



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

Case # 2014ND.023

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	07/28/2014	
Type: (Please check one)	<input type="checkbox"/> DEATH	<input checked="" type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	07/28/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	maternal grandmother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

Describe (in detail) circumstances surrounding death/near death:

7/28/2014, Reporter states that ██████████ (11 days old) and ██████████ (5 y/o) lives with their parents ██████████ and ██████████ lives with his parents, but maternal grandmother, ██████████ has legal custody of him. It was reported that ██████████ was transported by ambulance to ██████████ Hospital emergency room this morning at 12:54am. ██████████ said that the child's maternal grandmother, ██████████ got ██████████ at 4pm on 7/27/2014 to give ██████████ a break. ██████████ called ██████████ at midnight and said that she was bringing back ██████████ ██████████ said that ██████████ did not say why she was bringing back ██████████ at midnight. When ██████████ was brought home, she was lethargic, unresponsive and she had bruising around her left eye, on the left side of her mouth and bruising on the left side of her face. ██████████ and her father ██████████ are at the hospital with ██████████ ██████████ is not married to ██████████ A CT scan revealed a huge bleed on ██████████ head and brain and her brain is swollen. The radiologist is highly suspicious of non accidental trauma. ██████████ is in critical condition and is on ventilator because she was unresponsive and was not breathing well when she arrived at the ER. ██████████ will be taken to ICU soon. ██████████ is apparently at home; ██████████ said that ██████████ is mad because ██████████ told her she was taking ██████████ to the hospital. ██████████ is at home with ██████████ The reporter will call Law enforcement.

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

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

Describe (in detail) interview with family:

CPSI ██████████ arrived to ██████████ Children's Hospital and was escorted to room ██████████ where birthmother ██████████ and ██████████ Police Department Officer were present. CPSI met with Ms. ██████████. CPSI asked Ms. ██████████ what happened in the last 48 hours. Ms. ██████████ reported that on Saturday, July 26, 2014, her mother, ██████████ contacted her and asked her if she needed some "mommy time" and wanted to take the grandchildren, ██████████ and ██████████ for the weekend. Ms. ██████████ reported she said yes and her mother came by her home to pick up her grandchildren. Upon Ms. ██████████ arrival between 3:30- 4:00pm, ██████████ the 5 y/o grandson, stated that he did not want to go; therefore, he stayed at home with Ms. ██████████ Mr ██████████ was away from the home at that time and was at work. At approximately 12:15am Sunday morning, Ms. ██████████ reported that she got a phone call from Ms. ██████████ and she stated that she was not feeling good and was going to bring ██████████ home. Ms. ██████████ reported that her mother sounded agitated. Ms. ██████████ reported that when ██████████ arrived home, her mother immediately turned around and left. Ms. ██████████ reported that ██████████ did not look right and was not responsive when she changed her diaper. Ms. ██████████ reported that she used a cool baby wipe to try to arouse ██████████ but she would not respond. Ms. ██████████ reported that she called out for the birthfather, ██████████ and he made a warm bottle for ██████████ however, she would not feed from it. Ms. ██████████ reported she and ██████████ then decided to get a cold ice pack and placed it on ██████████ feet and she did not respond to that either. Ms. ██████████ reported that she called Ms. ██████████ and asked her if she had given ██████████ anything and she said no. Ms. ██████████ reported that she advised Ms. ██████████ at that time that she was going to call 911 and Ms. ██████████ told her that she was being over dramatic. Ms. ██████████ reported that she consulted with her father and he advised her to call 911 right away. Ms. ██████████ advised that when 911 arrived that she insisted that they take ██████████ to the hospital and she rode along. Ms. ██████████

reported that while in route to the hospital, she saw [redacted] eyes "jumping". Ms. [redacted] reported they arrived to the hospital around 1:00am. According to Ms. [redacted] fed well on the day she went to Ms. [redacted] home and was reacting normal.

CPSI [redacted] met with [redacted] 5 y/o sibling at the home he shares with [redacted] and his birthfather, [redacted]. CPSI engaged with [redacted] in his room as he was playful and playing with his toys. [redacted] reported that he made fake dinner last night (he was cooking with his toy kitchen set) and his daddy made hamburgers. CPSI asked [redacted] who was all at home to eat dinner last night and he said his mommy, daddy and himself. CPSI asked him where was his little sister, [redacted] and [redacted] said that she was at [redacted]. CPSI learned that [redacted] is Ms. [redacted] his grandmother. [redacted] said that he did not want to go and that he wanted to stay home and play with his toys. CPSI asked [redacted] if [redacted] came home last night and he said no and that she was still at [redacted] house. [redacted] was observed with no marks or bruises.

CPSI [redacted] met with [redacted] at the home. Mr. [redacted] was observed shaken and tearful. [redacted] reported that he had been at work all weekend and returned at approximately 1:00pm Sunday. He reported that when he came home [redacted] was gone and that Ms. [redacted] had told him that Ms. [redacted] had taken [redacted] to her home. Mr. [redacted] reported that on last night when Ms. [redacted] brought [redacted] home, Ms. [redacted] informed him that something was not right about [redacted]. Mr. [redacted] reported he tried feeding her but she was not acting normal and that she was just staring. He reported that they tried applying a cold pack to her feet and she would not respond. He reported he called 911 and was on the phone with them until the fire department arrived. He reported the police and then the ambulance arrived shortly afterwards.

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

CPSI [redacted] arrived to hospital. CPSI met with medical team and was advised a consult would be conducted by Dr. [redacted] and the [redacted] team.

[redacted] stands for [redacted]

CPSI received a verbal report from Dr. [redacted] and [redacted] [redacted] team, [redacted] Hospital. CPSI was advised that [redacted] has indication of Shaken Baby Syndrome. Dr. [redacted] stated there were no fractures or injury to the brain. The baby has some bilateral hemorrhages and abrasion to left side of the face. An MRI is pending. She reported she will seek to get the child's birth records. Per Dr. [redacted] [redacted] was asymptomatic prior to the mother sending her with the grandmother in that she was reacting normal prior to child leaving with Ms. [redacted] the grandmother and taken to her home.

Describe disposition of body (Death):	not applicable			
Name of Medical Examiner/Coroner:	not applicable	Was autopsy requested?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	
Type:		Case #:		

Describe law enforcement or court involvement, if applicable:

On 7/28/2014 [redacted] Police Department had secured search warrants for the residents of [redacted] (birthparents) and [redacted] maternal grandmother. Crime scene investigator was at the home and taking photographs. All three persons were taken to [redacted] Police Department for questioning. [redacted] and [redacted] were allowed to leave the precinct after questioning. [redacted] was still being held for questioning. It was reported by [redacted] Police that Ms. [redacted] was not being cooperative and was handcuffed and taken to the police station as she was reacting in an irate manner.

CPSI [redacted] was told by [redacted] Police Sgt [redacted] that Ms. [redacted] admitted to dropping [redacted] infant on Saturday night.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

[redacted] age 5, appears to be safe and currently resides in the home with his birthparents [redacted] and [redacted]. It was confirmed by parents that [redacted] is in the legal custody of maternal grandmother, [redacted], although he has been residing in the home with parents since July 3, 2014. CPSI staffed this case with LI [redacted] and Mr. [redacted].

[redacted] who contacted DCS Legal [redacted] for additional staffing. CPSI [redacted] was advised to speak with Ms. [redacted] and to see if she would be in agreement to allow [redacted] to stay with his parents on an Immediate Protection Agreement (IPA). CPSI met with Ms. [redacted] on 07/31/2014 and she signed off on the IPA. A Child and Family Team Meeting was held on 08/01/2014 and actions steps includes DCS filing of a petition and allowing this matter to go before Juvenile Court/ [redacted] TN.

