



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 11/26/2014 12:41 AM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 11/26/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 11/26/2014 07:42 AM  
First Team Leader Assigned: [REDACTED] Date/Time 11/26/2014 12:00 AM  
First Case Manager [REDACTED] Date/Time 11/26/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 5 Mos	Physical Abuse	Yes	Unknown Participant [REDACTED], Unknown	Other Relative

**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: E-mail  
Narrative: TFACTS  
Family Case IDs:  
# [REDACTED] (CASE NAME: [REDACTED])  
# [REDACTED] (CASE NAME: [REDACTED]) includes history on [REDACTED] as an ACV  
Open Court Custody/FSS/FCIP: No  
Prior number of INV/ASMT: 3  
Prior INV/ASMT within the last three years: Yes  
Number of Screen Outs: 0  
Substantiated: Yes



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

INV # [REDACTED] / DEI / ACV: [REDACTED] / perp: [REDACTED] / approved classification: Substantiated /  
end date: [REDACTED]

Unable to determine history on [REDACTED], but located (4) [REDACTED] " in Person Search:  
Person ID # [REDACTED]  
Person ID # [REDACTED]  
Person ID # [REDACTED]  
Person ID # [REDACTED]  
Possible Screen Outs on [REDACTED]: 8

DUPLICATE REFERRAL: No

County: [REDACTED]  
Notification: Email  
School/ Daycare: Unknown  
Native American Descent: No  
Directions: None given

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

Reporter states: [REDACTED] (6 months old) lives in [REDACTED] with his father [REDACTED]. They are currently living in the home of [REDACTED]' grandmother (name unknown). [REDACTED] mother is [REDACTED], and she is currently incarcerated at the [REDACTED] Jail.

Do the adults or child(ren) have any special needs or disabilities? Not aware of any.

Is there any domestic violence present in the home? Not aware of any.

[REDACTED] personnel called Law Enforcement this morning (11-26-2014) around 12:15am to report possible child abuse. EMS had transported [REDACTED] to [REDACTED] because he was unconscious. The father said he had been with the child through the day on 11-25-2014. He said that throughout the day, the child showed signs of not "being himself." Over time the child's condition worsened and was not coherent.

The father said that on the night of 11-24-2014, they had been at [REDACTED] cousin's home, [REDACTED], at [REDACTED] in [REDACTED]. According to [REDACTED] at 9:00pm on 11-24-2014 he left [REDACTED] home and left [REDACTED] in [REDACTED] care. [REDACTED] said he returned to [REDACTED] home at 10:00pm on the same night (11-24-2014). He said when he returned, the child was playful but acted tired, and the child went to sleep at 10:30pm. According to [REDACTED] on 11-25-2014, only [REDACTED], his mother (name unknown), and his grandmother (name unknown) had been around [REDACTED].

A CT scan shows that [REDACTED] has possible neurological damage. The child has had seizures since he has been at [REDACTED]. According to the doctors, it is believed that [REDACTED] has suffered shaken baby syndrome. [REDACTED] will be transferred to [REDACTED] in [REDACTED] in [REDACTED]. He will probably be leaving [REDACTED] 3:00am [REDACTED].

DCS has been involved with the family in the past. According to [REDACTED], DCS has removed a child from his and [REDACTED] custody.

Child's current location/is the child safe at this time: [REDACTED] is currently at [REDACTED]. The father and the police are at the hospital. The child is safe; the nurses are not leaving the



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

child alone.

Alleged perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren)? No

Are there any hazards or safety risks for a DCS worker who may respond? Not aware of any.

The reporter is requesting an immediate response from DCS.

Per [REDACTED]: Investigation Track / Priority 1

// [REDACTED] [REDACTED] at 01:32am on 11-26-2014 //

Recipients	Time Issued	Response Received	Devices	Responses	Received
[REDACTED]	11-26-14 01:39:32 AM	[REDACTED] 01:39:32 AM	11-26-14 01:40:18 AM	[REDACTED]	[REDACTED] Received
	11-26-14 01:39:32 AM	---	PRIVATE Voicemail		
	11-26-14 01:39:34 AM	---	[REDACTED]	Email Sent	



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:** 1 Yr 5 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**Contact Comments:** father's #

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** [REDACTED]

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED], Unknown

**Gender:** Female

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** 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: 11/26/2014

Assignment Date: 11/26/2014

Street Address:

City/State/Zip:

B. Allegation

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

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case has been investigated and will be submitted for closure on 1/23/15 as allegation substantiated/perpetrator substantiated for the allegation of physical abuse with [Redacted] as the AP and [Redacted] as the ACV. [Redacted] suffered a significant head trauma with subdural hematomas, edema and detached retinas all indicative of Shaken Baby Syndrome. He remained in the hospital from 11/26/14 to 1/5/15. [Redacted] was the primary caretaker of [Redacted] when the injury occurred and he admitted to shaking [Redacted] and throwing him on the bed when [Redacted] would not stop crying.

D. Case Workers

Case Worker: [Redacted]

Date: [Redacted]

Team Leader: [Redacted]

Date: [Redacted]

E. Investigation Summary

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

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

[Redacted] first observed [Redacted] on 11/26/14. At that time he was in the PICU at [Redacted] hospital. [Redacted] observed his head, neck, arms and upper chest area. The remainder of his body was under the cover. [Redacted] had tubes and IV's coming from his arms and head. [Redacted] did not appear to be in any distress but again is being kept sedated so he does not move. [Redacted] did not observe any marks or bruises on the areas she was able to observe. [Redacted] saw [Redacted] throughout December wand upon discharge on 1/5/15. [Redacted] appeared to be



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

Case Name : ██████████

Investigation ID: ██████████

fussy/irritable throughout the whole visit except for the short period he slept. He appeared to hold his arms tight against his side/chest with his thumbs and fingers balled up in his hands. He did not appear to be able to control his head well. He would not look or track when ██████████ or the foster mother spoke with him as if he could not see them. He was clean and dressed in a onsie and pants.

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

██████████ stated that ██████████ suffered from a major brain trauma with subdural hematomas, major edema and detached retinas all indicative of Shaken Baby Syndrome. This injury was diagnosed by her as a non accidental trauma.

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

██████████ initially denied any wrongdoing and stated that nothing had occurred to ██████████ and that ██████████ just started acting weird. Upon being re interviewed, ██████████ admitted to shaking ██████████ and throwing him down on the bed. ██████████ stated that on the night of 11/24/14, ██████████ woke up around 4:30 am and was crying. He stated that he got aggravated because he wanted to go to sleep. He stated that he changed ██████████ and gave him a bottle. He stated that ██████████ continued to cry. He stated that he grabbed ██████████ under the arms and shook him. He stated that he didn't feel like it was too hard but it might have been. He stated that ██████████ quit crying and he put him down on the bed. He stated that when he put ██████████ down on the bed it wasn't too soft but wasn't too hard. ██████████ stated that they went back to sleep and when they woke up, his mom (██████████) came in the building and they noticed ██████████ wasn't moving his eyes or head. He stated that he took ██████████ to his grandmother's house and she called 911.

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

Reporter states: ██████████ (6 months old) lives in ██████████ with his father ██████████. They are currently living in the home of ██████████ grandmother (name unknown).

██████████ mother is ██████████, and she is currently incarcerated at the ██████████ Jail.

Do the adults or child(ren) have any special needs or disabilities? Not aware of any.

Is there any domestic violence present in the home? Not aware of any.

██████████ personnel called Law Enforcement this morning (11-26-2014) around 12:15am to report possible child abuse. EMS had transported ██████████ to ██████████ because he was unconscious. The father said he had been with the child through the day on 11-25-2014. He said that throughout the day, the child showed signs of not being himself. Over time the child's condition worsened and was not coherent.

