County Jail with child abuse charges relating to [REDACTED]. Mrs. [REDACTED] has had the following visitations: 4/1/15, 5/4/15, 5/15/15, 6/4/15, 6/10/15, 6/17/15, 6/23/15, 7/1/15, 7/8/15, 7/15/15, 7/23/15, and 7/29/15. She missed the following visitations: 4/10/15, 4/29/15, 8/7/15, 8/17/15. During the visitations that occurred Mrs. [REDACTED] began the visits well and had good interactions with [REDACTED]. Some of the visits were cut short due to Mrs. [REDACTED] schedule and stating that she needed to be back for work. During the month of August Mrs. [REDACTED] was unreachable for the majority of the month. FSW [REDACTED] left multiple messages and sent texts but was unable to locate Mrs. [REDACTED]. Once Mrs. [REDACTED] was able to be located she was very upset and due to mental health concerns she was admitted to the hospital for mental health treatment. Mrs. [REDACTED] was instructed to contact FSW [REDACTED] upon release from the hospital so that future visitations could be scheduled.

09/28/2015 - [REDACTED] - FFA - Family - 09/28/2015:

[REDACTED] is currently residing in a pre-adoptive home in [REDACTED]. Both parents have surrendered their rights.

12/05/2014 - [REDACTED] - FFA - Family - Mrs. [REDACTED] currently resides at [REDACTED] in [REDACTED]. She visits Mr. [REDACTED] every week in jail. She continually visits Mr. [REDACTED] in jail weekly. Mrs. [REDACTED] wants to be a family with [REDACTED] and Mr. [REDACTED]. She maintains his innocence regarding the abuse and is in denial about [REDACTED] medical condition stating that it is genetic. Mrs. [REDACTED] has a stable job and she has been the only one with a stable job for the duration of the case. She continues to visit [REDACTED] and attend the appointments she can. She calls twice a week to check on [REDACTED] and continues to want more time with him.

D. Other Significant Relationships:

05/28/2014 - [REDACTED] FFA - Family - [REDACTED] - Paternal grandmother of [REDACTED]. Has medical problems including chrones disease. Is primary resource for family and provides transportation although has some current vehicle troubles.

09/28/2015 - [REDACTED] - FFA - Family - [REDACTED] currently has the support of his pre-adoptive foster mother, his in-home nurse, doctors, and therapists.

12/05/2014 - [REDACTED] - FFA - Family - [REDACTED] has many therapists and doctors that he sees weekly. He has the support of the resource home and the respite homes that he has been placed in as well. He continues to have the support of [REDACTED] and his worker through that provider. Mrs. [REDACTED] has the support of Ms. [REDACTED] at [REDACTED]. Ms. [REDACTED] has assisted her in setting up a savings account and states that Mrs. [REDACTED] is ready to live on her own but still needs the emotional support that [REDACTED] offers. Mr. [REDACTED] has the support offered to him at the jail and the services offered to him there.

E. Legal/Court/DCS History:

Intake ID		Decision Date / Time		Intake Type	Investigation ID/ Assessment ID
[REDACTED]		[REDACTED]		CPS	[REDACTED]
[REDACTED]		[REDACTED]		CPS	[REDACTED]
Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
05/28/2014	Court Order	Custody Removal (Initial)	[REDACTED]	[REDACTED]	
07/27/2014	Court Order	Annual Permanency Review	[REDACTED]	[REDACTED]	