Name: [redacted]	Age: 5
Name: [redacted]	Age: [redacted]

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
09/21/2012	[redacted]	Physical Abuse	[redacted]	[redacted]	Substantiated
03/31/2013	[redacted]	Lack of Supervision	[redacted]	[redacted]	Services Recommended and Accepted
07/29/2011	[redacted]	Physical Abuse	[redacted]	[redacted]	Services Required/ 01/26/2012, Referee [redacted] dismissed the father's petition and awarded custody of [redacted] to the MGM, [redacted]
11/10/2009	[redacted]	Lack of Supervision	[redacted]	[redacted]	Services Recommended and accepted
/ /					
/ /					
/ /					

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

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

Contact Person: [redacted]	Telephone Number: [redacted]
Case Manager: [redacted]	Telephone Number: [redacted]
Team Leader: [redacted]	Telephone Number: [redacted]
Team Coordinator: [redacted]	Telephone Number: [redacted]

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

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



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 07/28/2014 03:26 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 07/28/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 07/28/2014 12:57 PM
First Team Leader Assigned: [REDACTED] Date/Time 07/28/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 07/28/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 3 Mos	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	Other Relative

Preliminary Near Death: [REDACTED]

Referent(s)

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

Narrative: TFACTS:
[REDACTED] is listed in TFACTS as [REDACTED] (PERSON ID # [REDACTED])

Family Case ID's:
[REDACTED] (CASE NAME: [REDACTED])
[REDACTED] (CASE NAME: [REDACTED] history on [REDACTED] as an alleged child victim

Open Court Custody/FSS/FCIP No

Closed Court Custody Yes
[REDACTED] / dates: 08/31/2009 09/02/2009 / CASE ID # [REDACTED]

Open CPS - No

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

Substantiated Yes

09-21-2012 / # [REDACTED] / PHA / ACV: [REDACTED] / perp: [REDACTED] ***

Death No

Screened out Yes: 2 (# [REDACTED] * [REDACTED])

History (not listed above):

03-31-2013 / ASMT # [REDACTED] / LOS / ACV: [REDACTED] / perp: [REDACTED] / Services
Recommended and Accepted ***07-29-2011 / ASMT # [REDACTED] / PHA / ACV: [REDACTED] / perp: [REDACTED] / Services Required
***11-10-2009 / ASMT # [REDACTED] / LOS / ACV: [REDACTED] / perp: [REDACTED] / Service
Recommended and Accepted ***

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/ Daycare: not provided

Native American Indian Descent: No

Directions: None Given

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

Reporter states [REDACTED] (11 days old) is not in DCS custody.

[REDACTED] (11 days old) and [REDACTED] (5 years old) live with their parents, [REDACTED] and [REDACTED]. [REDACTED] lives with his parents, but his maternal grandmother, [REDACTED] has custody of him.

[REDACTED] has another child, [REDACTED] (4 years old), but he lives with his father [REDACTED]. The reporter did not have [REDACTED] address because [REDACTED] said she did not know the address or the phone number. She stated that she sees [REDACTED] as often as she can at the home of the child's paternal grandmother (name and address are unknown).

[REDACTED] was transported by ambulance to [REDACTED] Children's Hospital emergency room this morning (07-28-2014) at 12:54am. [REDACTED] said that the child's maternal grandmother, [REDACTED] got the child at 4:00pm on 07-27-2014 to "give [REDACTED] a break." [REDACTED] called [REDACTED] at midnight and said that she was bringing [REDACTED] back home. [REDACTED] said that [REDACTED] did not say why she was bringing [REDACTED] back home at midnight. When [REDACTED] was brought back home, she was lethargic, unresponsive, and she had bruising around her left eye, bruising on the left side of her mouth and bruising on the left side of her face.

[REDACTED] and her father, [REDACTED], are at the hospital with [REDACTED]. [REDACTED] is not married to [REDACTED] and does not live with [REDACTED].

A CT scan revealed a huge bleed on [REDACTED] head and brain and her brain is swollen; "anywhere that you could have bleeding on the head, [REDACTED] has it." The radiologist stated that is highly suspicious for non-accidental trauma. Dr. [REDACTED] is the emergency room doctor. [REDACTED] is in critical condition and is on a ventilator because she was unresponsive and was not breathing well when she arrived at the emergency room. She was having episodes of stopping breathing completely. She has been given some medicine that will keep her from moving around so that further evaluations can be performed and so that she will not fight the ventilator.



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

Do the adults or the child have any special needs or disabilities? None known

██████████ is in the emergency room at ██████████ Children's Hospital. She will be taken to the ICU soon.

██████████ is at the hospital with the child. ██████████ is apparently at home. ██████████ said that ██████████ is mad because ██████████ told her she was taking ██████████ to the hospital. ██████████ is at home with ██████████. The reporter will be calling Law Enforcement.

Are there any other safety concerns for the child? No

Are there any hazards or safety concerns for a DCS Case Manager who may respond? None known

The reporter is requesting an immediate response from DCS.

Per SDM: Investigation Track / Priority 1 on 07-28-14 @ 04:41am, ██████████ TL. Email notification sent to ██████████
██████████ ██████████ Email notification sent to ██████████
county, ██████████ region.

Recipients	Time Issued	Response Received	Devices	Responses
██████████	07-28-14 04:43:06 AM	██████████ ---	██████████	Fax Machine
██████████	07-28-14 04:43:06 AM	██████████ ---	██████████	Left Message
██████████	07-28-14 04:43:06 AM	██████████ ---	██████████	
Email Sent				
██████████	07-28-14 04:48:06 AM	██████████ ---	██████████	Fax Machine
██████████	07-28-14 04:48:06 AM	07-28-14 04:48:51 AM	██████████	Received
██████████	07-28-14 04:48:26 AM	██████████ ---	██████████	
Email Sent				



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

Participant(s)

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 58 Yrs
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: White Age: 6 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN: Race: Age: 24 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 5 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

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 3 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact [REDACTED]

Contact Type: CELL

Contact Comments: mother's cell

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: 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: 07/28/2014 Assignment Date: 07/28/2014
 Street Address: [REDACTED]
 City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Ms. [REDACTED] admitted to [REDACTED] Police per Sgt [REDACTED] that she accidentally dropped the baby on 7/27/2014. Ms. [REDACTED] returned the baby to parents around midnight of 7/28/2014 without notifying anyone that she accidentally dropped the baby. On 7/31/2014, CPSI met with Ms. [REDACTED] who admitted to falling with the baby; however, she did not tell anyone prior to taking her home around midnight. She denied shaking the baby.

D. Case Workers

Case Worker: [REDACTED] Date: 08/31/2014
 Team Leader: [REDACTED] Date: 09/02/2014

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:

7/28/2014 [REDACTED] (11 days old) was too young to interview. [REDACTED] was observed to be in NICU, swaddled in blankets with a breathing tube in her nose and IV in her feet. CPSI observed a red spot on her left eyelid. CPSI did not observe any dark bruising on [REDACTED] visible skin.

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

7/28/2014, CPSI received a verbal report from Dr. [REDACTED] and [REDACTED] Hospital. CPSI was advised that [REDACTED] has indication of Shaken Baby Syndrome. Dr. [REDACTED] stated there were no fractures or injury to the brain. The baby has some bilateral hemorrhages and abrasion to left side of the face. An MRI is pending. She reported she will seek to get the child's birth records. Per Dr. [REDACTED] [REDACTED] was asymptomatic prior to the mother sending the baby with the grandmother in that she was reacting normal prior to child leaving with Ms. [REDACTED] the grandmother. CPSI obtained final report from the [REDACTED] team by



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

7/30/2014.