The father said that on the night of 11-24-2014, they had been at ██████████ cousins home, ██████████, at ██████████ in ██████████ County. According to ██████████, at 9:00pm on 11-24-2014 he left ██████████ home and left ██████████ in ██████████. ██████████ said he returned to ██████████ home at 10:00pm on the same night (11-24-2014). He said when he returned, the child was playful but acted tired, and the child went to sleep at 10:30pm. According to ██████████ on 11-25-2014, only ██████████ his mother (name unknown), and his grandmother (name unknown) had been around ██████████.

A CT scan shows that ██████████ has possible neurological damage. The child has had seizures since he has been at ██████████. According to the doctors, it is believed that ██████████ has suffered shaken baby syndrome. ██████████ will be transferred to ██████████ Hospital in ██████████ in ██████████.



**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]

County. He will probably be leaving [REDACTED] before 3:00am [REDACTED]. DCS has been involved with the family in the past. According to [REDACTED], DCS has removed a child from his and [REDACTED] custody. Child's current location/is the child safe at this time: [REDACTED] is currently at [REDACTED]. The father and the police are at the hospital. The child is safe; the nurses are not leaving the child alone.

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

Det [REDACTED] interviewed several witnesses who [REDACTED] had originally stated had been around [REDACTED]. From those interviews, it was determined that during the timeline of when the injury had occurred, no one other than [REDACTED] had unsupervised/unlimited access to [REDACTED].

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/28/2015

Completed date: 01/28/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/28/2015 08:32 AM Entered By: [REDACTED]

[REDACTED] reviewed this case and approving for closure as [REDACTED] for [REDACTED] against [REDACTED] and [REDACTED] for [REDACTED] against an unknown perpetrator. The Classification summary will be forwarded to the Juvenile Court. The case will be filed under the caregiver, [REDACTED].

Date of Referral: 11/26/14

Initial Notification to Juvenile Court: 11/26/14

Notification to DA: 11/26/14

Law Enforcement Notification: 11/26/14

CAC Notification: 11/26/14

SDM Safety Assessment: 11/26/14 and 12/23/14

FAST: 12/26/14

[REDACTED] Sent to [REDACTED] Juvenile Court: 1/28/15

Case Closure Date: 1/27/15

CPIT Date: 12/17/14



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/26/2015

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 01:44 PM Entered By: [REDACTED]

This case is being submitted for closure on this day 1/26/15 to [REDACTED]. The [REDACTED] will be forwarded to the appropriate designee's per local protocol by [REDACTED]. See below for a summary of the [REDACTED] Classification of this investigation.

**Physical abuse:**

Any non-accidental physical injury or trauma that could cause injury inflicted by a parent, caretaker, relative or any other person who is responsible for the care, supervision or treatment of the child. Physical abuse also includes but not limited to:

- a) A parent or caretaker's failure to protect a child from another person who perpetrated physical abuse on a child;
- b) Injuries, marks and/or bruising that goes beyond temporary redness or is in excess of age appropriate corporal punishment , e.g., a bruise, broken bone, cut, burn;
- c) Violent behavior by the parent or caretaker that demonstrates a disregard for the presence of a child and could reasonably result in serious injury (e.g., domestic violence). Striking (hitting, kicking, punching, slapping, etc.) a child in such a way that would result in internal injury. Munchausen by Proxy Syndrome could be considered physical abuse or psychological abuse.

NOTE: Physical abuse should not be confused with developmentally appropriate, discipline-related marks and bruises on the buttocks or legs of children six (6) years of age and older when there are no developmental or physical delays, past history of abuse or recent (within the past year) screened-out reports.

NOTE: In its most severe form, physical abuse is likely to cause serious bodily injury or death

Per the above definition of physical abuse, this case has been investigated and will be submitted for closure as allegation substantiated/perpetrator substantiated for the allegation of physical abuse with [REDACTED] as the AP and [REDACTED] as the ACV. [REDACTED] suffered a significant head trauma with subdural hematomas, edema and detached retinas all indicative of Shaken Baby Syndrome. He remained in the hospital from 11/26/14 to 1/5/15. [REDACTED] was the primary caretaker of [REDACTED] when the injury occurred and he admitted to shaking [REDACTED] and throwing him on the bed when [REDACTED] would not stop crying.

This investigation will be filed under the following name per policy [REDACTED].



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

---

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

---



**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: 01/26/2015

Contact Method: Correspondence

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 01:05 PM Entered By: [REDACTED]

[REDACTED] mailed [REDACTED] Letter A and attachment, notification of classification via certified mail receipt number [REDACTED]. A copy will also be maintained in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2015

Completed date: 01/22/2015

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: 01/22/2015 10:50 PM

Entered By: [REDACTED]

[REDACTED] referral completed for [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/06/2015	Contact Method:	Correspondence
Contact Time:	08:15 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/22/2015
Completed date:	01/22/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 01/22/2015 10:48 PM    Entered By: [REDACTED]  
 [REDACTED] requested all medical records on [REDACTED] from [REDACTED] and [REDACTED] hospital relating to his injury, treatment and hospitalization (11/26/14 to 1/5/15).

Narrative Type: Addendum 1    Entry Date/Time: 01/26/2015 12:56 PM    Entered By: [REDACTED]

Received medical records from [REDACTED] / [REDACTED]. Records indicate:  
 "This is a 6 month old male with subdural hemorrhage, sub arachnid hemorrhage, retinal hemorrhage, possible retinal detachment, status post possible non accidental trauma"  
 "Findings on the retinal examination could be very much suggestive of non accidental trauma plus the cerebral edema on CAT scan."

Full medical records will be maintained in the hard file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/05/2015 Contact Method: Face To Face  
 Contact Time: 11:00 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 01/22/2015  
 Completed date: 01/22/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/22/2015 11:22 PM Entered By: [REDACTED]

[REDACTED] went to [REDACTED] Hospital and spoke with [REDACTED]. She stated that [REDACTED] is ready to be released. She stated that he had a pretty good weekend. She stated that they switched his formula and was doing fine with that. She stated that they have noticed that his right thigh is larger than the left but have checked and there are no blood clots. She stated that he will need intensive therapies and that the staff is setting those up and coordinating with the foster mother. She stated that he will definitely have to see a pediatric ophthalmologist as they believe he either has cortical blindness or at least significant visual impairment. She stated that he does not track, won't follow and that only if they hit a significant sharp spot with the light will blink, otherwise will not blink at the light. She stated that he is receiving and will need to continue receiving occupational therapy. She stated that he has a splint for his hands and needs to wear that 2 hours on, 2 hours off. She stated that he is tight in the flexoral muscles and is holding his hands in a fist with the arms tight against his chest so will need to continue with the physical therapy, She stated that speech has cleared him to be formula fed every 2 hours but that he will need speech therapy. She stated that he will need tummy time daily. She stated that they have not even any more seizures but is on Kepra for that. She stated that he will need to follow up with a pediatric neurosurgeon over the VP [REDACTED] as well. She stated that although he is stable he is still going to require a lot of therapy and they are still not sure what level of functioning he will attain. [REDACTED] stated that the foster mother is in the room with him now. [REDACTED] explained that she was going to go visit with her and [REDACTED] and would touch base with her again before she left.