07/10/2014	Hearing	Permanency Plan Ratification		[REDACTED]
07/31/2015	Court Order	Annual Permanency Review		[REDACTED]
06/15/2015	Hearing	Annual Permanency Hearing		[REDACTED]
09/29/2015	Court Order	Voluntary Surrender	[REDACTED]	[REDACTED]
09/17/2015	Court Order	Voluntary Surrender	[REDACTED]	[REDACTED]
	Hearing	Adjudicatory/ Dispositional		[REDACTED]
03/18/2015	Hearing	Foster Care Review Board		[REDACTED]
09/17/2014	Hearing	Foster Care Review Board		[REDACTED]
	Hearing	Special		[REDACTED]
09/17/2014	Hearing	Foster Care Review Board		[REDACTED]
09/29/2015	Court Order	Voluntary Surrender	[REDACTED]	[REDACTED]
09/17/2015	Court Order	Voluntary Surrender	[REDACTED]	[REDACTED]
09/17/2014	Hearing	Foster Care Review Board		[REDACTED]

05/28/2014 - [REDACTED] - FFA - Family - Prior to the current investigation family had no involvement with DCS or Juvenile Court. Father has been previous incarcerated for approximately 10 years for manslaughter.

12/05/2014 - [REDACTED] - FFA - Family - 12/05/2014:

There has been two review hearings but the adjudication trial was moved to 01/21/2014 at 8:00am. The following is from the court report:

Plan of Action / Service Plan / Permanency Plan:

- Mr. and Mrs. [REDACTED] will participate in training to learn how to care for [REDACTED] medical needs. This includes but is not limited to his G-Tube. They will need to learn how to feed [REDACTED] through his G-Tube.
- Mr. and Mrs. [REDACTED] will attend medical appointments and therapy sessions so that they can learn from the medical professionals what medical needs and physical needs [REDACTED] have.
- Mr. and Mrs. [REDACTED] will identify informal supports to help them with [REDACTED] needs and their own needs. Mr. and Mrs. [REDACTED] will identify sources of support.
- Mr. and Mrs. [REDACTED] will establish and maintain a stable home. They will obtain legal employment and will provide DCS with paystubs for at least four consecutive months.
- They will notify DCS of any employment status change or job change and will provide documentation. Mr. and Mrs. [REDACTED] will obtain transportation they will notify DCS if they cannot and DCS will help them explore other options.
- Mrs. [REDACTED] will follow the recommendations of their parenting assessments and proceed with full psychological evaluations.
- Mr. [REDACTED] will follow the recommendations of their parenting assessments and proceed with full psychological evaluations.
- Mr. [REDACTED] will complete a clinical intake with an anger management component and will follow all recommendations.

IV. Assessment of Safety:

06/09/2014 - [REDACTED] - Safety - [REDACTED] - The department became involved with this family after [REDACTED] was hospitalized at [REDACTED] Hospital with severe head and neck trauma. Diagnosis of injury is Abusive Head Trauma.

06/05/2014 - [REDACTED] - Safety - [REDACTED] - The department became involved with this family after [REDACTED] was hospitalized at [REDACTED] Hospital with severe head and neck trauma. Diagnosis of injury is Abusive Head Trauma.

05/15/2014 - [REDACTED] - Safety - [REDACTED] - The department became involved with this family after [REDACTED] was hospitalized at [REDACTED] Hospital with severe head and neck trauma. Diagnosis of injury is Abusive Head Trauma.

12/05/2014 - [REDACTED] - FFA - Family - 12/05/2014

[REDACTED] continues to reside in a medically fragile foster home and is currently safe in this home. Mrs. [REDACTED] will need stable housing that is safe and free from environmental harm. She currently resides at [REDACTED] but that housing comes to an end at the end of January. Mr. [REDACTED] is currently in jail for child abuse charges related to this custody episode.

09/28/2015 - [REDACTED] - FFA - [REDACTED] - 09/28/2015

[REDACTED] is currently safe in his placement. He has no contact with either parent and is doing very well in his foster home.

V. Assessment of Well Being:

05/28/2014 - [REDACTED] - FFA - Family - [REDACTED] is currently on a g-tube and in a c-collar. Child's long term neurological well being is believed to be extremely poor. Child is at high risk for blindness, cerebral palsy, among other disorders.