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

7/31/2014, CPSI met with Ms. [REDACTED] maternal grandmother, who admitted to falling with the baby; however, she did not tell anyone prior to taking her home around midnight. She denied shaking the baby.

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

7/28/2014, Reporter states that [REDACTED] (11 days old) and [REDACTED] (5 y/o) lives with their parents, [REDACTED] and [REDACTED] lives with his parents, but maternal grandmother, [REDACTED] has custody of him. It was reported that [REDACTED] was transported by ambulance to [REDACTED] Childrens Hospital emergency room this morning at 12:54am. [REDACTED] said that the child's mgrandmother, [REDACTED] got the child at 4pm on 7/27/2014 to give [REDACTED] a break. [REDACTED] called [REDACTED] at midnight and said that she was bringing back [REDACTED]. [REDACTED] said that [REDACTED] did not say why she was bringing back [REDACTED] at midnight. When [REDACTED] was brought home, she was lethargic, unresponsive and she had bruising around her left eye, on the left side of her mouth and bruising on the left side of her face. [REDACTED] and her father, [REDACTED] are at the hospital with [REDACTED]. [REDACTED] is not married to [REDACTED]. A CT scan revealed a huge bleed on [REDACTED] head and brain and her brain is swollen; anywhere that you could have bleeding on the head, [REDACTED] has it. The radiologist is highly suspicious of non accidental trauma. [REDACTED] is in critical condition and is on ventilator because she was unresponsive and was not breathing well when she arrived at the ER. [REDACTED] will be taken to ICU soon. [REDACTED] is apparently at home; [REDACTED] said that [REDACTED] is mad because [REDACTED] told her she was taking [REDACTED] to the hospital. [REDACTED] is at home with [REDACTED]. The reporter will call Law enforcement.

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

PHYSICAL ABUSE:

DCS Policy defines non-accidental physical trauma or abuse inflicted by a parent or caretaker on a child. Physical abuse also includes but not limited to: A parent or caretaker's failure to protect a child from another person who perpetrated physical abuse on a child; When an injury goes beyond temporary redness, e.g., a bruise, broken bone, cut, burn; When injuries are received due to parental behavior, e.g., domestic violence; or When a child is allegedly struck on parts of the body in such a way that could result in internal injuries. Munchausen Syndrome by Proxy could be considered physical abuse or psychological abuse

Ms. [REDACTED] admitted to [REDACTED] Police per Sgt [REDACTED] that she accidentally dropped the baby on 7/27/2014. Ms. [REDACTED] returned the baby to parents around midnight of 7/28/2014 without notifying anyone that she accidentally dropped the baby. Ms. [REDACTED] and Mr. [REDACTED] observed the baby not reacting normally and sought medical attention. [REDACTED] alleged child victim was diagnosed with abusive head trauma by [REDACTED] team. She was hospitalized from 7/28/2014 until 08/20/2014. CPSI met with Ms. [REDACTED] who admitted to falling with the baby; however, she did not tell anyone prior to taking her home around midnight. She denied shaking the baby. Ms. [REDACTED] agreed to an IPA allowing [REDACTED] to stay with his mother [REDACTED] on 7/31/2014. This case was staffed in CPIT Review and was classified as Allegation Substantiated and Perpetrator Substantiated identifying Ms. [REDACTED] as the alleged perpetrator. Preliminary court hearing was held on 8/18/2014; adjudication will be held on 10/16/2014 at 1pm. Currently, [REDACTED] and [REDACTED] are residing in the home of [REDACTED] and [REDACTED]. Mr. [REDACTED] is not allowed to be around the children unsupervised. Both parents had a clinical parenting assessment with report scheduled to be completed by 9/5/2014 per therapeutic counseling, [REDACTED]. A FSTM was held and a NCPP was completed on 8/29/2014. FSS worker [REDACTED] was present and assigned this case. CPSI completed safety assessments and children are currently safe.

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:	System Completed
Contact Date:	09/05/2014	Contact Method:	
Contact Time:	02:27 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/05/2014
Completed date:	10/06/2014	Completed By:	System Completed
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/05/2014 02:31 PM Entered By: [REDACTED]
 CPSI completed copying of this entire case file and has placed a copy in interoffice mail to [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: 09/05/2014

Contact Method:

Contact Time: 02:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/05/2014

Completed date: 09/05/2014

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: 09/05/2014 02:20 PM Entered By: [REDACTED]

CPSI completed the Letter A along with its attachment and has addressed it to [REDACTED]
 [REDACTED] CPSI will have this delivered certified mail and will place in outgoing mail today.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/05/2014 Contact Method:
 Contact Time: 11:07 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/05/2014
 Completed date: 09/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2014 11:15 AM Entered By: [REDACTED]

The allegation of abuse is being substantiated against the grandmother Ms. [REDACTED]. According to the CPSI Ms. [REDACTED] will be indicted with aggravated child abuse. The child and her sibling are in the care of their birth parents. The CPSI has completed all investigative tasks, the parents have completed a clinical parenting assessment and the [REDACTED] has been placed in the home to provide parenting classes. A transfer CFTM was held on 8-29-14 and the case is being transferred on today to the FSS team and the case will be handled by [REDACTED]. The indication letter will be forwarded and the case is approved for closure. Program did ask the court for a severe abuse finding the hearing will be held 10-16-14. Copies of the 740 will be forwarded to the Judge and the AG.

-



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:	09/05/2014	Contact Method:	
Contact Time:	09:44 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/05/2014
Completed date:	09/05/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/05/2014 02:16 PM Entered By: [REDACTED]

CPSI [REDACTED] learned from Social Worker [REDACTED] Social Worker that [REDACTED] is still hospitalized and is not ready for discharge as of yet. She explained that [REDACTED] has not gain a whole pound since her admit on 9/1/2014. She reported that [REDACTED] is just not tolerating a lot of formula and the nurses are trying to "work her up" to taking in approximately 16 oz in a day. She reported [REDACTED] is not taking in enough calories and this is not the mother's fault. She also reported [REDACTED] is passing a lot of soft stools since being on a higher calorie formula. SW will keep CPSI updated.



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: 09/02/2014

Contact Method: Phone Call

Contact Time: 10:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/02/2014

Completed date: 09/02/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/02/2014 02:05 PM Entered By: [REDACTED]

10:35am, CPSI received a phone call from [REDACTED]. She informed this worker that [REDACTED] is back at the hospital [REDACTED] and has been admitted for fever and vomiting. Ms. [REDACTED] reported that around midnight last night, [REDACTED] had a fever. She reported she gave her children's Tylenol, stayed up and watched her carefully. She reported that shortly afterwards, [REDACTED] began to vomit. She reported she vomited 2 times within a 5 minute period. Ms. [REDACTED] reported she dialed 911 and the ambulance transported them to the hospital. She reported they arrived to the hospital around 2am and have been there every since. She reported that they are located in room 712 on the 7th floor. She reported the doctor told her that [REDACTED] also has fluid on her brain and it was good that she got her to the hospital as quickly as she did.

Ms. [REDACTED] advised that [REDACTED] is at home dealing with a staph infection and that her friend from [REDACTED] [REDACTED] is at the home caring for him while she is at the hospital with [REDACTED]. She reported that [REDACTED] is still out of town working and that she has notified him.