[REDACTED] went into [REDACTED] room and spoke with [REDACTED], [REDACTED] foster mother [REDACTED] stated that she was doing well in learning [REDACTED] needs. She stated that the hospital staff had been very helpful in teaching her how to provide the care he needs. [REDACTED] was holding [REDACTED] when [REDACTED] first came in. [REDACTED] was fussy the whole time [REDACTED] was present. [REDACTED] was able to console him but he did remain fussy throughout the visit. The physical therapist came in and worked with [REDACTED] while [REDACTED] was present and he did sleep when she was working with his hands and arms. [REDACTED] observed [REDACTED] to be holding his hands balled up as if in a fist and she worked holding his hand extended. She spoke with [REDACTED] about the exercised she could with [REDACTED] at home in between PT visits. [REDACTED] did inquire about [REDACTED], in home OT, PT and speech at home versus office. The physical therapists explained that the social worker would coordinate that prior to discharged but that it would start in the home then progress to outpatient. [REDACTED] explained that she would be completing a referral to [REDACTED] as well. [REDACTED] did complete the Placement contract and Placement checklist with [REDACTED]. [REDACTED] observed [REDACTED] throughout the visit as stated above he appeared to be fussy throughout the whole visit except for the short period he slept. He appeared to hold his arms



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

---

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

---

tight against his side/chest with his thumbs and fingers balled up in his hands. He did not appear to be able to control his head well. He would not look or track when [REDACTED] or the foster mother spoke with him as if he could not see them. He was clean and dressed in a onsie and pants.

[REDACTED], social worker then came in to discuss discharge instructions and coordination of services. [REDACTED] stated that they would get all of his therapies referred so there would be no lapse. [REDACTED] thanked [REDACTED] for their time and gave her [REDACTED] contact information if there were any problems. [REDACTED] was no longer on the floor so [REDACTED] asked [REDACTED] if they needed anything else at this point from the Department. She stated that they did not. [REDACTED] thanked everyone for their time and left.



**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: 12/29/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 01/22/2015

Completed date: 01/22/2015

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/22/2015 10:33 PM Entered By: [REDACTED]

3 day hearing held 12/29/14. Present for hearing was Judge [REDACTED], [REDACTED], DCS attorney [REDACTED], [REDACTED], [REDACTED] (transported from [REDACTED] jail) and [REDACTED] (transported from [REDACTED] jail). Judge [REDACTED] explained to [REDACTED] and [REDACTED] their rights, the process of the 3 day/30 day hearings and appeal process. [REDACTED] ad [REDACTED] waived the 3 day hearing and requested attorneys. 30 day hearing set for 2/9/15 at 1 pm.



**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:	12/29/2014	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/22/2015
Completed date:	01/22/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/22/2015 11:46 PM      Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED], RN at [REDACTED] hospital. She stated that they need consent to do a PH probe to asses [REDACTED] swallowing and acid reflux. She stated that the probe stays in and records activity for 24 hours [REDACTED] explained that the mother is actually with her and will let her talk with the mother to obtain this consent. The Baliff was able to get [REDACTED] from the holding area and allowed her to speak with the Hospital. [REDACTED] gave consent for the treatment. [REDACTED] spoke back with [REDACTED] who stated that they would be doing the probe in the next little bit. [REDACTED] was then taken back to the holding area until the Judge was ready for the hearing.



**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:	12/26/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/26/2014
Completed date:	12/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/26/2014 12:56 PM      Entered By: [REDACTED]

Initial SDM safety assessment completed on 11/26/14 with results conditionally safe.  
 Reassessment SDM safety assessment completed on 12/23/14 with results unsafe, child removed into State custody.  
 FAST assessment completed with high need/risk identified.  
 FFA completed with known information on the family.



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: 12/26/2014 Contact Method:  
Contact Time: 10:00 AM Contact Duration: Less than 05  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 01/22/2015  
Completed date: 01/22/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/22/2015 10:45 PM Entered By: [REDACTED]  
[REDACTED] were approved through 12/31/14. [REDACTED] submitted new [REDACTED] for [REDACTED] beginning 1/1/15.



**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: 12/24/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/26/2014

Completed date: 12/26/2014

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: 12/26/2014 11:03 AM Entered By: [REDACTED]

Petition and Ex Part Custody Order filed with the Juvenile Court. 3 day set for 12/29/14 at 9am.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/23/2014

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/22/2015

Completed date: 01/22/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/22/2015 11:40 PM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] [REDACTED]. She stated that [REDACTED] feedings are slowly advancing and they are up to giving him 1 ½ ounce every 2 hours. She stated that he is still getting the bulk of his nutrition from the NG tube but he is swallowing and they are working with that. She stated that they have taken him off of the surgery schedule as of right now for the feeding tube. She stated that he is showing some aspirations but he is swallowing. She stated that they will be pulling his central line today and they will be moving into the rehab stage. She stated that he will need OT, PT and speech therapies at this point. She stated that he is still very irritable and will only rest for 10-15 minutes at a time. [REDACTED] explained that he is now in State custody and Placement is looking for a medically fragile foster home. [REDACTED] explained that once they are located Placement will likely be in touch with them as [REDACTED] will be out of the office next week. [REDACTED] explained that if they needed anything they could still reach her by her cell number. [REDACTED] also explained that sitter services will continue.



**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: 12/23/2014

Contact Method: Phone Call

Contact Time: 11:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/23/2014

Completed date: 12/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/23/2014 10:41 AM Entered By: [REDACTED]

Case was reviewed with OCS nurse, [REDACTED] during the Precustodial CFTM. She provided the following information based on her conversation with [REDACTED] at [REDACTED] Hospital and a review of the records:

Here are the medical considerations that need to be taken into account for placement:

1. History of asthma with smoke being a trigger breathing treatments are possible
2. Seizure management (medications and precautions)
3. Close attention and detail needs to be given to feeding this infant feeding log
4. Reportedly retinas are detached concerns of blindness Need medical records for this
5. [REDACTED] will need intensive follow up for Physical, Occupational, and speech therapy
6. [REDACTED] has a VP shunt in place to relieve some of the swelling in his brain (hydrocephalus) NeuroSurgery follow up possible further surgeries as he grows.
7. Neurologist follow up for medications for seizures as he grows.

I am recommending this child be placed medically fragile due to these intensive needs. It is important for the resource home to know if [REDACTED] condition improves greatly he may no longer meet medically fragile criteria. This will be reviewed by the regional nurse on a quarterly basis.

If the team decides to place [REDACTED] in a level 3 placement, please note his medical concerns are paramount and the home should meet criteria for a medically fragile home.

I am working on a [REDACTED] case management consult now.



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: 12/23/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/26/2014

Completed date: 12/26/2014

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: 12/26/2014 11:06 AM      Entered By: [REDACTED]

[REDACTED] for [REDACTED] requested and approved.



**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:	12/23/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/26/2014
Completed date:	12/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact,Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/26/2014 10:34 AM      Entered By: [REDACTED]

Precustodial CFTM held this date. [REDACTED] attempted to get the mother on the phone from the [REDACTED] Jail but due to lack of staff the jail was unable to allow the mother to be on the phone. It was decided by the team that the child, [REDACTED] would be brought into custody effective today. It was also decided that due to [REDACTED] medical issues that he will be placed in a medically fragile foster home. [REDACTED] will be filing the petition and Order with the Juvenile Court on 12/24/14 and a 3 day hearing has already been set for 12/29/14 at 9 AM. See CFTM summary for full details of the meeting.

Narrative Type: Addendum 1      Entry Date/Time: 12/26/2014 11:05 AM      Entered By: [REDACTED]

Removal packet completed and sent to the appropriate individuals.



**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:	12/22/2014	Contact Method:	Phone Call
Contact Time:	04:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/22/2015
Completed date:	01/22/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/22/2015 10:43 PM      Entered By: [REDACTED]

[REDACTED] called and spoke with [REDACTED] again [REDACTED] explained to her [REDACTED] were approved so they will be in contact to start that service. [REDACTED] explained that she was still working on placement and would be having a meeting in the morning and if no relative options are found then [REDACTED] would be coming into custody. [REDACTED] explained that she should have a definite placement tomorrow. [REDACTED] advised [REDACTED] that [REDACTED] had swallowed and ate about an ounce so they were holding off on the feeding tube 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: 12/22/2014

Contact Method:

Contact Time: 04:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/26/2014

Completed date: 12/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/26/2014 10:29 AM Entered By: [REDACTED]

Placement specialist [REDACTED] advised [REDACTED] to do a [REDACTED] request for sitter services and [REDACTED] would get that approved to start. [REDACTED] completed the [REDACTED] and notified [REDACTED] who approved request.

