



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 07/12/2014 10:37 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 07/13/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 07/14/2014 10:38 AM
First Team Leader Assigned: [REDACTED] Date/Time 07/14/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 07/14/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 6 Mos	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	None

Preliminary Near Death: [REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: ****Child is not in DCS custody
TFACTS: Yes
Family Case IDs: [REDACTED]
Open Court Custody/FSS/FCIP: No
Closed Court Custody: No
Open CPS: No
Substantiated: No



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

Fatality: No

Screened out: 1

History (not listed above): Yes

██████████ / DEC and DEI / allegation unsubstantiated, perpetrator unsubstantiated

DUPLICATE REFERRAL: No

County: ██████████

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: None Given

Reporter's name/relationship: ██████████ ██████████ ██████████ ██████████ ██████████
██████████

NOTE: Address and any applicable phone numbers are listed under the oldest child victim.

Reporter states: ***The child is not in DCS custody.

██████████ (3 months old) lives with her mother and stepfather, ██████████ and ██████████, in ██████████

The birth father of ██████████ is ██████████. ██████████ resides in ██████████ but his address is unknown at this time. His phone number is also unknown at this time. It is unknown what the custodial arrangement is between the father and the mother. It is unknown if there are other children in the homes of the mother and the father. ██████████ was with her biological father tonight.

██████████ was taken to ██████████ tonight by ambulance for an acute life threatening event. ██████████ has old and new subdural hematomas. ██████████ has one old hematoma and one new hematoma. ██████████ was transferred to ██████████ Hospital in ██████████.

When ██████████ presented to ██████████ by EMS personnel, ██████████ was unresponsive and not breathing well. Compressions did have to be done on ██████████ before she arrived at ██████████.

The biological father, ██████████ was interviewed by police at ██████████. ██████████ stated that ██████████ was being fed and she began choking. ██████████ patted her on the back and she became unresponsive. The father called EMS. The father started compressions. When EMS arrived, ██████████ had a heart rate but was not breathing well.

██████████ also has abrasions and contusions on her head as well as her neck and chest. It is hard for medical personnel to determine at this time if the bruises and contusions are in various stages of healing. The bruises are small on ██████████ forehead and there is no particular pattern to the bruising. It is unknown at this time if ██████████ has been taken to the emergency room for any injuries prior to this event.

The transport team stated that ██████████ revealed that he was worried about his history. It is unknown at this time what ██████████ meant by "history." ██████████ is currently at ██████████ Hospital. It is unknown if the parents have a history with police. It is unknown if the parents have any alcohol and drug issues, mental health issues, or if there is domestic violence in the home.

██████████ is still in critical condition at ██████████ Hospital emergency room and will be admitted to the intensive care unit. It is believed that ██████████ will survive but it is unknown what the long term effects will be for ██████████



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Immediate response is not being requested at this time. Medical staff state that a case worker with the Department of Children's Services can respond in the morning due to the child being admitted to the hospital.

No special needs or disabilities are known.

Per SDM: Investigative Track / P1 - [REDACTED], CM3, on 7-12-14 at 11:32 p.m.
County notified via MIR3 on 7-12-14 at 11:36 p.m.

[REDACTED] - Time Issued: 11:36:04 PM // Completed: 11:36:37 PM

A notification was sent to [REDACTED]
[REDACTED] was copied on the notification.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 1 Yr 6 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 28 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: WORK

Contact Comments: Father works at [REDACTED]

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 07/12/2014 Assignment Date: 07/14/2014
Street Address: [Redacted]
City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 2 rows of allegations.

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case came to the attention of the Department on 7/12/14 with allegations of Physical Abuse. It was alleged that [Redacted] caused non-accidental trauma to the head of her daughter [Redacted]. Upon further investigation it was learned [Redacted] cooperated with the investigation and submitted to a polygraph that was negative for deception. This case is closed as Unsubstantiated

This case came to the attention of the Department on 7/12/14 with allegations of Physical Abuse (S). It was alleged that [Redacted] inflicted non-accidental head trauma to his alleged daughter [Redacted]. Upon further investigation it was learned based on interviews it was determined that [Redacted] was the last person to have contact with the child when she became unresponsive. [Redacted] could not provide any explanation as to why the child became unresponsive or as to how the injuries occurred. This case is closed as: Substantiated

D. Case Workers

Case Worker: [Redacted] Date: 07/31/2014
Team Leader: [Redacted] Date: 07/31/2014

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:



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

Case Name : ██████████

Investigation ID: ██████████

██████████ is an infant and cannot give disclosure. She was admitted to ██████████ after suffering non-accidental trauma to the head that led to a skull fracture, 2 subdural hematomas, and a retinal hemorrhaging. At one point CPR was administered because the child was unresponsive. She was released to the care of her legal father and eventually the mother was given unrestricted access to the child. The alleged father is incarcerated and a Restraining Order has been enacted by DCS and ██████████ Juvenile Court against ██████████.

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

██████████ Hospital Witness Interview- ██████████ interviewed ██████████, Social Worker: At the time of arrival by ██████████ it was reported that the legal father, ██████████ was in the room with the child. ██████████ reported that they had just received all the medical records from the primary care physician at ██████████. According to ██████████ Peralis a CT scan of the brain appeared to be normal but the final reading from radiology had not been received. 2 subdural hematomas were discovered along with a small skull fracture on the left side of the head that coincided with the bruising that was discovered at the time of admission. Also 5 retinal hemorrhages in the right eye and 10 in the left eye which could be indicative of trauma. The mother had reported to ██████████ that they did not have a crib set up for the child and that the child slept in a swing during the night. The last 3 visits the child had to the PCP did not show any signs of trauma or abuse and were classified as normal and routine. Those visits were on: 6/17/14, 5/20/14, and 4/23/14. ██████████ agreed to gather the medical records and provide them to ██████████.

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

██████████ was asked to explain the events of July 12 2014 when the alleged incident occurred. ██████████ reported that he awoke between 0800 to feed the baby, ██████████. ██████████ reported that he also changed the diaper on the child. ██████████ informed ██████████ that he noticed a bruise on the child's head that he did not see the night before. ██████████ but the child back to sleep around 0900. ██████████ reported that he awoke again around 1200 and ██████████ was playing with the baby. ██████████ reported that ██████████ left the home at 0600 on 7/12/14 before anyone was awake. ██████████ did not report any problems. ██████████ left around 1530 for work. ██████████ placed the child in her swing. The child became fussy and prepared her a bottle. As he was feeding the child, the child began choking and gasping for air. ██████████ reported that he shook the baby from side to side and also went upstairs to "throw water on her face." ██████████ became unresponsive and he called ██████████. ██████████ told him that he should call 911. ██████████ reported that he called 911 and they directed him how to perform infant CPR. ██████████ did this until EMS arrived at the home. ██████████ reported that he arrived home from work at 0300 on 7/12/14. ██████████ admitted to smoking marijuana at work before coming home. ██████████ denied that he ever smoked marijuana around the child or while in the care of the child. ██████████ reported that he watched the child from 1530 until 1800 on 7/11/14 while ██████████ was at work.

Alleged Perpetrator ██████████ at ██████████ Police Dept: ██████████ was interviewed by ██████████ Detective ██████████ This interview was recorded and a CD/DVD of this interview is in the hard copy file is on file with ██████████. This is a summary of the interview.

██████████ denied striking or causing injury to the child. ██████████ reported that she was at work at the time of the incident. ██████████ submitted to a polygraph examination on this date. This was administered by TBI. ██████████ was found to be non-deceptive according to the results of the polygraph.