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: 08/31/2014 Contact Method:
 Contact Time: 04:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/02/2014
 Completed date: 09/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/02/2014 02:07 PM Entered By: [REDACTED]

PHYSICAL ABUSE:

DCS Policy defines non-accidental physical trauma or abuse inflicted by a parent or caretaker on a child. Physical abuse also includes but not limited to: A parent or caretaker's failure to protect a child from another person who perpetrated physical abuse on a child; When an injury goes beyond temporary redness, e.g., a bruise, broken bone, cut, burn; When injuries are received due to parental behavior, e.g., domestic violence; or When a child is allegedly struck on parts of the body in such a way that could result in internal injuries. Munchausen Syndrome by Proxy could be considered physical abuse or psychological abuse

Ms. [REDACTED] admitted to [REDACTED] Police per Sgt [REDACTED] that she accidentally dropped the baby on 7/27/2014. Ms. [REDACTED] returned the baby to parents around midnight of 7/28/2014 without notifying anyone that she accidentally dropped the baby. Ms. [REDACTED] and Mr. [REDACTED] observed the baby not reacting normally and sought medical attention. [REDACTED] alleged child victim was diagnosed with abusive head trauma by [REDACTED] team. She was hospitalized from 7/28/2014 until 08/20/2014. CPSI met with Ms. [REDACTED] who admitted to falling with the baby; however, she did not tell anyone prior to taking her home around midnight. She denied shaking the baby. Ms. [REDACTED] agreed to an IPA allowing [REDACTED] to stay with his mother [REDACTED] on 7/31/2014. This case was staffed in CPIT Review and was classified as Allegation Substantiated and Perpetrator Substantiated identifying Ms. [REDACTED] as the alleged perpetrator. Preliminary court hearing was held on 8/18/2014; adjudication will be held on 10/16/2014 at 1pm. Currently [REDACTED] and [REDACTED] are residing in the home of [REDACTED] and [REDACTED]. Mr. [REDACTED] is not allowed to be around the children unsupervised. Both parents had a clinical parenting assessment with report scheduled to be completed by 9/5/2014 per therapeutic counseling, [REDACTED]. A FSTM was held and a NCPP was completed on 8/29/2014. FSS worker, [REDACTED] was present and assigned this case. CPSI completed safety assessments and children are currently safe. 740 completed. CPSI will submit case to LI [REDACTED] for review and transfer to Family Support Services team.



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: 08/31/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/02/2014

Completed date: 09/02/2014

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: 09/02/2014 02:06 PM Entered By: [REDACTED]

CPSI completed closing safety assessment. Children are safe.

740 completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/29/2014 Contact Method: Face To Face
 Contact Time: 02:20 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/31/2014
 Completed date: 08/31/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2014 10:24 PM Entered By: [REDACTED]
 CPSI attended transfer FSTM and the meeting took place at the home of [REDACTED] in [REDACTED] [REDACTED] was not available for the meeting as he was out of town on a job for the next 12 days. [REDACTED] FSS worker attended the meeting. A new non custodial perm plan was completed as well as transfer FSTM summary. Ms. [REDACTED] advised the landlord gave them an extension on making rental payments and will work with them on making future payments. Ms. [REDACTED] denied receiving any contacts from [REDACTED] [REDACTED] as of today.
 Ms. [REDACTED] advised that TEIS coordinator visited the home today. Her name is [REDACTED] [REDACTED] She advised someone will follow up in 2 weeks.

[REDACTED] was observed properly dressed and groomed. No visible marks or bruises observed on child. She appeared as a normal baby, tiny for her age. Ms. [REDACTED] reported she was tiny as a newborn as well as [REDACTED] and [REDACTED] CPSI observed Ms. [REDACTED] feed and change [REDACTED] diaper. No diaper rash observed. Child appears to have all that she needs to be properly cared for such as clothing, diapers, formula, crib, and bouncer. CPSI observed Ms. [REDACTED] has an alarm set up on her cell phone to alert her of [REDACTED] scheduled feedings. She advised she is awaiting an appointment from Professional counseling for assessment of her diagnosis of bipolar.

[REDACTED] was observed to be active and cared for. He was observed without visible marks/ bruises. He was very talkative during this home visit.

The home appeared safe with no immediate environmental concerns. Utilities and food were available in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/28/2014

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/05/2014

Completed date: 09/05/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2014 02:05 PM Entered By: [REDACTED]

Per District Attorney [REDACTED], Sgt [REDACTED] of [REDACTED] Police Department will do an indictment on Ms. [REDACTED] charging her with with Aggravated Child Abuse/Neglect.



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: 08/28/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 10:24 PM Entered By: [REDACTED]

Ms. [REDACTED] from [REDACTED] made contact with this worker. She advised that she had received the referral; however, can not guarantee Ms. [REDACTED] will receive housing. She reported the recipients are chosen at random via computer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/25/2014

Contact Method: E-mail

Contact Time: 11:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Permanency, Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 10:22 PM Entered By: [REDACTED]

CPSI received preliminary report of assessment from [REDACTED] via Ms. [REDACTED]. So far, she suggests the family receives in home support, linkage to community resources, and to ensure she follow through on all scheduled appointments and medication regimen for [REDACTED]. CPSI will share this information to FSS worker during transfer meeting.

CPSI completed a referral for [REDACTED] in efforts to aid Ms. [REDACTED] in finding a home that she can afford. Ms. [REDACTED] advised that the landlord raised the rent \$200.



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: 08/22/2014 Contact Method: Phone Call
 Contact Time: 11:50 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/31/2014
 Completed date: 08/31/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,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: 08/31/2014 10:20 PM Entered By: [REDACTED]
 11:50am,CPSI received a phone call from Ms. [REDACTED]. She advised that she is at Dr. [REDACTED] office now and just wanted to "check in" with this worker. She advised the landlord raised their rent \$200 which is somewhat unaffordable. CPSI advised she will make a referral to [REDACTED] as she appears to meet the criteria. CPSI also shared information for [REDACTED] housing.
 Telephone- 12:10pm, CPSI received phone call from Mr. [REDACTED]. He advised that [REDACTED] informed him that CPSI had been trying to reach him. He advised his phone was broken. Mr. [REDACTED] was made aware of court date of 10/16/2014 at 1pm. He agreed to make appearance.



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: 08/22/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 10:19 PM Entered By: [REDACTED]

9:00am, CPSI received notification of scheduled FSTM and assigned to [REDACTED] team.



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: 08/21/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 10:18 PM Entered By: [REDACTED]

5:00 pm, CPSI completed transfer paperwork for scheduled FSTM and emailed to [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/21/2014	Contact Method:	Face To Face
Contact Time:	03:30 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/31/2014
Completed date:	08/31/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, 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: 08/31/2014 10:18 PM Entered By: [REDACTED]

3:30pm, This case was staff during CPIT review. The case was classified as Allegation Substantiated and Perpetrator Substantiated on the allegation of Physical Abuse, severe. The alleged perpetrator was identified as [REDACTED] maternal grandmother. Signatures obtained on CPIT review form by the CPIT team. The case will be brought back to CPIT review for law enforcement ([REDACTED] Police) who were not present.



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: 08/21/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 10:16 PM Entered By: [REDACTED]

11:30am, CPSI received medical discharge records on [REDACTED] from MSW [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/21/2014 Contact Method: Phone Call
 Contact Time: 12:39 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/31/2014
 Completed date: 08/31/2014 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: 08/31/2014 10:16 PM Entered By: [REDACTED]
 12:39pm,CPSI was contacted by Ms. [REDACTED]. She advised [REDACTED] was discharged on yesterday; stated TEIS nurse made contact with her yesterday, as well. She advised that baby is doing well with feedings. She advised CPSI that Ms. [REDACTED] will come by either Friday or Saturday to complete parenting assessment. She advised that she has a WIC appointment on Monday for [REDACTED] and transportation has already been set up through TN Care. She also reported [REDACTED] has an appointment with Dr. [REDACTED] on Friday. Ms. [REDACTED] seemed to have a good understanding of [REDACTED] needs at this time.