08/17/2014 - [REDACTED] - FFA - [REDACTED] - 8/17/2014:

[REDACTED] is currently residing in a medically fragile, provider foster home through [REDACTED]. The home is in [REDACTED]. [REDACTED] was discharged from [REDACTED] Hospital on 05/31/2014. His cervical collar was removed. His neck is very weak but he is able to move to both sides without seeming to uncomfortable. He can suck on his pacifier, grip with both hands, and is opening his left eye more. He continues to need the G-Tube to eat. According to the discharge paperwork [REDACTED] was a:

- previously healthy 8 week old male that was presented with abusive head trauma;
- admitted to PCCU requiring mechanical ventilation;
- imaging findings of head CT with subdural hematoma and R hemisphere infarct, cspine CT with atlantoaxial and poss atlantooccipital dissociation.

[REDACTED] has completed his EPSDT and has several appointments setup for physical therapy, vision therapy, feeding therapy, and occupational therapy. He will continue to have EPSDT appointments and has an in-home nurse as well. The in-home nurse will give him a bath on Fridays and his primary care physician will give him a bath on Monday and Wednesday. He also has a TEIS appointment set up for 6/16/2014. A pulse oxygen monitor was ordered for [REDACTED] for night time just in case he aspirates. He is refluxing silently.

The resource parent has been taking [REDACTED] to all of his appointments which include physical therapy, occupational therapy, vision therapy, and medical appointments. According to the discharge papers from [REDACTED] [REDACTED] skull has sunk in due to the trauma he has been through regarding his head. The doctors have stated that it is expected that his skull would cave in and the plates would shift from the trauma he has endured. [REDACTED] primary diagnosis according to the discharge papers is abusive head trauma. His secondary diagnoses include subdural hematoma, cerebral infraction, and feeding problems. [REDACTED] has the following appointments:

- Wed 6/4 1:30 pm Dr. [REDACTED] pediatrician [REDACTED]
- Thurs 6/26 1:45 pm Dr. [REDACTED] Orthopedics, [REDACTED]
- Tues 7/1 9:00 am Dr. [REDACTED] surgery, [REDACTED]
- Thurs 9/11 9:40 am Dr. [REDACTED] neurology, [REDACTED]
- Wed 10/8 2:00 pm Dr. [REDACTED] and Dr. [REDACTED] Head trauma, [REDACTED]

[REDACTED] are waiting on appointments for

- Vision Therapy - Dr. [REDACTED] - will make an appointment for next month on Thursday
- Occupational and Physical Therapy - waiting on referrals from the doctor.
- Feeding therapy waiting for another referral as the previous doctor could not see him.
- Audiology - waiting on referral from the doctor.

He failed his feeding surgery test on 07/28/2014 and will continue feeding therapy until he is deemed appropriate for the surgery. [REDACTED] continues to attend all of his doctor's appointments and has not progressed very much from his initial discharge from [REDACTED]. On September 3rd, 2014 [REDACTED] will be admitted to the neurological pediatric unit at [REDACTED] for a three day stay where they will monitor him for possible seizures and to pinpoint the source of his uncontrollable crying that lasts anywhere from an hour to two. [REDACTED] continues to be monitored by many physicians who continue to evaluate the extent of damage to his head.

09/28/2015 - [REDACTED] - FFA - [REDACTED] - 09/28/2015

[REDACTED] has lymphotic massage (also called lymphatic drainage or manual lymph drainage, is a technique developed in [REDACTED] for treatment of lymphedema, an accumulation of fluid that can occur after lymph nodes are removed during surgery) due to swelling, his left side retains fluid. Additionally he has Physical Therapy (2x a week), Occupational Therapy (2x week), Speech Therapy (2x a week), Vision Therapy (every 3 months), and Feeding Therapy (2x a week). He will begin to go to the clinic to receive therapy now because he is growing and needs bigger equipment. He has new shoes and the right side is fitted with a brace. He had an appointment with the neurosurgeon in June that went well and there are no new needs for surgeries or consultations at this time. He will continue to be monitored regarding the fluid in his brain. Feeding therapy is going very well and he is eating pureed foods. The majority of his nutrition still comes from the feeding tube at this time. Another swallow test will be scheduled during the fall of 2015. [REDACTED] still has seizures at times. He is diagnosed with Epilepsy, GERD, Cerebral Palsy, and is a Hemiparaleptic (paralysis of the lower half of one side) on his left side. Currently he takes Gabapentin to control the pain on his left side. This has worked very well for him as he is now rolling over to get to toys on the floor and is very strong on his right side. There are no dental concerns at this time.