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

7/12/2014 2237: ██████████ (3 months old) lives with her mother and stepfather, ██████████ and ██████████, in ██████████. The birth father of ██████████ is ██████████. ██████████ resides in ██████████ but his address is unknown at this time. His phone number is also unknown at this time. It is unknown what the custodial arrangement is between the father and the mother. It is unknown if there are other children in the homes of the mother and the father. ██████████ was with her biological father tonight. ██████████ was taken to



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

Case Name : ██████████

Investigation ID: ██████████

██████████ tonight by ambulance for an acute life threatening event. ██████████ has old and new subdural hematomas. ██████████ has one old hematoma and one new hematoma. ██████████ was transferred to ██████████ Hospital in ██████████. When ██████████ presented to ██████████ by EMS personnel, ██████████ was unresponsive and not breathing well. Compressions did have to be done on ██████████ before she arrived at ██████████. The biological father, ██████████, was interviewed by police at ██████████. ██████████ stated that ██████████ was being fed and she began choking. ██████████ patted her on the back and she became unresponsive. The father called EMS. The father started compressions. When EMS arrived, ██████████ had a heart rate but was not breathing well. ██████████ also has abrasions and contusions on her head as well as her neck and chest. It is hard for medical personnel to determine at this time if the bruises and contusions are in various stages of healing. The bruises are small on ██████████ forehead and there is no particular pattern to the bruising. It is unknown at this time if ██████████ has been taken to the emergency room for any injuries prior to this event. The transport team stated that ██████████ revealed that he was worried about his history. It is unknown at this time what ██████████ meant by "history." ██████████ is currently at ██████████ Hospital. It is unknown if the parents have a history with police. It is unknown if the parents have any alcohol and drug issues, mental health issues, or if there is domestic violence in the home. ██████████ is still in critical condition at ██████████ Hospital emergency room and will be admitted to the intensive care unit. It is believed that ██████████ will survive but it is unknown what the long term effects will be for ██████████.

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

Policy 14 Work Aid 1 that describes Physical Abuse as: Physical abuse: 2

Non-accidental physical trauma or abuse inflicted by a parent or caretaker on a child. Physical abuse also includes but not limited to: d) When a child is allegedly struck on parts of the body in such a way that could result in internal injuries.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/24/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/24/2014

Completed date: 10/24/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2014 08:44 AM Entered By: [REDACTED]

This case was reviewed by Deputy Director of Investigations [REDACTED] It has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/11/2014

Contact Method:

Contact Time: 03:25 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/11/2014

Completed date: 09/11/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/11/2014 02:28 PM Entered By: [REDACTED]

Fatality/Near Fatality Closing Summary:

On 7/12/14 a referral was received at the DCS hotline. The ACV is [REDACTED] and the allegation is Physical Abuser. The family has the following history with DCS: Prior Investigation [REDACTED] allegations Unsubstantiated. This is a summary of the Fatality/Near Fatality Event: On 7/12 the ACV was left in the care of the AP and alleged father [REDACTED]. After being alone for approximately 15 minutes the child became unresponsive. EMS was alerted and the child was transported to [REDACTED] Center. The child was discovered to have head trauma and was then transported to [REDACTED] Hospital. The child was not pronounced dead. The following persons were involved in the investigation of this case: [REDACTED], [REDACTED], [REDACTED], [REDACTED] Detective [REDACTED]. The alleged perpetrator is [REDACTED] and the relationship is alleged father. [REDACTED] interviewed the following persons for this case: [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. They are the caretakers of the child. The following professionals were interviewed during this case: [REDACTED], [REDACTED] RN, [REDACTED] Social Services [REDACTED]. A summary of the interviews is All 3 caretakers report the same incident that the child had exhibited no signs of distress during the day. The child appeared alert and engaged with [REDACTED] throughout the day. At approximately [REDACTED] left the house again to take [REDACTED] to work. The child was "fine" At around 1600 [REDACTED] was calling because the child had stopped breathing. Medical staff confirms that the child suffered a serious head trauma and had to be resuscitated. The child was transported from [REDACTED] to [REDACTED] due to the severity of the head injury. The child had a skull fracture and 2 hematomas. [REDACTED] was arrested at the hospital for failure to protect. He was later charged with abuse. These charges were a result of him being the last person to be with the child prior to the event.

DCS Policy 14 Work Aid 1 describes Fatality and Near Fatality as:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.
4. Near Death - A serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The Child Protective Investigative Team (CPIT) review was held on 8/12/14 with [REDACTED], [REDACTED], Det. [REDACTED], [REDACTED], [REDACTED] RN and [REDACTED] ADA in attendance. The allegations of Physical Abuse were Substantiated against [REDACTED]. The classification was due to the evidence collected, interviews given, and medical records that were obtained.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2014

Completed date: 08/13/2014

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: 08/13/2014 12:16 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] staffed this case for closure. CPIT was convened again on [REDACTED]. The court order FSS services and that CFTM was completed on 8/12/2014. FSS is now in the home with the family for follow up services. [REDACTED] has seen both the ACV and the brother and currently there is no concerns for the children. [REDACTED] has followed up with Legal to gain sealed records for the medical information/records on this case. This case is ready for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/31/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/31/2014

Completed date: 07/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/31/2014 09:33 AM Entered By: [REDACTED]

7/31/14 FFA: The Family Functional Assessment was completed and a copy has been placed in the file.

7/31/14 NCPP: The Non-Custodial Permanency Plan was completed and a copy is in the hard copy file.

7/31/2014 FAST 2.0 completed and a copy is in the hard file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2014	Contact Method:	Face To Face
Contact Time:	09:00 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	07/30/2014
Completed date:	07/30/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2014 05:00 PM Entered By: [REDACTED]

7/30/14: A court hearing was held on this date at the [REDACTED] Courthouse. This case was heard in front of [REDACTED]. Present for the hearing were:

- [REDACTED] mother
- [REDACTED] legal father
- [REDACTED] alleged father and alleged perpetrator
- [REDACTED] CPSI
- [REDACTED] DCS attorney
- [REDACTED] attorney for [REDACTED]

The three day hearing was waived and adjudication was set for 10/14/14 at 0900. A no contact order was enforced against [REDACTED].

FSS referral was made



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/24/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/30/2014

Completed date: 07/30/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2014 05:16 PM Entered By: [REDACTED]

7/24/14 Face to face contact at [REDACTED]. CPSI met with [REDACTED] and [REDACTED]. Also present was the ACV [REDACTED]. [REDACTED] was sleeping in her infant swing. [REDACTED] was reported to have just returned from seeing her primary care physician. It was reported that [REDACTED] does not believe that [REDACTED] needs rehabilitation therapy at this time but a followup appointment for 60-90 days away will need to be scheduled. [REDACTED] has already met with her therapist and was placed on a new medication. She is now taking Buspar. [REDACTED] looked at CPSI and stated "I just as fuzzy as I was." The child appeared clean and no new markings or bruises were observed.

Safety Assessment: The home is a split level apartment with a wooden spiral staircase. CPSI almost bumped his head as he approached it. At its highest point the clearance is approximately 6'7." This was noted by comparing the height of CPSI to the amount of clearance. The downstairs consists of 2 rooms. The upstairs is a bedroom kitchen and bathroom. The home is somewhat cluttered but not unsanitary. CPSI advised the family to childproof the home and secure medications.

Plan: Continue with investigation. Refer to FSS for continued care.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/24/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2014

Completed date: 07/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2014 04:49 PM Entered By: [REDACTED]

7/24/14 SDM: The SDM, Safety Assessment was completed on this date and notes no immediate harm factors at this time. The children appear safe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/23/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 07/30/2014

Completed date: 07/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2014 04:44 PM Entered By: [REDACTED]

7/23/14 FF with Alleged Perpetrator [REDACTED] at [REDACTED] Police Dept: [REDACTED] was interviewed by [REDACTED] Detective [REDACTED]. This interview was recorded and a CD/DVD of this interview is in the hard copy file is on file with [REDACTED]. This is a summary of the interview.