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: 08/20/2014

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 09:54 PM Entered By: [REDACTED]

CPSI [REDACTED] received a return phone call from Ms. [REDACTED]. She advised that she will follow up with the family on today and will provide this CPSI with a preliminary report via email. However the completed assessment would not be ready until September 5, 2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/20/2014

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 10:14 PM Entered By: [REDACTED]

8:45am, CPSI received phone call from MSW, [REDACTED] who advised that the baby will be discharged from the hospital today. She advised she will do a referral for TEIS (TN Early Intervention Services).



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: 08/18/2014

Contact Method:

Contact Time: 12:02 PM

Contact Duration: Less than 04 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 10:11 PM Entered By: [REDACTED]

12:02pm, CPSI was advised by [REDACTED] that her step mother [REDACTED] will provide transportation to the DHS office so that she could check into her TN care case. CPSI spoke with Mrs. [REDACTED] who confirmed that she will assist [REDACTED] with transportation to the DHS office and then to see [REDACTED] at the hospital.

2:30pm, CPSI received telephone call from [REDACTED]. She advised that she spoke with Mr. [REDACTED], her DHS worker and he advised her to call the number on the back of her TNcare card, fax a copy of photo ID and [REDACTED] will be added to her TNcare case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/18/2014 Contact Method: Face To Face
 Contact Time: 10:30 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 08/31/2014
 Completed date: 08/31/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Court Hearing
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2014 10:09 PM Entered By: [REDACTED]
 10:30am, in Magistrate [REDACTED] courtroom present were the birthparents, CPSI [REDACTED] and DCS attorney, [REDACTED] is the GAL. Appointed attorney for [REDACTED] and [REDACTED] is Atty [REDACTED] Magistrate [REDACTED] stated that a trial would take place on 10/16/2014 at 1:00 pm. Atty [REDACTED] asked for court order to contain that parents have an open FSS case. As it stands, the maternal grandmother, [REDACTED] can not have any supervised visits with [REDACTED] or [REDACTED] and that [REDACTED] be supervised around his children, [REDACTED] and [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 08/31/2014 10:11 PM Entered By: [REDACTED]

Also present:

Atty [REDACTED], Attorney for [REDACTED]
 Atty [REDACTED], DCS attorney
 Atty [REDACTED], GAL



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/15/2014

Contact Method: Attempted Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 10:08 PM Entered By: [REDACTED]

2:00pm, CPSI made 2nd attempt to contact Mr. [REDACTED] to make him aware of court hearing on Monday, 8/18/2014 at 9am. Mr. [REDACTED] did not answer the phone. CPSI left a detailed voicemail making him aware of court date, time and location.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/15/2014

Contact Method: Phone Call

Contact Time: 09:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 11:15 PM Entered By: [REDACTED]

CPSI notified Ms. [REDACTED] of the court hearing and that she is not allowed visitation with [REDACTED] at this time. Ms. [REDACTED] reported that she will seek counseling if she needs to; CPSI advised Ms. [REDACTED] that if she could then it would be a good thing to do.



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:	08/14/2014	Contact Method:	Phone Call
Contact Time:	10:24 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/31/2014
Completed date:	08/31/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/31/2014 10:05 PM Entered By: [REDACTED]

10:24am, CPSI received phone call from [REDACTED] juvenile court advising that petitions has been signed by juvenile court judge. Preliminary hearing scheduled for 8/18/2014 at 9:30am; adjudication hearing scheduled for 10/16/2014 at 1:00 pm

11:00am, CPSI advised birthmother [REDACTED] and [REDACTED] of the court dates and advised both that birthfather [REDACTED] is to be supervised at all times while with the children. CPSI advised [REDACTED] that due to the concerns surrounding his mental health status (bipolar/ ADHD) that he is not allowed to be around the children without supervision and that he shall not be left alone with the children at any time. He verbalized that he understood.

11:15am, CPSI attempted contact with [REDACTED] birthfather of [REDACTED] other son [REDACTED] to advise him of court date as a petition was filed regarding him in an attempt to give him (Mr. [REDACTED]) legal physical custody since child had been residing with him nearly since his birth. CPSI left a voicemail message for Mr. [REDACTED] to return a call to this 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: 08/13/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 10:04 PM Entered By: [REDACTED]

2 pm, CPSI received email from DCS Legal Attorney [REDACTED] stating that petitions are ready for filing at Juvenile Court/ [REDACTED] County.

2:32pm, CPSI [REDACTED] present to Juvenile Court Clerk, [REDACTED] the petitions for filing. CPSI was informed at 3:45pm, that CPSI would have to return in the morning as the judge/magistrate was still in court and is unable to sign the petition at this time. CPSI informed LI [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2014

Contact Method: Phone Call

Contact Time: 11:35 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 10:02 PM Entered By: [REDACTED]

11:35am, am, CPSI was advised by LI [REDACTED] to make contact with [REDACTED] mother to find out his mental health history.

11:41am, CPSI made contact with [REDACTED]. Per Ms. [REDACTED] [REDACTED] is currently not receiving s disability check. She reported he had turned 21 y/o when he got his last check. She reported he was diagnosed with ADHS and bipolar in elementary school. She reported he was on meds and he stopped on his own around the age of 18. She reported he stated that he stopped because he did not like the way the meds made him feel. Ms. [REDACTED] reported that she now resides in [REDACTED] TN and stated that before it is considered for [REDACTED] to go into DCS custody that she would like to be considered for placement. She reported that there have been law enforcement reports between she and [REDACTED] however, [REDACTED] is not violent. She report that [REDACTED] will not and has not hurt children.



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: 11:04 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 09:59 PM Entered By [REDACTED]

11:04am, CPSI received a phone call from MSW, [REDACTED]. She advised [REDACTED] is medically getting better and stated she has been moved to the 8th floor. She reported [REDACTED] is not on the feeding tube and that she may be medically ready to go home by the end of the week. She advised that [REDACTED] will have follow up appointments with neuro doctor, eye doctor, and pediatrician. She also reported she may need outpatient therapy; however, is not sure at this time.



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: 10:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 09:53 PM Entered By: [REDACTED]

10:00am, Per CPSI [REDACTED] and [REDACTED] contacted her and will provide the clinical assessment on [REDACTED] and [REDACTED] CPSI [REDACTED] shared contact information with CPSI [REDACTED]

Unsuccessful telephone- 10:10am, CPSI [REDACTED] attempted contact with Ms. [REDACTED] CPSI left a message for contact.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/13/2014 Contact Method:
 Contact Time: 09:15 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/31/2014
 Completed date: 08/31/2014 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: 08/31/2014 09:57 PM Entered By: [REDACTED]

9am, CPSI [REDACTED] was update on this case by LI [REDACTED] due to this worker being on leave. The following information was shared: A petition will be filed for Ms. [REDACTED] to get custody of [REDACTED] she will maintain custody of [REDACTED] Mr. [REDACTED] can not be left unsupervised with either child, both parents will receive a clinical parenting assessment, [REDACTED] (other son) will be added to petition because Mr. [REDACTED] (his father) doesn't have legal custody of him, and to file petitions today as the IPA will expires. CPSI was advised to make contact with legal secretary, Ms. [REDACTED] regarding notification of the completed petitions so that CPSI could file them at Juvenile Court on today.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/11/2014	Contact Method:	
Contact Time:	10:44 AM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	08/31/2014
Completed date:	08/31/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/31/2014 09:52 PM Entered By: [REDACTED]

10:44am,CPS [REDACTED] completed another case service in TFACTS to requested a Clinical Parenting Assessment on the parents for purposes of determining the parents capability of caring for their children, [REDACTED] and [REDACTED] (due to the children are in the physical custody of the parents at this time).