12/05/2014 - [REDACTED] - FFA - [REDACTED] - 12/05/2014

[REDACTED] retook his swallow test at the beginning of December and failed it again. He will remain on the G-Tube. In addition, an appointment occurred on November the 10th to assess the pressure between [REDACTED] brain and skull and the fluid that exists there. It was determined that while there is fluid present there is not as much pressure as there was originally thought to be. Therefore he will have another scan in 4 to 6 months and reassess the need for a shunt to be put in to release pressure. [REDACTED] was also diagnosed with Cerebral Palsey and continues to have problems with vision and tracking.

12/05/2014 - [REDACTED] - FFA - [REDACTED] - 12/05/2014:

[REDACTED] is currently residing in a medically fragile, provider foster home through [REDACTED]. The home is in [REDACTED]. [REDACTED] was discharged from [REDACTED] Hospital on 05/31/2014. His cervical collar was removed. His neck is very weak but he is able to move to both sides without seeming to uncomfortable. He can suck on his pacifier, grip with both hands, and is opening his left eye more. He continues to need the G-Tube to eat. According to the discharge paperwork [REDACTED] was a:

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The resource parent has been taking [REDACTED] to all of his appointments which include physical therapy, occupational therapy, vision therapy, and medical appointments. According to the discharge papers from [REDACTED] [REDACTED] skull has sunk in due to the trauma he has been through regarding his head. The doctors have stated that it is expected that his skull would cave in and the plates would shift from the trauma he has endured. [REDACTED] primary diagnosis according to the discharge papers is abusive head trauma. His secondary diagnoses include subdural hematoma, cerebral infraction, and feeding problems. [REDACTED] has the following appointments:

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- Tues 7/1 9:00 am Dr. [REDACTED] surgery, [REDACTED]
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[REDACTED] are waiting on appointments for

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- Audiology - waiting on referral from the doctor.

He failed his feeding surgery test on 07/28/2014 and will continue feeding therapy until he is deemed appropriate for the surgery. [REDACTED] continues to attend all of his doctor's appointments and has not progressed very much from his initial discharge from [REDACTED]. On September 3rd, 2014 [REDACTED] will be admitted to the neurological pediatric unit at [REDACTED] for a three day stay where they will monitor him for possible seizures and to pinpoint the source of his uncontrollable crying that lasts anywhere from an hour to two. [REDACTED] continues to be monitored by many physicians who continue to evaluate the extent of damage to his head.

Per a report from [REDACTED] [REDACTED] Medical Center, authored by Dr. [REDACTED]

- [REDACTED] currently participates in the following:
 - Physical Therapy: Twice a week
 - Occupational Therapy: Twice a week
 - Feeding Therapy: Every other week
 - Vision Services: Every three months- with home program
- Currently [REDACTED] has a hand splint on his left hand.

VI. Assessment of Permanence:

05/28/2014 - [REDACTED] - FFA - Family - On 5/28/2014 [REDACTED] was placed into states custody by the [REDACTED]. Child will be placed in a private provider medically fragile resource home and parents visitation will be supervised by the department.