[REDACTED] denied striking or causing injury to the child. [REDACTED] reported that she was at work at the time of the incident. [REDACTED] submitted to a polygraph examination on this date. This was administered by TBI. [REDACTED] was found to be non-deceptive according to the results of the polygraph.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/22/2014

Contact Method: Phone Call

Contact Time: 02:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/22/2014

Completed date: 07/22/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/22/2014 01:19 PM Entered By: [REDACTED]

CPSI requested a copy of the medical report for [REDACTED]. [REDACTED] was examined at [REDACTED] as part of the investigation into the physical abuse of his half sibling [REDACTED]. At the time of the exam it was determined that the child had a case of strep throat. No evidence of physical abuse was noted.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/21/2014	Contact Method:	
Contact Time:	10:55 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/21/2014
Completed date:	07/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review -		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/21/2014 11:53 AM Entered By: [REDACTED]

On this date [REDACTED] reported that ACV was discharged from the hospital on 7/20/2014 and the hospital did not notify DCS of this action.
The mother is undergoing her polygraph on this date. [REDACTED] will make a home visit to see if the child is being supervised per IPA.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/21/2014	Contact Method:	
Contact Time:	02:35 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/21/2014
Completed date:	07/21/2014	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)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/21/2014 01:37 PM Entered By: [REDACTED]

[REDACTED] reported he received phone call from Detective [REDACTED] and the mother's Polygraph was clear. [REDACTED] will enter a new Petition.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/15/2014	Contact Method:
Contact Time: 03:30 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/21/2014
Completed date: 07/21/2014	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: 07/21/2014 01:56 PM Entered By: [REDACTED]

On this date a CFTM was held at [REDACTED] in [REDACTED]. At this time it is noted that the bio-father is not on the birth certificate and he will need to complete DNA testing. The hospital Social Worker, [REDACTED] will complete a HUGS and TEIS referral once the infant is release from the hospital. The mother will work with [REDACTED] in order to complete the polygraph. The infant/ACV is being stepped down to a private room. Medical reports were reported verbally by [REDACTED] during the meeting. The IPA was explained to the family on what is meant by 'supervised contact' by [REDACTED] and [REDACTED].

At 4:21pm [REDACTED] notified [REDACTED] on the steps of the CFTM and the investigation. [REDACTED] agreed to supervised contact with the mother for ACV and the sibling and restrict [REDACTED] from both of the children. IPA was approved.

At 4:44pm [REDACTED] notified [REDACTED] on the steps of the case and the CFTM. The phone call included the contact with [REDACTED] and her approval of the IPA with restricting the mother to supervised contact with both of her children and restrict all contact with [REDACTED].
 IPA was approved by Legal staff.

On this date [REDACTED] and [REDACTED] went to the [REDACTED] jail and had [REDACTED] to sign the IPA. The IPA was explained to [REDACTED] and the next steps was for him to cooperated with the detective on this case. He stated it didn't matter because he would be in jail for almost 7 months. He also stated he didn't want to do the polygraph. We encourage him if he didn't do anything wrong he needed to comply with the detective requests for the investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 07/30/2014
 Completed date: 07/30/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2014 04:57 PM Entered By: [REDACTED]

7/15/14 CFTM or FSTM: A Child and Family Team Meeting was held at [REDACTED] Hospital. The following persons were in attendance:

[REDACTED] mother
 [REDACTED] legal father.
 [REDACTED] Social worker
 [REDACTED] Forensic Physician

DCS Facilitator [REDACTED]

The following decisions were made:

1. Immediate Protection Agreement restricting [REDACTED] contact until interviewed by police and cleared as subject. [REDACTED] will be prohibited from contact.

The Action Steps are:

1. Mother will cooperate fully with investigation
2. Referral to TEIS and HUGS will be made by [REDACTED] Social Work
3. Referral made to [REDACTED] for followup care after discharge
4. [REDACTED] will reschedule WIC appointment
5. [REDACTED] will get mental health assessment and follow recommendations
6. [REDACTED] will follow recommendations of current mental health provider
7. [REDACTED] Will need to establish paternity through DNA testing.

7/15/14: An IPA was entered on this date with the following action steps: [REDACTED] would have supervised contact and [REDACTED] would have prohibited contact. [REDACTED] discussed this with [REDACTED]. The IPA was approved by TC WHOM and DCS Legal Counsel [REDACTED]. The IPA expires on 7/21/14.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/14/2014 Contact Method:
 Contact Time: 11:14 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/14/2014
 Completed date: 07/14/2014 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: 07/14/2014 10:14 PM Entered By: [REDACTED]

Family Name: [REDACTED]

Family Composition:

Name:	Role	DOB	SS#	Race
[REDACTED]	ACV	[REDACTED]	[REDACTED]	W
[REDACTED]	OIC	[REDACTED]	[REDACTED]	W
[REDACTED]	M/AP	[REDACTED]	[REDACTED]	W
[REDACTED]	BioF/AP	[REDACTED]	[REDACTED]	W
[REDACTED]	Legal F	[REDACTED]	[REDACTED]	W

Address:
[REDACTED]

Phone:
[REDACTED]

Schools Attended:

Primary Care Physicians:
[REDACTED]

Other Care Providers:

Referral and Date:
7/12/2014 [REDACTED] (3 months old) lives with her mother and stepfather, [REDACTED] and [REDACTED], in [REDACTED]. The birth father of [REDACTED] is [REDACTED]. [REDACTED] resides in [REDACTED] but his address is unknown at this time. His phone number is also unknown at this time. It is unknown what the custodial arrangement is between the father and the mother. It is unknown if there are other children in the homes of the mother and the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

father. [REDACTED] was with her biological father tonight. [REDACTED] was taken to [REDACTED] tonight by ambulance for an acute life threatening event. [REDACTED] has old and new subdural hematomas. [REDACTED] has one old hematoma and one new hematoma. [REDACTED] was transferred to [REDACTED] Hospital in [REDACTED]. When [REDACTED] presented to [REDACTED] by EMS personnel [REDACTED] was unresponsive and not breathing well. Compressions did have to be done on [REDACTED] before she arrived at [REDACTED]. The biological father [REDACTED], was interviewed by police at [REDACTED] Center. [REDACTED] stated that [REDACTED] was being fed and she began choking. [REDACTED] patted her on the back and she became unresponsive. The father called EMS. The father started compressions. When EMS arrived, [REDACTED] had a heart rate but was not breathing well. [REDACTED] also has abrasions and contusions on her head as well as her neck and chest. It is hard for medical personnel to determine at this time if the bruises and contusions are in various stages of healing. The bruises are small on [REDACTED] forehead and there is no particular pattern to the bruising. It is unknown at this time if [REDACTED] has been taken to the emergency room for any injuries prior to this event. The transport team stated that [REDACTED] revealed that he was worried about his history. It is unknown at this time what [REDACTED] meant by "history." [REDACTED] is currently at [REDACTED] Hospital. It is unknown if the parents have a history with police. It is unknown if the parents have any alcohol and drug issues, mental health issues, or if there is domestic violence in the home. [REDACTED] is still in critical condition at [REDACTED] Hospital emergency room and will be admitted to the intensive care unit. It is believed that [REDACTED] will survive but it is unknown what the long term effects will be for [REDACTED].

Contact:

CASE ASSIGNMENT

On 7/12/14 at 2237, a referral was called into Child Abuse Hotline. The referral was screened into [REDACTED] as a P1 with the allegations of Physical Abuse (S). The alleged child victim is [REDACTED], 4 months. The alleged perpetrator is [REDACTED] and [REDACTED], birth mother and biological father. Response is due on 7/13/14 @ 2237. The case is assigned to Investigator [REDACTED]. It is not known if this child is of Native American descent. This information will need to be obtained when response is met. A follow up phone call will be made and documented with the referent within 15 working days of referral per policy.