8/11/2014- correspondence- (REVISED)12:07pm, another DCS legal referral was completed by CPS [REDACTED] to include information regarding an IPA between the birthmother, [REDACTED] and birthfather, [REDACTED] as it relates to supervised visits of [REDACTED] with the children. This referral will be forwarded to LI [REDACTED] for purposes of reviews and approval.

08/11/2014 correspondence- 1:02pm, the DCS legal referral was forwarded to the DCS legal department for drafting upon approval by [REDACTED], Investigations Program Coordinator.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/10/2014	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	08/31/2014
Completed date:	08/31/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2014 09:48 PM Entered By: [REDACTED]

In absence of CPSI [REDACTED] who was on medical leave, CPSI [REDACTED] was advised by supervisors to complete another IPA (Immediate Protection Agreement) on this case to state that [REDACTED] would have 72 hours to contact Department of Human Services to ensure she has TnCare Insurance, to complete a clinical parenting assessment provided by the Department, and for birthfather to not have any unsupervised visits with [REDACTED] and [REDACTED]. This IPA was signed by the mother, [REDACTED] and birthfather, [REDACTED] on 8/11/2014 at approximately 10:20pm. CPSI [REDACTED] will place document in case file.

CPSI [REDACTED] also completed another Non Custodial Perm Plan to reflect new IPA. This plan includes the parents receiving a clinical parenting assessment, for Ms. [REDACTED] to ensure she has TN care health insurance, and no unsupervised visits between Mr. [REDACTED] and [REDACTED] and [REDACTED]. Signatures obtained by participants. CPSI will file this document in case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/07/2014

Contact Method: Phone Call

Contact Time: 08:42 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 09:45 PM Entered By: [REDACTED]

12:42pm, CPSI received phone call from [REDACTED] [REDACTED] [REDACTED] [REDACTED]. She advised that she is the counselor for Mr. [REDACTED] and that she'd made contact with him on yesterday. She advised she will schedule an assessment with Mr. [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/06/2014	Contact Method:	
Contact Time:	08:50 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/31/2014
Completed date:	08/31/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2014 09:44 PM Entered By: [REDACTED]

8:50am, Per MSW [REDACTED] is medically doing better as she has now been moved from NICU (Neonatal intensive care unit). CPSI advised she is in room [REDACTED]. She reported baby is crying and moving around.



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: 08/04/2014

Contact Method:

Contact Time: 12:26 PM

Contact Duration: Less than 05 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 09:13 PM Entered By: [REDACTED]

12:26pm, CPSI [REDACTED] completed legal referral on [REDACTED] children and forwarded to LI [REDACTED] for review.

2:55pm, LI [REDACTED] reviewed/ forwarded Near Fatality Report to Regional Director.

3:01pm, CPSI was advised by LI [REDACTED] that Regional Investigators Director [REDACTED] reviewed Near Fatality Report. Report will be forwarded to central office.

3:15pm, Legal referral has been reviewed by [REDACTED] (Investigations Program Manger) and [REDACTED] (DCS Legal) and forwarded to DCS [REDACTED] for drafting.

3:48pm, CPSI forwarded copy of [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/01/2014

Contact Method:

Contact Time: 03:53 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 09:10 PM Entered By: [REDACTED]

3:53pm, CPSI [REDACTED] completed Near Fatality report and forwarded to LI [REDACTED] for review.



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: 08/01/2014 Contact Method: Face To Face
 Contact Time: 09:20 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/31/2014
 Completed date: 08/31/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Notation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2014 09:09 PM Entered By: [REDACTED]

CFTM

9:20am, CFTM was held on 5th floor at [REDACTED] Hospital. Participants included [REDACTED]-facilitator, this CPS Investigator, [REDACTED] CPS LI, parents [REDACTED] and [REDACTED] Ms. [REDACTED] was on the phone as she is not allowed at the hospital for safety precautions regarding [REDACTED]. The decision made by the team is for CPSI to file a petition restoring physical/legal custody of [REDACTED] to his mother's custody as she will be participating in mental health services for past history of bipolar and seek counseling for depression as it relates to recent incident with newborn, [REDACTED].

12:45pm, face to face- CPSI returned to hospital to complete a Non custodial permanency plan with the parents. Participants agreed on the following: parents will participate in parenting classes, seek counseling for depression and seek reassessment for medication as it relates to history of bipolar diagnosis and to maintain stable housing and employment/ seek employment as needed. Signatures obtained.

[REDACTED] ACV

[REDACTED] was observed in hospital bed with electrodes placed all over her head. The nurse reported it is used to obtain scans of her brain activities. The nurse also removed the devices while in the room. CPSI observed the baby to move around and cry as the nurse was removing the devices.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/31/2014 Contact Method: Face To Face
 Contact Time: 05:45 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/31/2014
 Completed date: 08/31/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2014 11:11 PM Entered By: [REDACTED]

7/31/2017 face to face 5:45pm, CPSI met with Ms. [REDACTED] maternal grandmother, alleged perpetrator at [REDACTED] home was observed to be in the stage of "packing". CPSI observed a mattress on the living room floor and boxes packed. She advised that she was moving next door into her mother's home, [REDACTED] as she is ill and she is going to take care of her. CPSI spoke with Ms. [REDACTED] about the incident regarding [REDACTED] injury. Ms. [REDACTED] appeared sad and hurt during the interview and tearful at times. Ms. [REDACTED] reported that on this past Friday, she felt depressed and lonely and asked [REDACTED] if she needed some "mommy time". She reported that [REDACTED] agreed to allow [REDACTED] to spend some time with her; however, [REDACTED] did not want to come over. Ms. [REDACTED] advised this CPSI throughout the interview that her memory was not very good and that she is on a lot of medications. Ms. [REDACTED] began to speak of the different types of prescription medications that she was taking. She reported to CPSI that she takes more medicines than she should. Also during this interview, Ms. [REDACTED] admitted to being an "alcoholic and suffers from depression". CPSI informed Ms. [REDACTED] that she should not be taking her medications and drink alcohol.

In reference to the incident, Ms. [REDACTED] reported that [REDACTED] was asleep in her car seat. She reported she had a pillow placed on her lap and [REDACTED] was asleep in the car seat while it rest on her lap. Ms. [REDACTED] reported it was dark in the room (living room). She reported she could not remember what time it was when all of this had taken place. She reported the dog was by her feet. She reported she stood up, tripped over the dog and fell forward. She reported the car seat flew upward and flipped over. She reported [REDACTED] had falling out of the car seat. She reported she initially stood up to go lay on the mattress with [REDACTED] which was also observed on the floor by the fireplace in the living room. Ms. [REDACTED] reported she carefully picked up [REDACTED] after falling; advised that [REDACTED] was crying. She reported that [REDACTED] stopped crying but could not remember how long it took her to stop crying. She reported she did not think anything was wrong with the baby. When asked, she denied shaking [REDACTED]. She reported she'd taken off [REDACTED] clothing and look her body over and she had no bruises or marks. She reported she took [REDACTED] home around midnight because it was typical for her and [REDACTED] to be up late. She reported she knew [REDACTED] would not be asleep. She denied talking with [REDACTED] about the events that happened at her home involving [REDACTED] falling to the floor. CPSI observed the floor to be carpeted. CPSI spoke with Ms. [REDACTED] about the Immediate Protection Agreement (IPA) allowing [REDACTED] to stay with [REDACTED] for safety precautions as she did admit to falling with [REDACTED] and this is currently under investigation. Ms. [REDACTED] agreed to/ signed the IPA. Ms. [REDACTED] stated that she understands that it was stated by the hospital that [REDACTED] injuries were more severe than the actions of her falling