08/17/2014 - [REDACTED] - FFA - Family - At the CFTM on 06/12/2014 the goal of adoption was added to the Permanency Plan due to the severe abuse charge. Mr. [REDACTED] was indicted by the Grand Jury and was arrested on 08/15/2014 for Child Abuse Aggravated/Neglect under 6 years old. His bond was set at \$25000. [REDACTED] will need to remain in a medically fragile foster home at this time.

12/05/2014 - [REDACTED] - FFA - Family - [REDACTED] continues to need permanency. He currently resides in a medically fragile provider foster home but this home is not a legal risk home. Mrs. [REDACTED] continues to work the permanency plan and Mr. [REDACTED] is currently incarcerated. The adjudication trial has been moved to 01/21/2014. If a severe abuse finding is granted the Department will pursue TPR.

09/28/2015 - [REDACTED] - FFA - [REDACTED] - [REDACTED] will be in full guardianship as both parents have surrendered. He is currently in a pre-adoptive home.

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Support Services/ Family Support Services	Approved	[REDACTED]	06/09/2014	06/30/2014
[REDACTED]	Behavioral Services/ Non tennncare eligible Psychological Services	Approved	[REDACTED] (medical)	07/01/2014	07/31/2014
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED] (MC/DV)	12/12/2014	12/31/2014
[REDACTED]	Behavioral Services/ Non tennncare eligible Psychological Services	Approved	[REDACTED] (MC/DV)	11/14/2014	11/30/2014
[REDACTED]	Behavioral Services/ Non tennncare eligible Psychological Services	Approved	[REDACTED]	02/01/2015	02/28/2015
[REDACTED]	Support Services/ Family Support Services	Approved	[REDACTED]	03/23/2015	03/31/2015
[REDACTED]	Behavioral Services/ Non tennncare eligible Psychological Services	Approved	[REDACTED]	03/11/2015	03/31/2015
[REDACTED]	Behavioral Services/ Non tennncare eligible Psychological Services	Approved	[REDACTED]	09/10/2014	09/30/2014
[REDACTED]	Behavioral Services/ Non tennncare eligible Psychological Services	Approved	[REDACTED] (medical)	07/01/2014	07/31/2014
[REDACTED]	Behavioral Services/ Non tennncare eligible Psychological Services	Approved	[REDACTED]	09/10/2014	09/30/2014
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	11/01/2014	11/30/2014
[REDACTED]	Behavioral Services/ Non tennncare eligible Psychological Services	Approved	[REDACTED]	12/01/2014	12/31/2014

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Legal Services/ Court Reporting	Approved	[REDACTED]	01/23/2015	01/31/2015
[REDACTED]	Legal Services/ Court Reporting	Approved	[REDACTED]	01/23/2015	01/31/2015
[REDACTED]	Legal Services/ Court Reporting	Approved	[REDACTED]	01/23/2015	01/31/2015
[REDACTED]	Support Services/ Family Support Services	Denied	*To be determined by Regional Fiscal Unit	07/15/2015	

05/28/2014 - [REDACTED] - FFA - Family - Family has limited resources. Families home is in ill repair, they do not have transportation, father is unemployed, and family has very minimal support through other family and friends.

12/05/2014 - [REDACTED] - FFA - Family - FSW [REDACTED] continues to be a resource for this family:

[REDACTED]

There will be a new worker on this case as FSW [REDACTED] is transitioning to a new position. The new worker will be:

[REDACTED]

Worker's Signature

Date

Supervisor's Signature

Date



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker: [Redacted]

Date of Referral: 5/9/14 7:46 PM

Date of Assessment: 5/15/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

[X] All children placed.

[] One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed (1)

[Redacted]

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker: [Redacted]

Date of Referral: 5/15/14 2:37 PM

Date of Assessment: 6/5/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

All children placed.

One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed (1)

████████████████████

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker: [Redacted]

Date of Referral: 5/15/14 2:37 PM

Date of Assessment: 6/9/14 12:00 AM

Assessment Type: Closing

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

- All children placed.
One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed (1)

[Redacted]

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____