7/13/14 0100 CPIT convened with [REDACTED] with [REDACTED] Police Department

7/14/14 0900: Child Protective Investigative Team convened on this date by notification of [REDACTED], and the District Attorney.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/14/2014	Contact Method: Face To Face
Contact Time: 08:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 07/30/2014
Completed date: 07/30/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/30/2014 04:42 PM Entered By: [REDACTED]

7/14/14 2000 Alleged Perpetrator/Witness Interview at [REDACTED] Hotel with [REDACTED]. [REDACTED] is the husband to [REDACTED] and the legal father to [REDACTED]. [REDACTED] reported that he was not aware of the post-partum issues with [REDACTED] after [REDACTED] was born. He thought it was normal. He is now aware and supportive of [REDACTED] as she deals with the issues she has. The only thing that he noticed with [REDACTED] after the birth of [REDACTED] is that when [REDACTED] cried she never wanted to console him. She never yelled at the baby she just acted annoyed by the crying. After 18 months of marriage [REDACTED] started having an affair with [REDACTED]. She eventually moved out of [REDACTED] house and in with [REDACTED]. [REDACTED] did not take [REDACTED] with her. [REDACTED] reported that he had heard many rumors about [REDACTED] and [REDACTED] family. One of the rumors was that [REDACTED] family was involved in several burglaries. [REDACTED] was reported to be violent and [REDACTED] reported that at the beginning of the relationship with [REDACTED] and [REDACTED], [REDACTED] attempted to engage [REDACTED] in a physical fight. [REDACTED] recalls speaking with DCS at the time of the birth of [REDACTED]. He reported that he had never seen [REDACTED] using any illicit drugs except for an occasional use of marijuana. [REDACTED] reported that at that time [REDACTED] told a nurse that [REDACTED] was violent.

[REDACTED] reported that he offered to allow [REDACTED] and [REDACTED] moved back in after they had moved 3 times in the few months since [REDACTED] birth. [REDACTED] wanted to make sure that [REDACTED] and the baby had a roof over their head. In exchange for a place to stay [REDACTED] and [REDACTED] would help out around the house and also contribute financially to the home. It was after they moved back in that [REDACTED] believed that [REDACTED] started stealing pain medications from him. It became necessary to purchase a lock box to secure his medications. According to [REDACTED] [REDACTED] appeared to be a nuisance to him. He didn't like to get up to care for her." [REDACTED] described [REDACTED] as "very attached to [REDACTED] and attentive to her."

[REDACTED] was asked to describe the incident that led to the injury to the child. [REDACTED] finished work on 7/11/14 at 1500. He arrived home between 1530 and 1600. [REDACTED] went to bed when he came home. He had completed a chemo treatment on that day and was not feeling well. He slept until 2130. [REDACTED] had put [REDACTED] in the car at that time to go pick [REDACTED] up from work and returned home at 2230. He went back to bed. [REDACTED] awoke the next morning. He went downstairs to leave for work at 0630 on 7/12/14. [REDACTED] was sleeping in her chair and [REDACTED] and [REDACTED] were asleep on the pull out sofa. He left work at 1515 and returned home by 1545. [REDACTED] then got in the car and he took her to work. While driving [REDACTED] calls [REDACTED] and tells her that the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

child is not breathing. [REDACTED] tells him to call 911. [REDACTED] drops [REDACTED] off work. When he returned home [REDACTED] Police were parked in his driveway. [REDACTED] had already been taken to the hospital by EMS. He called [REDACTED] and went back to her work to pick her up and take to the hospital. [REDACTED] reported that the last time he was alone with [REDACTED] was on 7/9/14 from 1600-2200. [REDACTED] did offer that it is not a common thing to leave [REDACTED] alone with [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/14/2014	Contact Method: Face To Face
Contact Time: 07:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Detention/Jail	Created Date: 07/30/2014
Completed date: 07/30/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/30/2014 04:39 PM Entered By: [REDACTED]

7/14/14 1900 FF with Alleged Perpetrator [REDACTED] at [REDACTED] Jail: [REDACTED] was interviewed by [REDACTED] - [REDACTED] reported that he did not understand the charges. [REDACTED] attempted to explain the charges but [REDACTED] did not appear to be interested.

[REDACTED] was asked to explain the events of July 12 2014 when the alleged incident occurred. [REDACTED] reported that he awoke between 0800 to feed the baby, [REDACTED]. [REDACTED] reported that he also changed the diaper on the child. [REDACTED] informed [REDACTED] that he noticed a bruise on the child's head that he did not see the night before. [REDACTED] but the child back to sleep around 0900. [REDACTED] reported that he awoke again around 1200 and [REDACTED] was playing with the baby. [REDACTED] reported that [REDACTED] left the home at 0600 on 7/12/14 before anyone was awake. [REDACTED] did not report any problems. [REDACTED] left around 1530 for work. [REDACTED] placed the child in her swing. The child became fussy and prepared her a bottle. As he was feeding the child, the child began choking and gasping for air. [REDACTED] reported that he shook the baby from side to side and also went upstairs to "throw water on her face." [REDACTED] became unresponsive and he called [REDACTED]. [REDACTED] told him that he should call 911. [REDACTED] reported that he called 911 and they directed him how to perform infant CPR. [REDACTED] did this until EMS arrived at the home. [REDACTED] reported that he arrived home from work at 0300 on 7/12/14. [REDACTED] admitted to smoking marijuana at work before coming home. [REDACTED] denied that he ever smoked marijuana around the child or while in the care of the child. [REDACTED] reported that he watched the child from 1530 until 1800 on 7/11/14 while [REDACTED] was at work.

[REDACTED] disclosed that he was diagnosed with Bipolar about a year ago. He was originally given Welbutrin and Depakote but does not like the way "they make me feel." [REDACTED] admitted to using marijuana to self-medicate.

[REDACTED] confirmed that he did strike the child's head on the spiral staircase on one occasion.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/14/2014

Contact Method:

Contact Time: 04:07 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/14/2014

Completed date: 07/14/2014

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: 07/14/2014 04:51 PM Entered By: [REDACTED]

On this date [REDACTED] and [REDACTED] seen ACV at [REDACTED] Hospital in [REDACTED]. The medical records that were available have been copied. The ACV has received MRI's and EEG's. The mother reports she has no in-formal supports in [REDACTED] that her family lives in [REDACTED]. The mother reported to being seen at [REDACTED] for therapy and medication management in the past. The ACV has a rash under the chin, there are marks on the infant, the infant has scratch marks and it was noted the infant has fingernails not clipped. The medical reports state linear fracture, skull fracture. The Legal father, [REDACTED] is the legal father, since he and the mother are not divorced is at work today. The birth father [REDACTED] is in jail. A timeline was received from the mother on Saturday's events. The mother states that [REDACTED] called the mother around 3:35 pm on Saturday and said the ACV was not acting right. The mother and [REDACTED] were on the road, traveling to take the mother to her job/work during this time frame. The mother states she is afraid to hold the child due to all the connections that the ACV has from wires and medical instruments.

[REDACTED] and [REDACTED] has notified the paternal grandmother on the care of the sibling. At this time the paternal grandmother can meet on Wednesday 7/16/2014.

[REDACTED] next steps is to interview [REDACTED] in jail and then travel to interview [REDACTED] at his job. According to [REDACTED] requested he be interviewed today while at work.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/14/2014 Contact Method: Face To Face
 Contact Time: 11:45 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 07/30/2014
 Completed date: 07/30/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2014 04:38 PM Entered By: [REDACTED]

7/14 1145 Parent/Caretaker interview at [REDACTED] Hospital: [REDACTED] discussed the Department's involvement with the family to the [REDACTED]. [REDACTED] explained the current report made to the Tennessee Department of Children's Services and the MRS/Investigative/Assessment process. [REDACTED] gave the family copies of the Parent's Bill of Rights and the Notice of Privacy Practices. The Native American Veto Heritage information was also discussed. No one reports to be of Native American Descent. [REDACTED] obtained signed acknowledgements of receiving such material which have been placed in the file.

