



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

Case # 2014ND.030

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/20/2014
Type: (Please check one)	<input type="checkbox"/> DEATH	<input checked="" type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	12/20/2014	
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Other	County/Region:
Parents' Names:	Mother:	██████████	Father:	██████████	
Alleged Perpetrator's Name:	██████████		Relationship to Victim:	██████████	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:		
If child is in DCS custody, list placement type and name:					

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

Law Enforcement (LE) was called to the home today, 12-20-2014, due to ██████ being unresponsive. It was reported that once LE arrived on the scene, EMS was already in the process of attempting to resuscitate ██████. ██████ gained consciousness and was taken to ██████ Hospital. ██████ was going to be taken to ██████ Hospital but the father was adamant about her not receiving any medical care at ██████ due to the distance from the home, so ██████ was taken to the local hospital instead. Once ██████ got to the hospital she was placed on a ventilator and diagnosed with respiratory distress and extreme hypothermia. ██████ body temperature was at 92 degrees.

It was advised that DCS be notified due to the body temperature of the baby. ██████ disclosed that nothing was wrong with ██████ earlier and that when he checked on her later in the day she was having problems breathing. It was reported ██████ was at work during this time and all the children were left in the care of ██████. The referent stated the other children are fine and healthy and they are currently with their maternal grandmother, ██████ who lives next door to the family ██████.

LE is currently at the hospital. Detective ██████ will be investigating the situation along with Office ██████. It has been reported that ██████ will later be transported to ██████ Hospital. The parents do not appear to have any criminal records. The referent stated LE was in the home and did not see any signs of environmental neglect. It is unknown if ██████ body temperature was due to some type of neglect or due to an organic illness.

After arriving at ██████ to meet response, it was found that ██████ had a bilateral hemotoma (bleeding on both sides of her brain), anoxic brain injury, and a healing rib fracture. When ██████ left ██████ Hospital, her heart rate was 60 and ██████ administered Epenorfrine to raise it. ██████ started having seizures around 9:15 p.m. According to the nurse at this time, after Dr. ██████ of Neurology had examined her, ██████ pupils had changed.

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

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

Describe (in detail) interview with family:

The Investigator interviewed Mr. ██████ and he stated that he shook ██████ to try to wake her up after he observed her breathing funny. The Investigator asked Mr. ██████ to demonstrate how he shook ██████. Mr. ██████ told the Investigator that he shook her leg and didn't get a response.

After Detective ██████ interview, the Investigator made contact with Mr. ██████ again at ██████. Mr. ██████ told the Investigator that he "might have unintentionally sit ██████ down in her seat hard before 11:30 a.m. The Investigator asked Mr. ██████ what was going on around that time and if he could remember the time that this occurred. Mr. ██████ told the Investigator that the incident occurred between 10:00 and 10:15 a.m. (after ██████ went to work). Mr. ██████

█████ told the Investigator that █████ did hit her head on the seat; however, he described her hitting one side of her head and the back. At that time, Mr. █████ told the Investigator that █████ had been crying and he acted out of distress because █████ was crying and █████ was into things.

█████ was also observed with a mark on the right side of her vagina. The Investiagtor asked Mr. █████ if he knew how she received that. Mr. █████ replied that he may have wiped her too hard.

As of 12/22/2014, █████ is still having seizures and she has experienced a 2 hour seizure and the doctors at █████ are consulting and trying to decide if the child will be placed in a medically induced coma.

Ms. █████ was interviewed and stated that she was at work at the time and she was continually receiving text from Mr. █████ Ms. █████ had her mother, █████ go and check on the baby since her home was next door. Ms. █████ told the Investigator that the baby was fine when she left the home around 9:30 a.m.. Ms. █████ told the Investigator that she called the ambulance from work.

Ms. █████ was interviewed and stated that █████ was at work and had asked her to go and check on █████ Ms. █████ told the Investigator that when she entered the home, █████ was sitting in her car seat with her eyes closed. Ms. █████ told the Investigator that when she opened █████ eyes, her pupils appeared to be dialated. Ms. █████ stated that she asked the birth father how long █████ had been in that state. Mr. █████ replied by saying an hour and he wanted to wait and call the ambulance when █████ arrived home. Ms. █████ told the Investigator that when the 1st responders arrived, Mr. █████ asked them if he could refuse treatment for █████ Ms. █████ stated that Mr. █████ does have violent tendencies and has hit his mother, picked █████ son that was adopted by her mother) up by his shirt and slammed him on the ground and knocked him out. Ms. █████ also stated that she had an altercation with Mr. █████ but no police report was filed however, there were several neighbors that saw the incident. Ms. █████ also stated that the bathroom smelled like marijuana when she went to check on █████

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

Drug screens were given at █████ Hospital. █████ and █████ both tested positive for THC. Ms. █████ claimed that she had not smoked marijuana since a week after Investigator █████ drug tested them. According to Mr. █████ however, █████ smoked marijuana with him on Friday night, the night before the incident.