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

with her. Ms. [REDACTED] stated that nothing else happened and denied shaking her. Ms. [REDACTED] admitted to taking custody of [REDACTED] when [REDACTED] went to jail years ago because she had gotten into some trouble and did not want to see him go to foster care. Ms. [REDACTED] reported that [REDACTED] was adopted when she was 2 weeks old and was diagnosed with bipolar at the age of 10. Ms. [REDACTED] reported she was a therapeutic foster parent through DCS and [REDACTED] was her worker. She went on to speak of being involved in an abusive relationship with her husband at the time and eventually divorced. She reported she believes [REDACTED] has been off her bipolar medications for the past 3 years. She reported to CPSI that [REDACTED] lived with her all of her life although she had custody of [REDACTED]. She reported she, [REDACTED] and [REDACTED] had a really bad argument at the beginning of this month and she told them to leave her home. She reported that police were called because [REDACTED] was taking some of her son's items. She reported the lady police told her she felt it was best to let [REDACTED] go with his parents; therefore, she allowed it. She reported she loves [REDACTED] and [REDACTED] and doesn't have a good relationship with [REDACTED]. CPSI informed Ms. [REDACTED] there is going to be a court hearing to discuss the custody of [REDACTED] and that CPSI will notify her.



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: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 09:07 PM Entered By: [REDACTED]

CPSI completed initial safety assessment. Children are 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: 07/31/2014

Contact Method:

Contact Time: 02:12 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 09:06 PM Entered By: [REDACTED]

2:12pm, CPSI received confirmation of CFTM for 8/01/2014 at [REDACTED] Hospital, 5th floor, 9am- 11am.



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:

Contact Time: 01:07 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 09:05 PM Entered By: [REDACTED]

1:07pm, CPSI completed referral for Child and Family Team Meeting (CFTM).



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: 12:09 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 09:03 PM Entered By: [REDACTED]

12:09pm, Due to problem with agency's fax machine, CPSI met with MSW [REDACTED] at [REDACTED] hospital and picked up a copy of [REDACTED] team, Dr. [REDACTED] final report of her medical consult regarding [REDACTED]. In addition to initial report, this documents states "There does not appear to any other bruises or body abnormalities noted on general physical examination." Dr. [REDACTED] also documented the injuries are concerning for nonaccidental trauma, specifically abusive head trauma. CPSI will share this information with DCS supervisors and place document in DCS case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/29/2014

Contact Method:

Contact Time: 11:57 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

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: 08/31/2014 08:51 PM Entered By: [REDACTED]

11:57am, CPSI completed request for copy of [REDACTED] team medical consult and forwarded it to MSW [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: 07/29/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/02/2014

Completed date: 09/02/2014

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/02/2014 08:57 AM Entered By: [REDACTED]

07/29/2014 The following Internet Records Clearance inquiries were completed on the date(s) indicated on: [REDACTED] mother, dob: [REDACTED]

Justice System Inquiry (JSSI): aggravated burglary 2011; disposed 2/2012

Tennessee Felony Offender Registry : negative

Methamphetamine Offender Registry: negative

Tennessee Sexual Offender Registry: negative

07/29/2014 The following Internet Records Clearance inquiries were completed on the date(s) indicated on: [REDACTED] father, dob: [REDACTED]

Justice System Inquiry (JSSI): failure to surrender D.L. and tags (2012); minor in possession of alcohol (2011); violation of seat belt law(2011)

Tennessee Felony Offender Registry : negative

Methamphetamine Offender Registry: negative

Tennessee Sexual Offender Registry: negative

07/29/2014 The following Internet Records Clearance inquiries were completed on the date(s) indicated on: [REDACTED] maternal grandmother, dob: [REDACTED]

Justice System Inquiry (JSSI): negative

Tennessee Felony Offender Registry : negative

Methamphetamine Offender Registry: negative

Tennessee Sexual Offender Registry: negative



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: 07/29/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/02/2014

Completed date: 09/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/02/2014 09:05 AM Entered By: [REDACTED]

This case was presented to CPIT for review. It was stamped Present to CPIT Review and get medical records. This case is coordinated with [REDACTED] Police Department.



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: Created In Error
 Contact Date: 07/29/2014 Contact Method: Face To Face
 Contact Time: 03:26 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 08/31/2014
 Completed date: 08/31/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2014 04:36 PM Entered By: [REDACTED]

During initial intake, [REDACTED] was included as an alleged child victim. [REDACTED] is not an active alleged child victim in this investigation as he doesn't reside with Ms. [REDACTED] (birthmother) nor was he involved or around the incident surrounding [REDACTED] who is the child victim in this case. [REDACTED] resides with his father [REDACTED].

Narrative Type: Created In Error Entry Date/Time: 08/31/2014 04:40 PM Entered By: [REDACTED]

error/ duplicated entry



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: 07/28/2014

Contact Method: Phone Call

Contact Time: 03:13 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 08:47 PM Entered By: [REDACTED]

3:13pm, CPSI received a verbal report from Dr. [REDACTED] and [REDACTED] team, [REDACTED] Hospital. CPSI was advised that [REDACTED] has indication of Shaken Baby Syndrome. Dr. [REDACTED] stated there were no fractures or injury to the brain. The baby has some bilateral hemorrhages and abrasion to left side of the face. An MRI is pending. She reported she will seek to get the child's birth records. Per Dr. [REDACTED] [REDACTED] was asymptomatic prior to the mother sending the baby with the grandmother in that she was reacting normal prior to child leaving with Ms. [REDACTED] the grandmother. Report will be faxed over as soon as it is ready.



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: 07/28/2014

Contact Method:

Contact Time: 03:04 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 08:44 PM Entered By: [REDACTED]

At approximately 3:04pm, CPSI [REDACTED] was told by [REDACTED] Police Sgt [REDACTED] that Ms [REDACTED] admitted to dropping infant, [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:	07/28/2014	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/02/2014
Completed date:	09/02/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/02/2014 08:56 AM Entered By: [REDACTED]

household members:

[REDACTED], birthmother, dob [REDACTED]
 [REDACTED], birthfather, dob [REDACTED]
 [REDACTED], sibling, dob [REDACTED]
 [REDACTED], ACV, dob: [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: 07/28/2014

Contact Method: Face To Face

Contact Time: 08:19 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2014 04:21 PM Entered By: [REDACTED]

During initial intake, [REDACTED] was included as an alleged child victim. [REDACTED] is not an active alleged child victim in this investigation as he doesn't reside with Ms. [REDACTED] (birthmother) nor was he involved or around the incident surrounding [REDACTED] who is the child victim in this case. [REDACTED] resides with his father, [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/28/2014 Contact Method: Face To Face
 Contact Time: 08:19 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 08/31/2014
 Completed date: 08/31/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 08:38 PM Entered By: [REDACTED]

[REDACTED] sibling

8:19am, CPSI [REDACTED] met with [REDACTED], 5 y/o sibling at his home he shares with [REDACTED] and his birthfather, [REDACTED]. CPSI engaged with [REDACTED] in his room as he was playful and playing with his toys. [REDACTED] reported that he made fake dinner last night (he was cooking with his toy kitchen set) and his daddy made hamburgers. CPSI asked [REDACTED] who was all at home to eat dinner last night and he said his mommy, daddy and himself. CPSI asked him where was his little sister, [REDACTED] and [REDACTED] said that she was at [REDACTED]. CPSI learned that [REDACTED] is Ms. [REDACTED] his grandmother. [REDACTED] said that he did not want to go and that he wanted to stay home and play with his toys. CPSI asked [REDACTED] if [REDACTED] came home last night and he said no and that she was at [REDACTED] house. No visible marks or bruises observed on child. He appeared happy and comfortable at home. [REDACTED] stated that he likes living at home and that he has lots of toys in his room to play with.