[REDACTED] is the birth mother of [REDACTED] and [REDACTED]. She is married to [REDACTED]. [REDACTED] was involved in an intimate relationship with [REDACTED] who is reported to be the biological father of [REDACTED]. [REDACTED] appears to have recently ended (within the last 24 hours) the relationship with [REDACTED]. [REDACTED] admits that she, [REDACTED] and [REDACTED] have been nomadic since [REDACTED] birth. They moved in with [REDACTED] parents on 4/7/14. On 5/1/15 they moved in with [REDACTED]. On 6/4/14 they moved in with a friend [REDACTED] and then at the end of June they moved back in with [REDACTED]. [REDACTED] is employed by [REDACTED] in [REDACTED].

[REDACTED] was asked to describe the events of the last week and the condition of the child during that time. [REDACTED] acknowledged that [REDACTED] has had a rash under her chin for over a week and a half. This could be due to the fact that the child sleeps sitting up in a swing. They do have a crib but they have not brought it to the house and set it up. [REDACTED] denied that she had ever dropped the child intentionally or accidentally. [REDACTED] did report an incident where [REDACTED] was holding the child and bumped his head and the child's head on a spiral staircase in the home. She could not remember what side of the head the child was struck on.

On 7/12/14 [REDACTED] reported that [REDACTED] awoke around 0730 when [REDACTED] woke up. [REDACTED] was reported to have fed the child at that time and went back to bed. [REDACTED] awoke again at 1045. This time [REDACTED] woke with [REDACTED]. [REDACTED] observed a small bruise on the left side of the head of [REDACTED]. [REDACTED] does not recall seeing this bruise the night before. [REDACTED] reported not complications during the day. The child behaved as normal. She played and giggled. The only unusual occurrence was that the child had spit up during feeding on Friday the 11th and also during a feeding on the 12th. [REDACTED] was with [REDACTED] from 1045 until 1400. At 1400 [REDACTED] began caring for the child while [REDACTED] prepared for work. [REDACTED] did not report any issues during that time. [REDACTED] left her home at approximately 1530 with [REDACTED] for work. At 1545 [REDACTED] called [REDACTED] and reported that the baby was barely breathing. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

assumed that [REDACTED] was over-reacting. [REDACTED] arrived at work and clocked in at 1602. Shortly after clocking in at work [REDACTED] was called by [REDACTED] who had told her something had happened to [REDACTED] and that she was at the hospital. [REDACTED] reported that he was coming to pick up [REDACTED] at work and take her to the hospital. [REDACTED] drove [REDACTED] to [REDACTED]. They then travelled to [REDACTED] once the child was transported via ambulance. [REDACTED] followed them to [REDACTED].

[REDACTED] added that [REDACTED] will lie to protect himself. She provided an example of when [REDACTED] wrecked a family members vehicle and did major damage to the vehicle. [REDACTED] told the owner that he barely bumped into something and that he did not know how the damage happened.

[REDACTED] expressed an willingness to be cooperative with all facets of the investigation.

[REDACTED] listed the work schedules as:
1600-2200 Friday Tuesday
0700-1500 Friday and Saturday
1300-2300 Sunday and Monday
1100-1900 Tuesday
[REDACTED] has no set schedule.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/14/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/30/2014

Completed date: 07/30/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2014 04:35 PM Entered By: [REDACTED]

7/14/14 1100 at [REDACTED] Hospital Witness Interview-[REDACTED] interviewed [REDACTED], Social Worker: [REDACTED]. At the time of arrival by CPSI it was reported that the legal father, [REDACTED] was in the room with the child. [REDACTED] reported that they had just received all the medical records from the primary care physician at [REDACTED]. According to [REDACTED] a CT scan of the brain appeared to be normal but the final reading from radiology had not been received. 2 subdural hematomas were discovered along with a small skull fracture on the left side of the head that coincided with the bruising that was discovered at the time of admission. Also 5 retinal hemorrhages in the right eye and 10 in the left eye which could be indicative of trauma. The mother had reported to [REDACTED] that they did not have a crib set up for the child and that the child slept in a swing during the night. The last 3 visits the child had to the PCP did not show any signs of trauma or abuse and were classified as normal and routine. Those visits were on: 6/17/14, 5/20/14, and 4/23/14. [REDACTED] agreed to gather the medical records and provide them to CPSI.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/14/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/30/2014
Completed date:	07/30/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2014 04:46 PM Entered By: [REDACTED]

7/14/14 TFACTS History Search:

[REDACTED]	07/14/2014	[REDACTED]	Investigation Open
[REDACTED]	04/07/2014	[REDACTED]	Investigation Closed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/13/2014

Contact Method:

Contact Time: 04:53 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 07/14/2014

Completed date: 07/14/2014

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: 07/14/2014 04:34 PM

Entered By: [REDACTED]

Intake [REDACTED] - [REDACTED] [REDACTED]

Mother: [REDACTED]

Father: [REDACTED]

Stepfather: [REDACTED]

AP: Unknown

ACV: [REDACTED]

There is a sibling, [REDACTED] age 3 who is currently with the paternal Grandmother [REDACTED]. [REDACTED] The is in [REDACTED]. [REDACTED] requested a courtesy face to face [REDACTED] contacted [REDACTED] and stated that the courtesy had been completed and [REDACTED] appeared to be in good health. The grandparents appeared to be appropriate and there were no safety concerns noted.

[REDACTED] Doctor [REDACTED] recommended that [REDACTED] be seen by a doctor by Monday or Tuesday of this week.

[REDACTED] met response at [REDACTED] Hospital and will be sending her documentation of interviews including



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

those with [REDACTED] and hospital staff. [REDACTED] met with [REDACTED] Detective [REDACTED] at [REDACTED] Det [REDACTED] informed [REDACTED] that he had a warrant for [REDACTED] arrest. [REDACTED] has completed the Near Death Report and sent appropriate notifications.

[REDACTED] will notify [REDACTED]. [REDACTED] and update her on the [REDACTED]. [REDACTED] recommends that a CFTM be held to review case history, address concerns, ensure complete notification of CPIT and to identify next steps.

Case was staffed with [REDACTED]

[REDACTED] notified [REDACTED] Nurse [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/13/2014 Contact Method:
Contact Time: 04:53 PM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For: [REDACTED]
Location: Created Date: 07/14/2014
Completed date: 07/14/2014 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)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2014 04:34 PM Entered By: [REDACTED]
Intake [REDACTED]

Mother: [REDACTED]

Father: [REDACTED]

Stepfather: [REDACTED]

AP: Unknown



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

ACV [REDACTED]

There is a sibling, [REDACTED] age 3 who is currently with the paternal Grandmother [REDACTED] [REDACTED], Phone # [REDACTED]. The is in [REDACTED]. [REDACTED] requested a courtesy face to face. [REDACTED] contacted [REDACTED] and stated that the courtesy had been completed and [REDACTED] appeared to be in good health. The grandparents appeared to be appropriate and there were no safety concerns noted.

[REDACTED] Hospital Doctor [REDACTED] recommended that [REDACTED] be seen by a doctor by Monday or Tuesday of this week.

[REDACTED] met response at [REDACTED] Hospital and will be sending her documentation of interviews including those with [REDACTED] and hospital staff. [REDACTED] met with [REDACTED]. Detective [REDACTED] at [REDACTED] Det. [REDACTED] informed [REDACTED] that he had a warrant for [REDACTED] arrest. [REDACTED] has completed the Near Death Report and sent appropriate notifications.

[REDACTED] will notify [REDACTED]. [REDACTED] and update her on the [REDACTED]. [REDACTED] recommends that a CFTM be held to review case history, address concerns, ensure complete notification of CPIT and to identify next steps.