An Immediate Protection Agreement was signed by █████ and █████, the Immediate Protection Agreement stated that there would be no contact with Mr. █████ and his children until the I.P.A. is lifted and/or the I.P.A. is revised by the █████ County Juvenile Court Judge.

The Investigator took pictures of █████ while at the hospital and consulted with Dr.'s and nurses.

Describe disposition of body (Death):	N/A at this moment		
Name of Medical Examiner/Coroner:		Was autopsy requested?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there DCS involvement at the time of Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Type:	Drug Exposed Infant and Drug Exposed Child	Case #:	█████

Describe law enforcement or court involvement, if applicable:

Detective █████ interviewed the birth father, █████ Mr. █████ denied shaking █████ but admitted to slamming the baby in the car seat too hard out of frustration.

Detective █████ smelled a strong odor of marijuana smoke in the apartments bathroom. Evidence was taken and logged in at the police department.

Detective █████ reported that Mr. █████ appeared to be under the influence when she initially interviewed him at the home. The second interview was conducted at █████ Hospital where he admitted to throwing the baby in the car seat.

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

The other children in the home were seen at █████ hospital for medical clearance. The Investigator also completed an unclothed exam and did not find any physical injuries that could be observed with the naked eye.

Intake #:		Investigation #:		Date of Report:	Case # 2014ND030 1/20/14
Name:		Age:	5 months		
Name:		Age:	3		
Name:		Age:	1		
Name:		Age:			
Name:		Age:			
Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):					
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
04/18/2008		Drug Exposed Child			No Services Needed
11/26/2014		Drug Exposed Child			open
/ /					
/ /					
/ /					
/ /					
/ /					
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:		Telephone Number:			
Case Manager:		Telephone Number:			
Team Leader:		Telephone Number:			
Team Coordinator:		Telephone Number:			
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to: [REDACTED]</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</p>					



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 12/20/2014 02:02 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 12/20/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 12/22/2014 11:01 AM
First Team Leader Assigned: [REDACTED] Date/Time 12/22/2014 11:01 AM
First Case Manager [REDACTED] Date/Time 12/22/2014 11:01 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 9 Mos	Lack of Supervision	Yes	[REDACTED]	Birth Father

Preliminary Near Death: [REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s):
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS:
Family Case ID: [REDACTED] & [REDACTED]
Open Court Custody/FSS/FCIP None found
Closed Court Custody None found
Open CPS 11-26-2014/Case ID [REDACTED] DEI, DEC/CM [REDACTED], TL [REDACTED] (No classification)
Death None found
Substantiated: None found

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

Screened out 3

History (not listed above):

3-6-2008/Case ID # [REDACTED] DEC/No Services Needed

County: [REDACTED]

Notification: Letter

School/ Daycare: None

Native American Descent: None

Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

The children, [REDACTED] (age 3), [REDACTED] (age 1) and [REDACTED] (age 5 months) live with their parents, [REDACTED] and [REDACTED].

Law Enforcement (LE) was called to the home today, 12-20-2014, due to [REDACTED] being unresponsive. It was reported that once LE arrived on the scene, EMS was already in the process of attempting to resuscitate [REDACTED]. [REDACTED] gained consciousness and was taken to [REDACTED] Hospital. [REDACTED] was going to be taken to [REDACTED] Hospital but the father was adamant about her not receiving any medical care at [REDACTED] due to the distance from the home, so [REDACTED] was taken to the local hospital instead. Once [REDACTED] got to the hospital she was placed on a ventilator and diagnosed with respiratory distress and extreme hypothermia. [REDACTED] body temperature was at 92 degrees.

It was advised that DCS be notified due to the body temperature of the baby. [REDACTED] disclosed that nothing was wrong with [REDACTED] earlier and that when he checked on her later in the day she was having problems breathing. It was reported [REDACTED] was at work during this time and all the children were left in the care of [REDACTED]. The referent stated the other children are fine and healthy and they are currently with their maternal grandmother, [REDACTED] who lives next door to the family [REDACTED].

LE is currently at the hospital. Detective [REDACTED] will be investigating the situation along with Officer [REDACTED]. It has been reported that [REDACTED] will later be transported to [REDACTED] Hospital. The parents do not appear to have any criminal records. The referent stated LE was in the home and did not see any signs of environmental neglect. It is unknown if [REDACTED] body temperature was due to some type of neglect or due to an organic illness.

Special Needs or Disabilities: None

Child's current location/is the child safe at this time: [REDACTED] Hospital/Yes

Perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: None

Domestic Violence present in the home: None

Per SDM: Investigative Track, P-1 - [REDACTED] CM 3 on 12-20-2014 at 3:20 P.M.