[REDACTED] approved BY [REDACTED] for [REDACTED]. If the child comes into custody after CFTM on 12/23/14, [REDACTED] will need to request a new [REDACTED] under Custodial 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:	12/22/2014	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/26/2014
Completed date:	12/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact,Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/26/2014 10:35 AM      Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED], maternal grandmother. She stated that she would like to take custody of [REDACTED]. [REDACTED] asked her about her criminal background and she stated that she had no criminal background. [REDACTED] also asked about history with the Department. She stated that [REDACTED] was removed from her and adopted out. She stated that she did not see [REDACTED] for 20 years and they only reconnected about 3 years ago. She stated that she has seen [REDACTED] maybe a total of 3-4 times. [REDACTED] explained that due to the prior history with the Department and her own child being removed then she would not be able to be looked at as a placement option. [REDACTED] stated that if she could not be a placement option then she would like to at least be able to visit, be involved with him. [REDACTED] explained that her information will be shared to be a part of the Child and Family 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: 12/22/2014 Contact Method:  
 Contact Time: 12:30 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/22/2014  
 Completed date: 12/22/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/22/2014 01:59 PM Entered By: [REDACTED]

Lead Investigator, [REDACTED], [REDACTED] completed an advanced degree review ([REDACTED] consult) of this case on this date. [REDACTED] is a seven month old male who is the son of [REDACTED]. [REDACTED] is not married and [REDACTED] has three alleged fathers one of whom is [REDACTED]. [REDACTED] was diagnosed with NAS when he was born. He was treated at [REDACTED] and transferred to [REDACTED] Hospital, [REDACTED] and is presently in PICU there due to physical abuse allegations. [REDACTED] went to jail and left the child in the care of [REDACTED] who was living in a shed behind his mother's home. The shed has no electricity or running water with only a mattress on the floor for furniture. [REDACTED] mother was aware [REDACTED] was living in the shed with [REDACTED] but it is not clear as to why arrangements were not made for [REDACTED] and [REDACTED] to stay in her home. [REDACTED] has confessed to shaking and throwing [REDACTED] and presently charged with aggravated child abuse and incarcerated. [REDACTED] had been released from jail to visit her child in the hospital with two conditions one was that she remain drug free and two was that she have no contact with [REDACTED] as there was a No Contact Order in place between the two parties. (This No Contact Order was reportedly not filed by DCS.) Upon administering a urine drug screen to [REDACTED] she tested positive for subutex and admitted to DCS that she used immediately upon her release from jail. [REDACTED] had also been reported to be staying with [REDACTED]. She has since been violated and placed back in jail. [REDACTED] has symptoms consistent with being shaken was placed on a ventilator and is medical staff is considering putting in a feeding tube. The child was weened off of the ventilator. The child does not have a good prognosis and the full extent of his diagnosis are not known at this time.

[REDACTED] has another, older child that was removed from her care and placed in the custody of a maternal cousin. This cousin was contacted regarding being a placement for [REDACTED] but she has stated that she is not able to assume responsibility for another child at this time. There appears to be no least drastic alternative than to remove the child and place him in the custody of DCS. Permission for the removal has been obtained by Investigations Coordinator, [REDACTED] at this time.

Recommended next steps would include but are not limited to determining paternity of [REDACTED] and consulting with DCS Health [REDACTED] to assist with placement of the child and to help secure follow up care for all of the [REDACTED] medical needs upon discharge.



**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: 12/22/2014

Contact Method: Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 12/26/2014

Completed date: 12/26/2014

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: 12/26/2014 10:13 AM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] at the [REDACTED] Jail. [REDACTED] explained that we need to look at bringing [REDACTED] into custody unless she had any relative options she wanted us to look at. [REDACTED] explained that with [REDACTED] being charged with this incident and her being incarcerated, the Department needed to ensure that [REDACTED] had a custodian and someone to be with him at the hospital as well as somewhere to go to once released. [REDACTED] explained that she had spoken with [REDACTED] (who took custody of her and [REDACTED] older child) and that she would like to be a support but could not be placement. [REDACTED] stated that the only person who could possibly be a placement for [REDACTED] would be her mother [REDACTED]. [REDACTED] contact information was also provided. [REDACTED] asked if she would be able to get [REDACTED] back and [REDACTED] explained that all of that would be discussed at future meetings and that typically Permanency Plan would be created to address all safety concerns so reunification could occur. [REDACTED] obtained all information for removal packet ( well being, history, demographics, income, etc.) and had [REDACTED] sign the appropriate paper work (Authorization for routine services). [REDACTED] explained that she would speak with [REDACTED] as placement but if for some reason that didn't work out then if she had no other relatives to explore that he would likely be brought into custody. [REDACTED] stated that she understood. [REDACTED] explained that a CFTM would be held tomorrow at 10 am and [REDACTED] would have her phoned in if possible (up to the jail). [REDACTED] again stated understanding.



**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: 12/22/2014

Contact Method:

Contact Time: 11:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/22/2014

Completed date: 12/22/2014

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: 12/22/2014 10:17 AM Entered By: [REDACTED]

[REDACTED] and this [REDACTED] discussed this case. [REDACTED] received a call from [REDACTED] Hospital today with an update. The ACV was weened off the ventilator late last week into this weekend. The child is reported to need a feeding tube. It was also stated that the child will have significant medical issues going forward. The only potential known relative returned [REDACTED] call today and reported that she would not be able to be placement due to the child's ongoing special needs. [REDACTED] advised this [REDACTED] that she would go to the jail today to speak with the mother about any other potential placement options. If none are located, the ACV will be placed in DCS custody. This [REDACTED] contacted [REDACTED] to discuss the removal of the child from the mother's custody. At this time, the father of the child is unknown pending three paternity tests. [REDACTED] gave approval [REDACTED] then contacted [REDACTED] for a consult. All information available was shared with [REDACTED]. Please see separate entry for that 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: 12/22/2014

Contact Method: Phone Call

Contact Time: 10:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/26/2014

Completed date: 12/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/26/2014 10:26 AM Entered By: [REDACTED]

[REDACTED] briefed case with [REDACTED], legal [REDACTED] and [REDACTED]. Legal gave [REDACTED] approval for removal as exigent circumstances exist. Legal also advised [REDACTED] that we could pursue severe abuse on [REDACTED]. [REDACTED] advised that a pre custodial CFTM would need to be held prior to removing and [REDACTED] explained that she will be visiting the mother again looking for any other relative placements options then a CFTM would be held. CFTM scheduled for 12/23/14 at 10AM. [REDACTED] spoke with placement [REDACTED], [REDACTED], [REDACTED] (will be assigned case if [REDACTED] comes in), [REDACTED] and [REDACTED] (DCS nurse) and notified of CFTM on 12/23/14 at 10AM. Placement specialist was going to speak with [REDACTED] about doing [REDACTED] so there would be someone available to sit with [REDACTED] until placement is decided. [REDACTED] will be participating by phone. [REDACTED] also invited [REDACTED] social worker [REDACTED]. She will be unable to attend per other obligations. [REDACTED] did obtain an updated from [REDACTED]. She stated that [REDACTED] had been weaned off of the ventilator and is breathing on his own. She stated that they are needing someone there to try and hold and console [REDACTED]. She stated that he is completely alone and just cries. She stated that he will likely need a feeding tube and will need consent for that. She stated that as far as functioning goes that he is neurologically impaired, makes no purposeful movements, is irritable and cries unless being held, is blind and has quantus which means he is stiff and shakes like a child with cerebral palsy. She stated that it is a horrible outcome. She stated that once the feeding tube is in place then he will be able to be discharged but will require total care. [REDACTED] explained that she is meeting with the mother shortly and can call her back after that with an update on details of placement. [REDACTED] explained that at this time they can call the mother at the jail for consent to place the feeding tube in. [REDACTED] also advised [REDACTED] that a relative by the name of [REDACTED] is approved to visit with [REDACTED] so that should help with visiting. [REDACTED] also explained that they would also be looking at doing [REDACTED] to have someone to sit with [REDACTED]. [REDACTED] advised that she would place that in his chart.