Case was staffed with [REDACTED]

[REDACTED] notified [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/13/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/14/2014

Completed date: 07/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/14/2014 10:01 PM Entered By: [REDACTED]

[REDACTED] completed the Near Death report on [REDACTED] and emailed it to all appropriate parties at 4:00pm on 7/13/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/13/2014	Contact Method:	Phone Call
Contact Time:	02:15 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/14/2014
Completed date:	07/14/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/14/2014 09:59 PM Entered By: [REDACTED]

This interview was conducted by [REDACTED]:

At 2:15pm on 7/13/14, [REDACTED] received a phone call from [REDACTED] who is a dayshift nurse in the ICU at [REDACTED]. Nurse [REDACTED] reports that she has some significant concerns about the mother. She reports that the mother is not at all interested in the child. Nurse [REDACTED] has reported that she has given the mother several opportunities to hold the baby today and the mother has refused each time. She reports that the mother is either asleep or out of the room. Nurse [REDACTED] reports that [REDACTED] was seen by a neurologist today and that an EEG was ordered because the neurologist observed retinal hemorrhages. Nurse [REDACTED] also reports that the mother was out of the room when [REDACTED] was taken for a CT Scan earlier today and that when [REDACTED] was brought back to her room, all the mother wanted to know was when the results would be back. Nurse [REDACTED] reports that the mother has told them that she has been adding rice cereal to the baby's formula since she was born and that the mother stated that [REDACTED] is fed 8-10 ounces every 3-4 hours. Nurse [REDACTED] also reports that the mother stated that child goes to bed at 8pm and does not wake up until 10am during which time she is not fed at all. Nurse [REDACTED] reports that earlier today, [REDACTED] was crying and the mother just left the room. Nurse [REDACTED] reports that [REDACTED] from [REDACTED] called for an update a little while ago and reported that while the mother was at [REDACTED], she had no interaction with the child until she was informed that DCS would be called. Nurse [REDACTED] also reported that the mother stated that she wanted to threaten the CPS worker with her life but did not think that was a good idea. Nurse [REDACTED] reports that bleeds of different stages were found on the infant's frontal lobe along with one new bleed and that one new bleed was also found on the occipital lobe when [REDACTED] was examined by [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/13/2014	Contact Method: Face To Face
Contact Time: 12:00 PM	Contact Duration: Less than 03 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 07/14/2014
Completed date: 07/14/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/14/2014 09:36 PM Entered By: [REDACTED]
 this interview was conducted by [REDACTED]:

12:51 pm Investigator [REDACTED] received a t/c from [REDACTED] who advised there was a near fatality in [REDACTED]. The sibling is in [REDACTED] and is not listed as an ACV, however, [REDACTED] would like a courtesy face to face with the child. The child is [REDACTED] and he is with paternal grandmother, [REDACTED]. It is believed the child has been with gma for a week and that he was planning to stay until Wednesday. [REDACTED] Phone is [REDACTED] and she is aware this INV will be making contact.

12:56 pm INV did make contact with [REDACTED] who stated she was at home. She verified her address and stated she was upset regarding the environment [REDACTED] has been exposed to. She stated the mother left on Mother's day last year and returned in January, pregnant. [REDACTED] does not know if the infant is biologically her granddaughter as the mother has had two other boyfriends, is married to her son, and they are all currently living in the same home. [REDACTED] stated she loves the infant as she instantly fell in love regardless if she is her granddaughter or not. INV did advise that worker is en route from [REDACTED] and it was agreed worker would meet with the gma at approximately 215-245 due to the hour long drive.

230 pm -310 pm

Family composition [REDACTED]
 [REDACTED]
 [REDACTED]

[REDACTED] (INV) arrived at the home and observed [REDACTED] running around in the yard. INV noted he appeared happy and came up and said "I'm [REDACTED]" and worker did shake his hand. Grandfather, who had been mowing, did confirm his information and confirm the child was placed with them on Sunday of last week. He excused himself to finish outside.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

INV did explain the need for [REDACTED] to assist this INV in observing child unclothed and [REDACTED] stated this was not a problem. She went and got a blanket and a diaper and proceeded to change the infant. INV did observe to small bruises on the outside of child's right thigh. [REDACTED] reported it was like that when he came and stated it appears to be a handprint and Investigator did photograph. INV observed and photographed child noting diaper rash and no other marks or bruises. Child is notably skinny and grandma stated he weighed 35 ½ pounds and had lost to 34 pounds when he was returned. He does not have a doctor as the one he had quit taking his insurance.

Investigator [REDACTED] conducted a walk thru of the home which was very tidy [REDACTED] is sleeping in his own room with a full size bed. He was glad to run and jump in the bed while INV was observing the room. INV did confirm there is a smoke detector (cover is off) and a fire alarm and noted no safety concerns in the home. There was food in the refrigerator, freezer, and cabinets. [REDACTED] did advise that the worker who has the case should be in contact with her soon. She stated she understood that worker could not tell her what was going on with the baby. However, she stated she was sure there is drinking and fighting as she has noted [REDACTED] to appear nervous (biting nails) and that he does act out occasionally. She verified she has not seen this for herself. INV did inquire if she would be willing to take custody should the need arise and she stated "absolutely, today." She stated they have no criminal history and are both retired. Both grandparents are licensed drivers, have car insurance and home insurance. INV notes the home is a doublewide set on a large flat lot and is of 12-1300 square feet. [REDACTED] was enjoying a snack of Fiber one chocolate cereal at his play table when worker left.

310 pm T/c to [REDACTED] advising the child has been seen and the home is appropriate.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/13/2014	Contact Method:
Contact Time: 04:00 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/14/2014
Completed date: 07/14/2014	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/14/2014 09:55 PM Entered By: [REDACTED]

This interview was conducted by [REDACTED]:

[REDACTED] staffed the case with [REDACTED]. It was determined that CPSI needed to see if the grandmother would bring [REDACTED] to the hospital to be seen. CPSI asked [REDACTED] about this and she reported that the child could not be brought tonight because the grandmother does not have gas money to do so and that [REDACTED] will not be back until Wednesday. CPSI staffed this information with [REDACTED] and was told to contact the grandmother to verify that she had [REDACTED]. CPSI did so and obtained contact information from her so that a courtesy visit could be done in [REDACTED]. The grandmother, [REDACTED], reported that she resides at [REDACTED]. She reports that she will have the child until at least Wednesday and maybe longer. Her phone number is [REDACTED]. It was also determined that DCS will need to wait for [REDACTED] or [REDACTED] to evaluate the child. CPSI left her phone number on the infant's chart in the case that any more concerns should arise before the child is evaluated by the forensic doctor.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/13/2014

Contact Method:

Contact Time: 04:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/14/2014

Completed date: 07/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/14/2014 09:56 PM Entered By: [REDACTED]

At the hospital, the father, [REDACTED] was arrested by Detective [REDACTED] of [REDACTED] for Aggravated Child Abuse and Neglect. [REDACTED] did not admit to the abuse. He was the last person to be alone with the baby prior to this episode. The detective reported that even if the father did not inflict the injuries, he failed to protect the child



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/13/2014	Contact Method: Face To Face
Contact Time: 03:15 AM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 07/14/2014
Completed date: 07/14/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being	
Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/14/2014 09:52 PM Entered By: [REDACTED]

This interview was conducted by [REDACTED]:

[REDACTED] interviewed both [REDACTED] and [REDACTED]. The stepfather [REDACTED], was not present. CPSI interviewed [REDACTED] in a consultation room at [REDACTED] at approximately 3:15am. [REDACTED] reports that she has custody of [REDACTED]. She states that she is married to [REDACTED], but that [REDACTED] biological father is [REDACTED]. [REDACTED] reports that her, [REDACTED], and [REDACTED] all live in the same home. [REDACTED] reports that [REDACTED] was with [REDACTED] earlier today and was alone with [REDACTED] when he called 911. [REDACTED] reports that she left the home for work at 3:45pm. She reports that [REDACTED] had just gotten off work and came to pick her up to take her to work. [REDACTED] reports that she works at [REDACTED], [REDACTED] works at the [REDACTED], and [REDACTED] works at [REDACTED]. [REDACTED] reports that [REDACTED] called her about 3:48-3:50pm and said that [REDACTED] was barely breathing and was "flimsy" and asked her what to do. She reports that [REDACTED] was "freaking out" and she told him to call 911 because [REDACTED] had never done that before. [REDACTED] reports that [REDACTED] was "fine and normal" when she left for work. [REDACTED] reports that she had placed [REDACTED] in her swing and gave her a pacifier before she left. [REDACTED] reports that she does not know what the bruising is from. She reports that she noticed the bruising on [REDACTED] forehead this morning. [REDACTED] reports that "it happens" and that she does not know what happened. [REDACTED] reports that the bruising was not there when they went to bed last night. [REDACTED] reports that she went to bed at about 2am, woke up at 4am, then laid back down at about 6am. [REDACTED] reports that her son [REDACTED] has been at his mamaw's, [REDACTED], for a week. She reports that [REDACTED] is [REDACTED]. CPSI asked [REDACTED] to consent to a drug screen and she reported that she "don't have to pee" and that she "just went through this last week." When CPSI questioned her about that, she reported that she just closed a case with DCS last week from when she had [REDACTED]. She reported that she had just taken one xanax and one hydro. CPSI interviewed [REDACTED] in a consultation room at [REDACTED] immediately following [REDACTED] interview. [REDACTED] reports that [REDACTED] was choking and couldn't breathe. He reports that he was holding her and she was drinking a bottle when she spit up and stopped breathing. [REDACTED] reports that he did not know what to do so he called [REDACTED]. He reports that [REDACTED] left for work at about 3:35pm and he called her about 10 minutes later. He reports that [REDACTED] told him to call 911 so he called 911 and did everything they told him to do until they got there. [REDACTED] reports that [REDACTED] has scratches all the time. He reports that [REDACTED] was taken to [REDACTED] Hospital. He reports that he is not sure what happened at [REDACTED]. [REDACTED] reports that it is "all fuzzy" and that it has been a long day. [REDACTED] reports that the doctor at [REDACTED] was mean and asked him and [REDACTED] what happened. [REDACTED] reports that all he doe sis watch [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

for a couple hours until he has to go to work. He reports that sometimes he doesn't watch her at all because [REDACTED] or [REDACTED] does. [REDACTED] reports that he noticed a small little bump on [REDACTED] forehead this morning but does not know how she got it. He reports that he lives with [REDACTED], [REDACTED] and [REDACTED]. [REDACTED] reports that he has one other kid but does not see him at all because he lives in [REDACTED] with his mother. He reports that he pays child support but that the child's mom will not let him see his son because she does not like him. [REDACTED] reports that he does not use drugs and will take a drug screen. He reports that he is not prescribed any medications. He consented to a drug screen and was positive for THC. When [REDACTED] asked him about his marijuana use he reported that he smoked a couple days ago but it was going to be his last time because he was quitting. He reported that he had been smoking twice a week but then changed his answer to once a week and stated that this had only began recently.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/13/2014

Contact Method: Face To Face

Contact Time: 02:50 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/14/2014

Completed date: 07/14/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact, Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2014 09:48 PM Entered By: [REDACTED]

This interview was conducted by [REDACTED]:

[REDACTED] arrived at [REDACTED] Hospital ICU at 2:50am on 7/13/14 and spoke to the child's nurse [REDACTED] who reported that a full skeletal survey has been completed but the results have not been read at this time. Nurse [REDACTED] also reported that the mother has another child who is 3 years old. CPSI asked the nurse if a consult with [REDACTED] or [REDACTED] had been ordered. Both are forensic doctor's specializing in Child Abuse cases. Nurse [REDACTED] reports that a consult has been ordered and will be completed later today. CPSI did observe the child's injuries and discussed them with Nurse [REDACTED] [REDACTED] currently has a subdural hematoma on her occipital lobe and a subdural hematoma on her frontal lobe. There is a small bruise on each side of the infant's forehead, a scratch on the left side of her neck, and a scratch on the left side of the infant's forehead. The child also has a yeasty rash on the front of her neck.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/13/2014	Contact Method:	Phone Call
Contact Time:	12:59 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/14/2014
Completed date:	07/14/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2014 09:40 PM Entered By: [REDACTED]

This interview was conducted by [REDACTED]:

At 12:59am on 7/13/14, [REDACTED] received a phone call from [REDACTED] stating that CPSI would need to respond to [REDACTED] Hospital as a Near Death had been reported. [REDACTED] informed CPSI that a 3 month old infant had been transferred to [REDACTED] from [REDACTED] with bruising to its head. [REDACTED] stated that [REDACTED] was attempting to contact a detective from [REDACTED] to work the case.

At 1:19am on 7/13/14, [REDACTED] received a phone call from Detective [REDACTED] from [REDACTED]. Det. [REDACTED] reported that the father of the infant had been interviewed at the hospital by officers in [REDACTED]. He reports that to his knowledge, no pictures were taken by the officers or hospital staff. Det. [REDACTED] stated that he would contact his Lieutenant about how to respond and would call CPSI back.

At 2:36am on 7/13/14, [REDACTED] received a phone call from [REDACTED] who stated that he had written a warrant for the arrest of [REDACTED] for Aggravated Child Abuse and Neglect and was in the process of having it signed by the magistrate. He reported that the father was the last one with the child and if he did not inflict the injury himself, he still failed to protect the child. Det. [REDACTED] reported that he would report to the hospital when the warrant was signed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/12/2014

Contact Method:

Contact Time: 11:59 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/30/2014

Completed date: 07/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2014 04:47 PM Entered By: [REDACTED]

7/12/14 SDM: The SDM, Safety Assessment was completed on this date and notes some immediate harm factors at this time. At this time the children appear conditionally safe.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 07/30/2014
 Last Review By: _____ Last Review Date: 08/13/2014

I. Current Circumstances:

A. Reason For Involvement:

02/07/2015 - _____ - This case was transferred to FSS for continued monitoring of _____ well-being and _____ drug use.

07/30/2014 - _____ - 7/12/2014 2237: _____ (3 months old) lives with her mother and stepfather, _____ and _____, in _____. The birth father of _____ is _____ resides in _____ but his address is unknown at this time. His phone number is also unknown at this time. It is unknown what the custodial arrangement is between the father and the mother. It is unknown if there are other children in the homes of the mother and the father. _____ was with her biological father tonight. _____ was taken to _____ tonight by ambulance for an acute life threatening event. _____ has old and new subdural hematomas. _____ has one old hematoma and one new hematoma. _____ was transferred to _____ Hospital in _____. When _____ presented to _____ by EMS personnel, _____ was unresponsive and not breathing well. Compressions did have to be done on _____ before she arrived at _____. The biological father, _____, was interviewed by police at _____. _____ stated that _____ was being fed and she began choking. _____ patted her on the back and she became unresponsive. The father called EMS. The father started compressions. When EMS arrived, _____ had a heart rate but was not breathing well. _____ also has abrasions and contusions on her head as well as her neck and chest. It is hard for medical personnel to determine at this time if the bruises and contusions are in various stages of healing. The bruises are small on _____ forehead and there is no particular pattern to the bruising. It is unknown at this time if _____ has been taken to the emergency room for any injuries prior to this event. The transport team stated that _____ revealed that he was worried about his history. It is unknown at this time what _____ meant by "history." _____ is currently at _____ Hospital. It is unknown if the parents have a history with police. It is unknown if the parents have any alcohol and drug issues, mental health issues, or if there is domestic violence in the home. _____ is still in critical condition at _____ Hospital emergency room and will be admitted to the intensive care unit. It is believed that _____ will survive but it is unknown what the long term effects will be for _____.

_____ was diagnosed with non-accidental trauma. She had 2 subdural hematomas and a fracture to the left side of her head that was not related to a normal skull suturing in an infant. At the time of admission there was retinal hemorrhaging in both eyes. _____ was admitted to the PICU at _____.