Email notification sent to [REDACTED] and the [REDACTED] email notification group.

[REDACTED] County paged at 3:21 P.M.

12-20-14 03:21:22 PM [REDACTED]

12-20-14 03:22:21 PM [REDACTED]

Received



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 27 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: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 1 Yr 9 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 1 Yr 9 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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: 4 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 23 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 3 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [Redacted]
Referral Date: 12/20/2014
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 12/23/2014

B. Allegation

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

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: Case transitioned to Long term services.

D. Case Workers

Case Worker: [Redacted] Date: 05/05/2015
Team Leader: [Redacted] Date: 05/05/2015

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] could not be interviewed due to her age.

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

Dr. [Redacted] of [Redacted] Hospital [Redacted] was interviewed. She stated that the parents were notified that [Redacted] might not make it out of the hospital. [Redacted] was suffering from seizures and there was tremendous pressure on her brain. [Redacted] has approximately 1 week old rib fracture. [Redacted] also suffered from bi-lateral hematomas and anoxic brain injury.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

Detective [REDACTED] interviewed Mr. [REDACTED] and he denied shaking [REDACTED]. He did admit that he could have slammed her into the car seat too hard. He stated that he might have gotten frustrated and placed her into the car seat too hard.

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

Law Enforcement (LE) was called to the home today, 12-20-2014, due to [REDACTED] being unresponsive. It was reported that once LE arrived on the scene, EMS was already in the process of attempting to resuscitate [REDACTED]. [REDACTED] gained consciousness and was taken to [REDACTED] Hospital. [REDACTED] was going to be taken to [REDACTED] Hospital but the father was adamant about her not receiving any medical care at [REDACTED] due to the distance from the home, so [REDACTED] was taken to the local hospital instead. Once [REDACTED] got to the hospital she was placed on a ventilator and diagnosed with respiratory distress and extreme hypothermia. [REDACTED] body temperature was at 92 degrees.

It was advised that DCS be notified due to the body temperature of the baby. [REDACTED] disclosed that nothing was wrong with [REDACTED] earlier and that when he checked on her later in the day she was having problems breathing. It was reported [REDACTED] was at work during this time and all the children were left in the care of [REDACTED]. The referent stated the other children are fine and healthy and they are currently with their maternal grandmother, [REDACTED] who lives next door to the family [REDACTED].

LE is currently at the hospital. Detective [REDACTED] will be investigating the situation along with Officer [REDACTED]. It has been reported that [REDACTED] will later be transported to [REDACTED] Hospital. The parents do not appear to have any criminal records. The referent stated LE was in the home and did not see any signs of environmental neglect. It is unknown if [REDACTED] body temperature was due to some type of neglect or due to an organic illness.

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

There is a preponderance of evidence to substantiate the allegations of Lack of supervision and Physical Abuse, Preliminary Child Near Death.

The case will be closed and classified as Allegation Substantiated Perpetrator Substantiated for the allegation allegations of Lack of supervision and Physical Abuse, Preliminary Child Near Death.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/18/2015

Contact Method:

Contact Time: 12:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/18/2015

Completed date: 08/18/2015

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: 08/18/2015 12:36 PM Entered By: [REDACTED]

IC [REDACTED] received permission from [REDACTED] Deputy Director of Investigations to close the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/29/2015

Contact Method:

Contact Time: 05:50 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/29/2015

Completed date: 07/30/2015

Completed By: [REDACTED]

Purpose(s): Permanency, Service Planning, Well Being

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/29/2015 05:54 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) Investigations Unit received a referral on 12/20/2014 with an allegation of Lack of Supervision, Preliminary Near Death regarding non-custodial child [REDACTED] [REDACTED] was involved in a DCS investigation at the time of this report, with allegations of drug exposure.

12/20/2014, a call was made to Law Enforcement due to [REDACTED] being found unresponsive. Mr. [REDACTED] was home alone with his children [REDACTED] (age 3), [REDACTED] (age 1) and [REDACTED] (age 5 months). It was reported that Mr. [REDACTED] checked on [REDACTED] while she was napping and noticed that she was having difficulty breathing. After trying to wake her and shaking her he made contact with the children's mother, [REDACTED] while she was at work. Ms. [REDACTED] contacted her mother, [REDACTED] to check on [REDACTED]. At this time a call was made for an ambulance to come to the residence and check on [REDACTED]. County Paramedics arrived at the residence and worked to resuscitate [REDACTED]. [REDACTED] regained consciousness and was transported to [REDACTED] Hospital. Once [REDACTED] got to the hospital she was placed on a ventilator and diagnosed with respiratory distress and extreme hypothermia. [REDACTED] body temperature was at 92 degrees.