[REDACTED] birthfather

9:07am, CPSI [REDACTED] met with [REDACTED] at the home. [REDACTED] reported that he had been at work all weekend and returned at approximately 1:00pm Sunday. He reported that when he came home [REDACTED] was gone and that Ms. [REDACTED] had told him that Ms. [REDACTED] had taken [REDACTED] to her home. Mr. [REDACTED] reported that on last night when Ms. [REDACTED] brought [REDACTED] home, Ms. [REDACTED] informed him that something was not right about [REDACTED]. Mr. [REDACTED] reported he tried feeding her but she was not acting normal and that she was just staring. He reported that they tried applying a cold pack to her feet and she would not respond. He reported he called 911 and was on the phone with them until the fire department arrived. He reported the police and then the ambulance arrived.



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: 07/28/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2014 08:41 PM Entered By: [REDACTED]

On 7/28/2014 [REDACTED] Police Department had secure search warrants for the residents [REDACTED] and [REDACTED] maternal grandmother. All three persons were taken to [REDACTED] Police Department for questioning. CPSI was advised that [REDACTED] was handcuffed for obstruction of justice as she was not be cooperative with the investigation and was acting irrate.



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: 07/28/2014

Contact Method: Face To Face

Contact Time: 07:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/31/2014

Completed date: 08/31/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2014 08:36 PM Entered By: [REDACTED]

CPSI was introduced to members of the medical team, Dr. [REDACTED] and [REDACTED]. They advised that case would be referred to Dr. [REDACTED] for consultation. CAT scan results are pending.



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: 07/28/2014

Contact Method: Face To Face

Contact Time: 05:46 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/01/2014

Completed date: 08/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/01/2014 02:52 PM Entered By: [REDACTED]

[REDACTED] was too young to interview. [REDACTED] was observed to be in NICU, swaddled in blankets with a breathing tube in her nose and IV in her feet. CPSI observed a red spot on her left eyelid. CPSI did not observe any dark bruising on [REDACTED] visible skin.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/28/2014 Contact Method: Face To Face
Contact Time: 05:45 AM Contact Duration: Less than 01 Hour
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 08/01/2014
Completed date: 08/01/2014 Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/01/2014 02:46 PM Entered By: [REDACTED]

[REDACTED], birthmother

5:45am, CPSI [REDACTED] arrived to [REDACTED] Children's Hospital and was escorted to room [REDACTED] where birthmother [REDACTED] and [REDACTED] Police Department Officer were present. CPSI met with Ms. [REDACTED] CPSI asked Ms. [REDACTED] what happened in the last 48 hours. Ms. [REDACTED] appeared shaken; CPSI asked her to do the best she could with her memory. Ms. [REDACTED] reported that on Saturday, July 28, 2014, her mother, [REDACTED] contacted her and asked her if she needed some "mommy time" and wanted to take the grandchildren, [REDACTED] and [REDACTED] for the weekend. Ms. [REDACTED] reported she said yes and her mother came by her home to pick up her grandchildren. Upon Ms. [REDACTED] arrival between 3:30- 4:00pm, [REDACTED] the 5 y/o, stated that he did not want to go; therefore, he stayed at home with Ms. [REDACTED] Mr. [REDACTED] was away from the home at that time and was at work. At approximately 12:15am early Sunday morning, Ms. [REDACTED] reported that she got a phone call from Ms. [REDACTED] and she stated that she was not feeling good and was going to bring [REDACTED] home. Ms. [REDACTED] reported that her mother sounded agitated. Ms. [REDACTED] reported that when [REDACTED] arrived home, her mother immediately turned around and left. Ms. [REDACTED] reported that [REDACTED] did not look right and was not responsive when she changed her diaper. Ms. [REDACTED] reported that she used a cool baby wipe to try to arouse [REDACTED] but she would not respond. Ms. [REDACTED] reported that she called out for the birthfather, [REDACTED] and he made a warm bottle for [REDACTED] however, she would not feed from it. Ms. [REDACTED] reported she and [REDACTED] then decided to get a cold ice pack and placed it on [REDACTED] feet and she did not respond to that either. Ms. [REDACTED] reported that she called Ms. [REDACTED] and asked her if she had given [REDACTED] anything and she said no. Ms. [REDACTED] reported that she advised Ms. [REDACTED] at that time that she was going to call 911 and Ms. [REDACTED] told her that she was being over dramatic. Ms. [REDACTED] reported that she consulted with her father and he advised her to call 911 right away. Ms. [REDACTED] advised that when 911 arrived that she insists that they take [REDACTED] to the hospital and she rode along. Ms. [REDACTED] reported that while in route to the hospital, she saw [REDACTED] eyes "jumping". Ms. [REDACTED] reported they arrived to the hospital around 1:00am. According to Ms. [REDACTED] [REDACTED] fed well on the day she went to Ms. [REDACTED] home and was reacting normal.

Narrative Type: Addendum 1 Entry Date/Time: 08/01/2014 03:07 PM Entered By: [REDACTED]

CORRECTION:

CPSI mistakenly typed Saturday, July 28 2014 and the actual date is Saturday July 26, 2014. This is for when Ms. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

took [REDACTED] to her home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/28/2014	Contact Method:	Phone Call
Contact Time:	05:05 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/01/2014
Completed date:	08/01/2014	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/01/2014 02:41 PM Entered By: [REDACTED]

Referent

5:05 am, CPSI made contact with referent. Per referent, Law enforcement has arrived and is in the room with the mother. Per referent, she would like for CPSI to respond immediately. The baby has been transferred to NICU at the hospital, Room [REDACTED]. When asked, referent advised that baby was born at around 5 lbs at birth and was born at [REDACTED] Hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/28/2014

Contact Method:

Contact Time: 04:58 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/01/2014

Completed date: 08/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/01/2014 02:39 PM Entered By: [REDACTED]

CPSI [REDACTED] responding during on call hours and was notified by LI [REDACTED] at approximately 4:57am.



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: 07/28/2014

Contact Method:

Contact Time: 04:57 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/01/2014

Completed date: 08/01/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/01/2014 02:38 PM Entered By: [REDACTED]

Reporter states that [REDACTED] (11 days old) and [REDACTED] (5 y/o) lives with their parents, [REDACTED] and [REDACTED]. [REDACTED] lives with his parents, but maternal grandmother, [REDACTED] has custody of him. It was reported that [REDACTED] was transported by ambulance to [REDACTED] Childrens Hospital emergency room this morning at 12:54am. [REDACTED] said that the child's mgrandmother, [REDACTED] got the child at 4pm on 7/27/2014 to give [REDACTED] a break. [REDACTED] called [REDACTED] at midnight and said that she was bringing back [REDACTED]. [REDACTED] said that [REDACTED] did not say why she was bringing back [REDACTED] at midnight. When [REDACTED] was brought home, she was lethargic, unresponsive and she had bruising around her left eye, on the left side of her mouth and bruising on the left side of her face. [REDACTED] and her father, [REDACTED] are at the hospital with [REDACTED]. [REDACTED] is not married to [REDACTED]. A CT scan revealed a huge bleed on [REDACTED] head and brain and her brain is swollen; anywhere that you could have bleeding on the head, [REDACTED] has it. The radiologist is highly suspicious of non accidental trauma. [REDACTED] is in critical condition and is on ventilator because she was unresponsive and was not breathing well when she arrived at the ER. [REDACTED] will be taken to ICU soon. [REDACTED] is apparently at home; [REDACTED] said that [REDACTED] is mad because [REDACTED] told her she was taking [REDACTED] to the hospital. [REDACTED] is at home with [REDACTED]. The reporter will call Law enforcement.