**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:	12/22/2014	Contact Method:	Phone Call
Contact Time:	08:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/26/2014
Completed date:	12/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact,Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/26/2014 10:25 AM      Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED], [REDACTED] cousin who has adopted [REDACTED] and [REDACTED] older child as a placement option. [REDACTED] explained that [REDACTED] will need 24/7 total care and will have a variety of medical issues. After thinking about it [REDACTED] stated that she wanted to visit with [REDACTED], be a part of the Child and Family team and a support for [REDACTED] but could not be placement. She stated that she works full time and is caring for their older child and just didn't think she would be able to commit to that. [REDACTED] explained that she understood and that the Department will find someone to provide the care that [REDACTED] needs. [REDACTED] asked if she could visit with [REDACTED] and [REDACTED] explained that she would call the hospital and let them know she was approved to visit with [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/17/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/26/2014

Completed date: 12/26/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/26/2014 10:50 AM Entered By: [REDACTED]

[REDACTED] and Det. [REDACTED] presented this case at [REDACTED]. [REDACTED] presented the evidence from the medical staff reporting to [REDACTED] that [REDACTED] had subdural hematomas of the brain, edema/swelling of the brain and detached retinas and has been in critical condition since 11/26/14 at [REDACTED] hospital. [REDACTED] advised the [REDACTED] that medical staff had reported to her that his outcome is unknown at this time but is not good [REDACTED] explained that [REDACTED] has brain damage and is likely blind and and their is little to no cognitive functioning according to medical staff. [REDACTED] explained that medical staff has advised that [REDACTED] injuries were non accidental and indicative of Shaken Baby Syndrome. [REDACTED] advised the team that the mother, [REDACTED] had been incarcerated at the time of the incident. [REDACTED] explained that [REDACTED] was released on a furlough since [REDACTED] was in critical condition. [REDACTED] explained that [REDACTED] admitted to using and tested positive for Buprenorphine on 12/4/14. Det. [REDACTED] advised the CPIT that he alleged father, [REDACTED] (whom the child was in the care of) had originally denied doing anything to [REDACTED] but has since admitted to shaking and throwing [REDACTED] down. It was decided by all members that the case would be classified as ASPS for the allegation of severe physical abuse with [REDACTED] as the AP. Det. [REDACTED] and DA members also advised that the case had already been presented to the grand jury and that an arrest warrant has been issued for [REDACTED] for aggravated child abuse. It was also advised that there was also an arrest warrant out for the mother [REDACTED] for violation of probation. Det. [REDACTED] advised that he had heard from family members that [REDACTED] and [REDACTED] were hiding out. Form 0561 signed by all members and will be maintained in the hard file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

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

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/26/2014 10:38 AM      Entered By: [REDACTED]  
 [REDACTED] spoke with Det. [REDACTED]. He advised [REDACTED] that [REDACTED] had admitted to shaking and throwing [REDACTED]. He stated that [REDACTED] has signed the statement and that he had left [REDACTED] a copy of the statement at her office. He stated that [REDACTED] will be charged with aggravated child abuse.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/12/2014

Contact Method: Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/22/2014

Completed date: 12/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/22/2014 10:22 AM      Entered By: [REDACTED]

[REDACTED] received a telephone call from Det. [REDACTED] with [REDACTED] Police Department. Det. [REDACTED] advised this [REDACTED] that he was able to get a confession from [REDACTED], an alleged father and caregiver. [REDACTED] admitted to shaking the baby and throwing him on the bed. Det. [REDACTED] plans to charge [REDACTED] for child abuse. This [REDACTED] thanked Det. [REDACTED] for the information and for his hard work on the case. This [REDACTED] agreed to share the information with [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/12/2014

Contact Method: Face To Face

Contact Time: 10:50 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 01:34 PM Entered By: [REDACTED]

Det. [REDACTED] re interviewed [REDACTED] this date. Interview is as follows:

[REDACTED] stated that on the night of 11/24/14, [REDACTED] woke up around 4:30 am and was crying. He stated that he got aggravated because he wanted to go to sleep. He stated that he changed [REDACTED] and gave him a bottle. He stated that [REDACTED] continued to cry. He stated that he grabbed [REDACTED] under the arms and shook him. He stated that he didn't feel like it was too hard but it might have been. He stated that [REDACTED] quit crying and he put him down on the bed. He stated that when he put [REDACTED] down on the bed it wasn't too soft but wasn't too hard. [REDACTED] stated that they went back to sleep and when they woke up, his mom ([REDACTED]) came in the building and they noticed [REDACTED] wasn't moving his eyes or head. He stated that he took [REDACTED] to his grandmother's house and she called 911. A copy of [REDACTED] signed statement will be maintained in the file and a copy has been uploaded into TFACTS.



**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:	12/04/2014	Contact Method:	Face To Face
Contact Time:	03:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	12/26/2014
Completed date:	12/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Collateral Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/26/2014 09:50 AM      Entered By: [REDACTED]

[REDACTED] and Det [REDACTED] then went and visited [REDACTED]. [REDACTED] was still on the ventilator and sedated.

[REDACTED] spoke with [REDACTED] who stated that [REDACTED] was doing somewhat better. He stated that they have removed the paralytic medications and his vitals are staying stable. He stated that he is still being sedated. He stated that the tube for his brain is not really having much output so they will likely be clamping that off later today or tomorrow to see how he tolerates it. He stated that he has moved his arms and legs a little but that they did not appear to be purposeful movements. He stated that next steps will be looking at placing a VP shunt that would be there permanently to address the swelling issue of the brain. He stated that he appears to be out of critical condition but still serious in that they have no idea at this point what kinds of long term effects [REDACTED] will suffer.



**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: 12/04/2014 Contact Method: Face To Face  
 Contact Time: 02:15 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 12/26/2014  
 Completed date: 12/26/2014 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: 12/26/2014 09:41 AM Entered By: [REDACTED]