B. Family Story:

[redacted] was born [redacted]. Her birth mother is [redacted]. [redacted] is married to [redacted]. [redacted] identified [redacted] as the biological father to [redacted]. [redacted] had seperated from [redacted] and staarted a relationship with [redacted]. Eventually [redacted] and [redacted] moved in with [redacted].

[redacted] reports a long history of abuse and neglect by her parents. [redacted] is from [redacted]. [redacted] also stated that very little of any of the abuse was reported or investigated. [redacted] described her relationship with her mother as "it's there." [redacted] left home and several years ago and hs just recently started communicating with her mother.

[redacted] described his mother as militant and harsh when he was a child. [redacted] reported that his mother has since started seeing a therapist and was diagnosed with PTSD. [redacted] reported that the relationship has greatly improved.

[redacted] has not provided any background information in regards to his family

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

- 02/07/2015 - [redacted] - 1.) [redacted] is doing well. She has been discharged from [redacted] services at [redacted].
- 2.) [redacted] has attended all of her follow-up appointments in [redacted]. Her last MRI was normal.
- 3.) [redacted] is active at [redacted] for individual therapy and medication management.
- 4.) [redacted] is crawling and is developmentally on target.
- 5.) [redacted] completed his last round of chemo.
- 6.) [redacted] and [redacted] are both employed.
- 7.) The family has insurance.

- 07/30/2014 - [redacted] - 1. [redacted] and [redacted] have been married for several years
- 2. [redacted] and [redacted] have one biological son together
- 3. [redacted] is willing to serve as the father to [redacted] and has expressed a desire to have his name on birth certificate
- 4. [redacted] recognizes that she is in need of mentla health services and is active in treatment.
- 5. [redacted] and [redacted] both have jobs.
- 6. Parents are active in the care of the children ([redacted])

B. Family Significant Needs/Risks/Concerns:

- 07/30/2014 - [redacted] - 1. [redacted] has a history as a victim of abuse/neglect.
- 2. [redacted] is undergoing cancer treatment
- 3. [redacted] has a legal father and a biological father and they are not the same person
- 4. Biological father, [redacted], self reports being bipolar without medications and self medicates with THC
- 5. Child suffered nonaccidental trauma to the head. Child was nonresponsive when EMS arrived.

III. Person Information:

A. Children:

07/30/2014 - [redacted] - [redacted]	ACV	[redacted]	W
[redacted] OIC 1/27/11 [redacted] W			

B. Adults:

07/30/2014 - [redacted]	M/AP	[redacted]
[redacted] BioF/AP [redacted]		
[redacted] Legal F [redacted]		

C. Family Together History:

07/30/2014 - [redacted] - [redacted] and [redacted] are married still. [redacted] separated and she began having an affair with [redacted]. Mother and [redacted] moved in with [redacted]. This was [redacted] idea. He wanted to ensure that the child [redacted] had a place to stay. It had been reported that [redacted] and [redacted] were living from place to place. [redacted] was arrested 7/12/14 and it appears as if [redacted] and [redacted] have reconciled.

D. Other Significant Relationships:

07/30/2014 - [redacted] - Paternal Grandmother
[redacted]

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[redacted]		CPS	[redacted]
[redacted]		CPS	[redacted]
[redacted]		All Other Intakes	

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
-------------	-----------------	-------------	----------------	-------------------	-----------------

07/30/2014 [redacted] - Investigation ID # [redacted]
Allegation: DEI DEC
Classification: Unsubstantiated

July 30 2014
preliminary hearing on petition for restraining order heard by [redacted]. Alleged perpetrator waived 3 day hearing. [redacted] Attorney for [redacted] is [redacted]. Adjudication set for 10/14/14 at 0900. Restraining order in effect. [redacted] cannot have any contact with [redacted]. FSS services also ordered.

IV. Assessment of Safety:

07/30/2014 - [redacted] - Safety - [redacted] -

07/30/2014 - [redacted] - Safety - [redacted] - Child suffered skull fracture and 2 subdural hematomas while in the care of [redacted]. Child was nonresponsive upon arrival of EMS and CPR was used to revive the child. The child was transported to [redacted] and admitted to the PICU. Child also suffered retinal hemorrhaging in both eyes.

All persons providing care to the child describe the child as normal and acting routine. It was not until the child was alone in the care of [redacted] that the emergency situation arose. [redacted] could not offer any explanations as to why the child became nonresponsive while in his care.

[redacted] is a person who was diagnosed with bipolar disorder but is not taking his medications. [redacted] admits to self medicating with THC.

07/02/2014 [redacted] - Safety - [redacted] -

07/02/2014 [redacted] -

02/07/2015 - [redacted] - There are no current safety concerns. [redacted] is currently in mental health treatment and has not failed a drug screen since 8/12/14. There is no contact between [redacted] and [redacted].
Fast 2.0 completed 11/03/14, no services were identified.

V. Assessment of Well Being:

02/07/2015 - [redacted] is doing well and is developmentally on track. She is no longer having to follow-up with a specialist. He last MRI was normal.

[redacted] is active at [redacted] for individual therapy and medication management [redacted] and [redacted] both report that [redacted] is doing much better overall. [redacted] does present with a brighter affect. [redacted] has completed his chemo and is recovering.

07/31/2014 - [redacted] - [redacted] currently takes Buspar and also suffers from Post-partum depression

[redacted] was diagnosed with Hodgkins Lymphoma and is completing chemotherapy

[redacted] suffered non-accidental trauma to the head. She had retinal bleeding in both eyes. She appears to have made a full recovery. She will have follow up visits with [redacted] ([redacted]) in approximately 60 days.

[redacted] is a diagnosed bipolar. [redacted] does not take his medicatoin and self medicates with THC

VI. Assessment of Permanence:

02/07/2015 - [redacted] remains in the custody of her mother and stepfather. They reside at [redacted] with her older brother [redacted].

07/31/2014 - [redacted] is currently residing with the birth mother and legal father, [redacted] and [redacted]. The alleged birth father [redacted] is currently incarcerated at the [redacted] Jail. There is a Restraining Order against [redacted] issued by [redacted] Courts.

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[redacted]	Support Services/ Family Support Services	Approved	Department of Children Services	07/30/2014	10/31/2014

02/07/2015 - [redacted] - [redacted] is active at [redacted] Outpatient. [redacted]

07/31/2014 - [redacted] - [redacted] does have some familial support locally. His strongest support is from his employers. They have been willing to help in while he was undergoing treatment for cancer and also were willing to be a placement for one or both of the children if needed.

[redacted] support comes from [redacted]. She does not have any family locally. [redacted] also receives support from [redacted] Hospital and ther therapist [redacted] whom she seems to have formed a trust bond.

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:

Date of Referral: 4/7/14 9:53 AM

Date of Assessment: 7/1/14 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):
- 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.



Tennessee Department of Children's Services
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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 4/7/14 9:53 AM

Date of Assessment: 4/7/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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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.



Tennessee Department of Children's Services
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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [redacted] TN DCS Intake ID #: [redacted]
County: [redacted] Worker:
Date of Referral: 7/12/14 10:37 PM Date of Assessment: 7/12/14 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
[X] [] 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.
[] [X] 2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
[] [X] 3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
[X] [] 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.
[] [X] 5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
[] [X] 6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
[] [X] 7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
[] [X] 8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
[] [X] 9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted] TN DCS Intake ID #: [Redacted]
County: [Redacted] Worker:
Date of Referral: 7/12/14 10:37 PM Date of Assessment: 7/24/14 12:00 AM
Assessment Type: Reassessment Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

- Yes No
1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
- Death of a child due to abuse or neglect.
- Care taker fears that s/he will maltreat the child.
- Threat to cause harm or retaliate against the child.
- Excessive discipline or physical force.
- Drug-affected infant/child.
- Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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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:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____