[REDACTED] and Det. [REDACTED] went to the PICU and met with [REDACTED]. [REDACTED] reported that [REDACTED] has seen [REDACTED] at [REDACTED] since he was born. She stated that he was born at [REDACTED]. She stated that she is so happy because [REDACTED] is doing good. She stated that they took him off of the paralytic medication last night and he woke up and was responsive. She stated that he is moving his arms and legs and his eyes move. She stated that he was crying and had tears. She stated that his lungs and heart look great and they are going to try and do the MRI again on Monday. She stated that they took off the saline for the swelling too and his vitals are staying stable. She stated that she has talked to [REDACTED] and his mom and mammaw. She stated that when she talked to [REDACTED] that he is worried that he's going to end up in jail and he is scared and flipping out. [REDACTED] asked [REDACTED] what she had been told about why/how [REDACTED] ended up here and she stated that mostly she has talked to [REDACTED] ( [REDACTED] grandmother) more than [REDACTED]. She stated that she was told that the baby wasn't acting right and kept getting worse so she [REDACTED] called EMS. She stated that her sister and brother had gone to visit the baby 10 days prior to this and noticed a knot on the back of [REDACTED] head but he was acting fine. She stated that he was at the building/ shed with [REDACTED] when her sister and brother visited with [REDACTED]. She stated that before that [REDACTED] and [REDACTED] were staying at [REDACTED] and [REDACTED] in Model City. [REDACTED] stated that she has known [REDACTED] for so long that she would never see him doing something like this. She stated that she doesn't feel he is capable of doing something like this. She stated that [REDACTED] had bronchitis and an ear infection and was last seen at the doctor's office on 11/20/14. [REDACTED] consented to a drug screen and was positive for Buprenorphine. [REDACTED] stated that used Subutex 4-5 days ago when she was released. [REDACTED] was concerned that [REDACTED] was going to tell her probation officer and [REDACTED] explained that the investigation is ongoing and involves several members other than DCS that included the [REDACTED] Juvenile Court and the DA's office. [REDACTED] explained that members of this team will know about the positive drug screen and likely her probation officer as well [REDACTED] stated that she understood. [REDACTED] explained that presented [REDACTED] with the Client's Rights Handbook, MRS Guidelines, Hippa Notification information, Medical Release Form, Equal Access to Programs and Grievance Procedures as well as the Native American Form per policy. The necessary forms were signed and dated by the client and will be maintained in the hard file. Genogram also 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:	12/04/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	12/26/2014
Completed date:	12/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/26/2014 09:36 AM      Entered By: [REDACTED]

[REDACTED] Det. [REDACTED] and [REDACTED] met with [REDACTED] at [REDACTED]. [REDACTED] advised the [REDACTED] team that she had reviewed the case and that at this time she does not know much clinically. She stated that the CT scans shows mild hemorrhages including a few small subdural hemorrhages She stated that she has asked for repeats of the skeletal survey of the left humerus and right foot but that hasn't been done yet. She stated that what she sees on the survey is basically normal though. She stated that again there were a couple of areas (above mentioned) that she wanted to get a resurveyed to take another look at. She stated that the outside head CT showed the subdural hemorrhages and the inside CT showed the swelling. She stated that the head CT on 11/27/14 showed diffused edema and infarction of the brain and more bilateral subdural hemorrhage. She stated that it usually takes 24 hours for a CT to show a diffuse infarction which she described as the whole brain being full of water/brain damage. She stated that it almost appears as if there were 2 separate events as typically the hemorrhage and edema usually doesn't go together. Det. [REDACTED] told her about the cousin saying that her 1 year old daughter hit [REDACTED] in the head with a block and [REDACTED] stated that a 1 year old would not have that type of force to cause the injuries they are seeing. She stated that they have been trying to get an MRI which would tell them more but every time they try to do this his stats fall. [REDACTED] stated that overall there is a severe global injury to the brain and with the hemorrhage and edema one event could have been a suffocation. [REDACTED] stated that the injuries would have to have been caused by some kind of back and forth motion for that amount of bleeding. She stated that there would have to be a violent motion-shaking, throwing and some movement of the head back and forth. She stated that the skeletal surveys showed no fractures though. She stated that these symptoms usually appear pretty quick (within hours of an event) and that the CPI team should concentrate on that day as far as when the event occurred, probably the few hours before treatment began. She stated that the MRI once able to be done, again will tell them more. She stated that the etiology is unclear on what caused what. She stated that this is definitely consistent with a non accidental trauma indicative of Shaken Baby Syndrome.



**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: 12/04/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/26/2014

Completed date: 12/26/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/26/2014 09:36 AM Entered By: [REDACTED]

[REDACTED] met with Det. [REDACTED] and [REDACTED] at the DCS office to brief this case. All parties have a meeting with [REDACTED] at 1 PM today to discuss [REDACTED] condition and injuries. [REDACTED] and Det brief [REDACTED] and [REDACTED] on the status of the case to include what [REDACTED] has reported to [REDACTED] including the condition of [REDACTED] (subdural hematomas, edema, detached retinas, classified as non accidental trauma indicative of Shaken baby Syndrome). [REDACTED] also explained that [REDACTED] has reported that [REDACTED] is still in critical condition and his prognosis at this time is unknown but not good [REDACTED] explained that at this time [REDACTED] has reported that they are just trying to stabilize him, control the bleeding and relieve the swelling. [REDACTED] explained that [REDACTED] had stated that they attempted to do an MRI and when they started removing the ventilator that all of his stats (oxygen, blood pressure, etc) had dropped and they had to hook everything back up and could not do the MRI. Det. [REDACTED] advised that he had interviewed numerous individuals and that [REDACTED] initial interview has been completely untrue. He stated that according to other witnesses that 90 % of his statement was untrue. [REDACTED] advised that after speaking with [REDACTED] and hopefully



**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: 12/01/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/26/2014

Completed date: 12/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/26/2014 09:29 AM      Entered By: [REDACTED]

[REDACTED] obtained copies of the interviews Det [REDACTED] had conducted thus far. This included interviews with :

[REDACTED] (father)

[REDACTED] (paternal grandmother)

[REDACTED] (paternal cousin)

[REDACTED] ex boyfriend)

[REDACTED] (friend)

[REDACTED] (paternal great grandfather)

[REDACTED] (friend of [REDACTED])

A copy of their statements will be uploaded into TFACTS and maintained in the file. Other planned interviews include :

[REDACTED] (paternal uncle)

[REDACTED] (paternal grandmother)

[REDACTED] (paternal grandfather)





**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: 12/01/2014

Contact Method: Phone Call

Contact Time: 08:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/04/2014

Completed date: 12/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/04/2014 09:37 AM Entered By: [REDACTED]

[REDACTED] called and spoke with [REDACTED], RN in the PICU at [REDACTED] Hospital. She stated that [REDACTED] is still in critical condition. She stated that he is still on a ventilator and still draining. She stated that he will be having an MRI today but that there has been no other changes in his condition. She stated that the mother did leave the first night (Wednesday) but came back later on that evening and has been staying with [REDACTED] in his room. She stated that they have not seen the father. She stated that the scans, survey has been sent to [REDACTED] and she will likely be reading those today. [REDACTED] explained that she would check back with them later this afternoon to check on him but again if anything changes then they can call [REDACTED]

[REDACTED] notified Det. [REDACTED] of update on [REDACTED]. He stated that he still has a few more interviews and wants to get the report from [REDACTED] before he approaches the father again. He stated that he would come by and see [REDACTED] and bring her a copy of the interviews that he had completed thus far. Det. [REDACTED] advised that there are a lot of holes in the father's story and that it appears that he is going to be the AP.



**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: 11/26/2014 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 12/04/2014  
 Completed date: 12/04/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Initial ACV Face To Face  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/04/2014 09:33 AM Entered By: [REDACTED]

[REDACTED] arrived at [REDACTED] Hospital and was able to speak with [REDACTED]. [REDACTED] advised [REDACTED] that [REDACTED] has subdural hematoma's with major edema. He stated that the father had called a little bit ago and told the hospital that the police were still there but would try to get up there when they were done but he had no transportation so would have to find a ride. He stated that the father has not been there. He stated that [REDACTED] has seen an ophthalmologist but does not have that report yet. He stated that they have put in a drain tube to his head to relieve the bleeding. He stated that when they initially put in the tube that 25 ML was drained. He stated that he continues to have swelling and bleeding of the brain. He stated that they will be doing surgery later this afternoon for a secure IV line. He stated that an EEG has been ordered to assess for seizures. He stated that his lungs sound clear and [REDACTED] appears to be comfortable. He stated that his heart rate has been running high. He stated that a skeletal survey has been completed but they do not have the results yet and that [REDACTED] will be reviewing that as well as [REDACTED] scans for a full report. He stated that [REDACTED] has no other lesions, bruises upon physical examination. He stated that according to the father that [REDACTED] had recently been at his PCP for an ear infection but they do not have those records at this point. He stated that when he is more stable they will likely do an MRA and MRI to look for blood clots. He stated that [REDACTED] will receive supportive care until the bleeding and swelling stops. He stated that [REDACTED] is listed in critical condition and it is basically just a touch and go situation at this point. He stated that they are looking at this as a non accidental trauma just due to the unusual type of bleed and the fact that there is no story from the family on how any injury could have occurred. He stated that another concern they have is that one of the scans indicate another past trauma (cystic hydromela) which most commonly is some old past bleeding of the brain. He stated that this could have occurred as a birth trauma but again they do not have any prior records at this point so they could not say. [REDACTED] advised [REDACTED] that the father initially took [REDACTED] into the ER for breathing problems. [REDACTED] is being kept sedated at this time. [REDACTED] then was able to observe [REDACTED]. [REDACTED] observed his head, neck, arms and upper chest area. The remainder of his body was under the cover. [REDACTED] had tubes and IV's coming from his arms and head. [REDACTED] did not appear to be in any distress but again is being kept sedated so he does not move. [REDACTED] did not observe any marks or bruises on the areas she was able to observe.

[REDACTED] then notified [REDACTED] that [REDACTED] wished to meet with [REDACTED] and would be available in a few minutes. [REDACTED] then met with [REDACTED] and [REDACTED].

[REDACTED] stated that upon physical examination [REDACTED] has no bruising, lesions, abrasions, etc. She stated that they



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

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

would photograph ██████████ for the record. ██████████ stated that ██████████ originally presented with respiratory problems. She stated that he has a history of asthma. She stated that he has had a couple of episodes of bronchospasms since being there. She stated that the secretions have been thick and white and they wonder about possible exposure to meth fumes. She stated that typically with exposure to cigarette smoke that they would be more yellow. She stated that he is displaying with severe asthma which is not typical for a child with a head trauma. She stated that there is no evidence of a heart murmur or heart disease. She stated that the CT's show bilateral mastoiditis which is usually from long standing non treated ear infections. She stated that a complication of this can be a clot of the venous part of the brain. She indicated that this was not recent within the last 24-36 hours. She stated that this could also be a complication of dehydration. She stated that ██████████ however appears to be chunky and healthy weight. She stated that there is no evidence of a stroke. She stated that the eye exam revealed big bilateral retinal hemorrhages and possible detachment of the retina. She stated that this is indicative of vigorous shaking and definitely goes with Shaken Baby Syndrome. She stated that there is massive swelling of the eye grounds. She stated that this goes along with a 24-48 hour timeframe for this event. She stated that there is subdural hematomas on both CT scans done that also goes along with Shaken baby Syndrome. She stated that the scan show that it's not a bleed in the actual brain issues. She stated that there is lots of edema (swelling). She stated that they are draining spinal fluid off to relive the pressure. She stated that if the swelling and bleeding do not subsist then the next step would be to remove part of the skull or brain. She stated that she could not give a prognosis but stated that he is in very critical condition and they would just have to wait and see how bad the swelling gets. She stated that they have him paralyzed, on pain and seizure medication to make him comfortable and so he won't move. She stated that the EEG was done because ██████████ thought they observed seizures. She stated that the EEG is not back yet but if he is having seizures they will have to look at having him transported to a hospital with a pediatric neurologist. She stated that this would most likely be ██████████ in ██████████ or ██████████ in ██████████. She stated that they are also giving him antibiotics. She stated that prior to the medical interventions (paralyzing, sedation) that he was able to suck and swallow, had a great cough, good gag reflex and could move his hands. She stated that he was given a urine drug screen which showed only for phenobarbital which they had administered to him. She stated that the preliminary ultrasound indicate that the liver, spleen and kidneys are normal. She stated that the skeletal survey preliminary results indicate no fractures. She emphasized that this is a preliminary report on that and again that ██████████ would review those for a final report ██████████ stated that the bleeds are recent and he has significant pressure on his brain. She stated that he will need MRI, MRA and MRV to assess for clots and this looks at old and new and can rule out any abnormalities. She stated that the father called about 12 pm and didn't ask of the severity of ██████████ condition but inquired if "the scans had showed them what really happened." She also stated that he would try to obtain a ride up there after "those deputies" left his house. ██████████ stated that no one has been there or called to check on ██████████. ██████████ stated that ██████████ would be off until Monday so the skeletal survey and scans would not be reviewed by her until at least Monday ██████████ then stepped out and spoke with Det. ██████████. He advised that the mother, ██████████ probation officer has advised ██████████ and the Court and has obtained a release for ██████████ so she could come to the hospital to be with ██████████. ██████████ then spoke with ██████████ and Attorney ██████████. Both advised ██████████ that since the child is being monitored and safe in the PICU and the fact that Det. ██████████ is still trying to track down who the AP may be then an IPA would not be enacted restricting either parent. ██████████ went back in and explained to ██████████ that at this time no restrictions would be put in place against the father. ██████████ also advised the hospital that the mother had obtained release from jail and would be coming to the hospital shortly. ██████████ explained that there would be no restrictions on her at this time either. ██████████ explained that this could change and that she would notify them immediately if any restrictions need to be enacted. ██████████ was concerned about the mother and father and "curiosity seeking" from family ██████████ explained that the only restrictions with the mother would be any terms of her release/probation officer and that the Department had no say so in that. ██████████ explained that since ██████████ is critical then they can refuse anyone who is not a parent to see ██████████ if that is there policy. ██████████ stated that at this time only the mother and father would be allowed to be there. ██████████ gave ██████████ all of her contact information. ██████████ explained that she also would not be back in the office until Monday 12/1/14 but that if anything changes/happened then they could reach ██████████ on the cell number. ██████████ also explained that if they are unable to reach her and need immediate assistance they can also call the child abuse hotline number and request immediate assistance and the on call worker could respond. ██████████ stated that she would notify ██████████ of any changes if needed. ██████████ stated that ██████████ will be the Doctor on Monday. ██████████ explained that she would call on Monday to check on ██████████ if she did not hear from them over the weekend.



**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: 11/26/2014

Contact Method: Phone Call

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/04/2014

Completed date: 12/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/04/2014 09:35 AM Entered By: [REDACTED]

[REDACTED] received phone call from Det [REDACTED]. Det. [REDACTED] advised [REDACTED] that he had interviewed [REDACTED] and her ex boyfriend and that they reported that [REDACTED] had been at [REDACTED] a few days ago for about 20 minutes. He stated that [REDACTED] reported that her 1 year old daughter had threw a block at [REDACTED] in the head when he was there. Det. [REDACTED] also advised [REDACTED] that from the individuals who he had interviewed it appeared as if the child had not been at [REDACTED] in the last few days as the father had initially reported. Det. [REDACTED] advised that he was on his way to [REDACTED] to interview [REDACTED] mother and [REDACTED] ( [REDACTED] ) grandmother. Det. [REDACTED] advised [REDACTED] that it has been reported to him that [REDACTED] has been staying at this address. [REDACTED] explained that she was at another home visit and when she left there then she was going to [REDACTED] to see [REDACTED] and speak with [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/26/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/04/2014

Completed date: 12/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2014 08:34 AM Entered By: [REDACTED]

[REDACTED] received phone call from Det. [REDACTED]. He asked if [REDACTED] could find out from the hospital if they knew a timeframe of when [REDACTED] may have sustained the injury. [REDACTED] explained that she would contact the hospital and then call him back. [REDACTED] called and spoke with [REDACTED], social worker at [REDACTED] hospital. [REDACTED] stated that she was not sure of any time frames but explained that [REDACTED] could speak with [REDACTED] about [REDACTED] update and inquire about that. [REDACTED] stated that all she knew at this point is that [REDACTED] was still in critical condition and that the father had not been back to the hospital. She also advised [REDACTED] that no other family had been to see [REDACTED] either. [REDACTED] spoke with [REDACTED] at [REDACTED] PICU. [REDACTED] informed [REDACTED] that no one from DCS had been up at this point to see [REDACTED] or speak with [REDACTED] (treating physician). [REDACTED] notified [REDACTED] that [REDACTED] was still in critical condition. [REDACTED] inquired if he could offer a time of when [REDACTED] could have sustained the injuries. [REDACTED] advised [REDACTED] that he is not sure. He stated that the chart indicates an acute subdural hematoma which acute in and of itself implies within 2 weeks. He stated that he is not saying that it occurred that long ago but again acute typically implies that time frame. He stated that [REDACTED] would be available in about an hour and she would be able to advise [REDACTED] with more information. [REDACTED] explained that she would be at the hospital within a couple of hours to see [REDACTED] and speak with him and [REDACTED]. [REDACTED] then gave [REDACTED] her contact information if any changes occur prior to her arrival. [REDACTED] then called and spoke back with Det [REDACTED] and advised him of what [REDACTED] had told her. Det [REDACTED] advised that he was on his way to interview [REDACTED] and other family members and would get back in touch with [REDACTED] shortly.



## 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: 11/26/2014

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/04/2014

Completed date: 12/04/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2014 08:32 AM Entered By: [REDACTED]

[REDACTED] spoke with Det [REDACTED] [REDACTED] advised Det. [REDACTED] of what on call worker [REDACTED] had notified her of regarding the case. Det. [REDACTED] advised that he would begin interviewing potential perpetrators/witnesses. [REDACTED] explained that [REDACTED] was supposed to be at the hospital now and get back in touch with her and she will notify him of any updates after she hears from [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: 11/26/2014

Contact Method:

Contact Time: 08:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

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: 01/26/2015 01:51 PM

Entered By: [REDACTED]

TFACTS history:

[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: 11/26/2014

Contact Method:

Contact Time: 08:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 01:47 PM Entered By: [REDACTED]

This Investigation came into [REDACTED] on 11/26/2014 at 12:41 AM [REDACTED] as a P1 with the allegations being physical abuse. The victim/s = [REDACTED]. The alleged perpetrator/s = unknown. The Investigation was assigned to [REDACTED] on 11/26/14 at 8:15 am [REDACTED] by [REDACTED].

Notification was sent to the [REDACTED] Juvenile Court, [REDACTED], and District Attorney's office per local protocol.

Reporter states: [REDACTED] (6 months old) lives in [REDACTED] with his father [REDACTED]. They are currently living in the home of [REDACTED] (name unknown).

[REDACTED] mother is [REDACTED], and she is currently incarcerated at the [REDACTED] Jail.

Do the adults or child(ren) have any special needs or disabilities? Not aware of any.

Is there any domestic violence present in the home? Not aware of any.

[REDACTED] personnel called Law Enforcement this morning (11-26-2014) around 12:15am to report possible child abuse. EMS had transported [REDACTED] to [REDACTED] Center because he was unconscious. The father said he had been with the child through the day on 11-25-2014. He said that throughout the day, the child showed signs of not being himself. Over time the child's condition worsened and was not coherent.

The father said that on the night of 11-24-2014, they had been at [REDACTED] home, [REDACTED], at [REDACTED] in [REDACTED]. According to [REDACTED] at 9:00pm on 11-24-2014 he left [REDACTED] home and left [REDACTED] in [REDACTED] care. [REDACTED] said he returned to [REDACTED] home at 10:00pm on the same night (11-24-2014). He said when he returned, the child was playful but acted tired, and the child went to sleep at 10:30pm. According to [REDACTED] on 11-25-2014, only [REDACTED], his mother (name unknown), and his grandmother (name unknown) had been around [REDACTED].

A CT scan shows that [REDACTED] has possible neurological damage. The child has had seizures since he has been at [REDACTED]. According to the doctors, it is believed that [REDACTED] has suffered shaken baby syndrome. [REDACTED] will be transferred to [REDACTED] in [REDACTED].

He will probably be leaving [REDACTED] before 3:00am [REDACTED].

DCS has been involved with the family in the past. According to [REDACTED], DCS has removed a child from his and [REDACTED] custody.

Child's current location/is the child safe at this time: [REDACTED] is currently at [REDACTED]. The



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

---

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

---

father and the police are at the hospital. The child is safe; the nurses are not leaving the child alone.



**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: 11/26/2014

Contact Method: Phone Call

Contact Time: 03:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/04/2014

Completed date: 12/04/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/04/2014 08:31 AM Entered By: [REDACTED]

11/26/2014. Intake ID# [REDACTED]

[REDACTED] was contacted by [REDACTED] at approximately 3:00am concerning this P1 investigation. [REDACTED] contacted referent as requested and was informed that EMS was preparing to transport the infant to [REDACTED] Hospital in [REDACTED]. Referent stated that the on-call detective from [REDACTED] PD was present and attempting to get a statement from the birth father, [REDACTED]. However, [REDACTED] was informed that the father story thus far had been inconsistent, in that; where the child had been and under whose care had not been determined.

[REDACTED] asked to speak to the Detective and was informed by the Detective that he was on-call and the case information would be transferred to appropriate persons in [REDACTED] the following morning. [REDACTED] was informed that [REDACTED] was attempting to "Lock Down" the birth fathers statement. Currently, the birth mother, [REDACTED], is serving time in [REDACTED] Jail for VOP. It is unknown at this time what [REDACTED] was on probation for. [REDACTED] was informed that the father was currently homeless and living back and forth with different relatives with the infant. [REDACTED] asked [REDACTED] to please contact her as soon as the child left with EMS so she could meet up with the family in [REDACTED]. However, [REDACTED] was informed that the father allegedly has no transportation or means to get to [REDACTED] and EMS will not allow him to ride with them.

At approximately 4:30am [REDACTED] received another phone call from the referent in which she was informed that the ambulance had left [REDACTED] and was en-route to [REDACTED] with the infant. [REDACTED] contact [REDACTED] to inform her that the infant was being transported. [REDACTED] also contacted Legal Counsel [REDACTED] to inform him of the investigation. [REDACTED] stated that until medical determination could be made that this was non-accidental trauma an IPA could not be completed. However, it was agreed that the child is currently safe, in that; he is being treated by medical persons.

8:00am- [REDACTED] contacted [REDACTED] about this investigation and was advised that [REDACTED] had already been in touch. [REDACTED] stated she was on the way to [REDACTED] and would make sure a skeletal survey would be completed and forwarded to [REDACTED] in Radiology.

[REDACTED] met with [REDACTED] at [REDACTED] Hospital PICU. [REDACTED] is treating physician at this time. Infant is considered in critical condition. Infant was currently in CT as ordered by Neuro to check if the bleed could be decreased surgically. Skeletal survey had already been completed upon admitting and would be forwarded to [REDACTED] - pediatric radiologist. [REDACTED] stated that the birth father was informed this morning that his infant was in critical condition and [REDACTED] stated he had to work this morning and would attempt to make it this afternoon to



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

see the child. [REDACTED] stated that [REDACTED] is diagnosing Non-Accidental Trauma.  
Infant is currently in PICU room [REDACTED].  
Birth Father's contact information as collected by Law Enforcement.

[REDACTED]  
[REDACTED] (this is a relatives apartment) [REDACTED] is the contact #.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker: [Redacted]

Date of Referral: 11/26/14 12:41 AM

Date of Assessment: 11/26/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services  
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [redacted] TN DCS Intake ID #: [redacted]
County: [redacted] Worker: [redacted]
Date of Referral: 11/26/14 12:41 AM Date of Assessment: 12/23/14 12:00 AM
Assessment Type: Reassessment Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed ( 1 )

[Redacted]

Children Not Removed

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_