The investigation into this incident was conducted by [REDACTED] Police Department Detective [REDACTED] [REDACTED] Police Department Officer [REDACTED] DCS [REDACTED] Investigator [REDACTED] and Investigators [REDACTED] [REDACTED] and [REDACTED].

The report to DCS listed [REDACTED] father, [REDACTED] [REDACTED] as the alleged perpetrator of Lack of supervision, Preliminary Child Near Death. Numerous interviews were conducted of family, first responders and medical professionals.

As part of the investigation, [REDACTED] parents were interviewed. Ms. [REDACTED] reported that she had left for work earlier in the morning. Ms. [REDACTED] stated that she received a phone call from Mr. [REDACTED] stating that he was worried about [REDACTED]. Ms. [REDACTED] stated that she had her mother, [REDACTED] to go check on her while she was on the phone. Ms. [REDACTED] stated that she called the ambulance from work to check on [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was fine before she left to go to work.

Mr. [REDACTED] was interviewed privately at the family's residence. Mr. [REDACTED] reported that Ms. [REDACTED] left for work around 9:45 am that morning. He stated that he was holding [REDACTED] when Ms. [REDACTED] left and he laid her down around 10:30 am. [REDACTED] slept for about 2 hours. While she was asleep Mr. [REDACTED] noticed she was breathing funny around 11:30 am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Mr. [REDACTED] stated that he became concerned around 12:30 pm. Mr. [REDACTED] stated that he shook her to wake her up. Mr. [REDACTED] stated that he shook her leg. Mr. [REDACTED] stated that [REDACTED] opened her eye and then closed it back. He stated that he picked her up and tried to move her arm to get a response. He then called Ms. [REDACTED] at work and asked her to contact her mother (living next door) to come check on her. Mr. [REDACTED] stated that [REDACTED] acted "limp" when she was picked up. Later on in the day Mr. [REDACTED] was interviewed again and admitted to become frustrated and possibly putting [REDACTED] in her seat too hard. Mr. [REDACTED] stated that he observed the side and back of [REDACTED] head hitting the seat.

Mrs. [REDACTED] was interviewed regarding the family. Mrs. [REDACTED] stated that her daughter, [REDACTED] had called her from work and asked her to go check on [REDACTED]. She stated that when she saw [REDACTED] she was sitting in her car seat and her eyes were closed. Mrs. [REDACTED] stated that she opened one of [REDACTED] eyes and it appeared to be dilated. Mrs. [REDACTED] stated that she asked Mr. [REDACTED] how long she had been like that and he responded about an hour. Mrs. [REDACTED] stated that he wanted to wait and call an ambulance when [REDACTED] got off of work. Mrs. [REDACTED] stated that Mr. [REDACTED] has been violent towards her. Mrs. [REDACTED] reported that he and Ms. [REDACTED] smoke marijuana all of the time in the bathroom. Mrs. [REDACTED] stated that she knows this because she lives next door and she can smell it through the vents. Mrs. [REDACTED] stated that it could be smelled the day of the incident.

Dr. [REDACTED] of [REDACTED] Hospital at [REDACTED] was interviewed. Dr. [REDACTED] stated that the parents were notified that [REDACTED] might not make it out of the hospital. [REDACTED] was suffering from seizures and there was tremendous pressure on her brain. [REDACTED] has approximately 1 week old rib fracture. [REDACTED] also suffered from bi-lateral hematomas and anoxic brain injury.

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. A near death, per Tennessee Code Annotated (TCA) 35-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.
2. NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline will select Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician.
3. NOTE: Preliminary near deaths are always treated as severe child abuse.

The case was presented to the [REDACTED] Child Protective Investigation Team on 01/07/2015. Team members were in agreement that there was sufficient evidence to substantiate the allegations of Lack of supervision and Physical Abuse, Preliminary Child Near Death.

[REDACTED] appears to have not been supervising [REDACTED] appropriately on the date of this incident. Detective [REDACTED] interviewed Mr. [REDACTED] and he denied shaking [REDACTED]. He did admit that he could have slammed her into the car seat too hard. He stated that he might have gotten frustrated and placed her into the car seat too hard. Mrs. [REDACTED] stated that Mr. [REDACTED] appeared under the influence when she came over to check on [REDACTED]. Dr. [REDACTED] stated that [REDACTED] injuries were consistent with abusive trauma.

There is a preponderance of evidence to substantiate the allegations of Lack of supervision and Physical Abuse, Preliminary Child Near Death.

The case will be closed and classified as Allegation Substantiated Perpetrator Substantiated for the allegation allegations of Lack of supervision and Physical Abuse, Preliminary Child Near Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/29/2015

Contact Method:

Contact Time: 05:35 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/29/2015

Completed date: 07/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/29/2015 05:51 PM Entered By: [REDACTED]

The Fast 2.0 assessment was completed and the score is High need of services.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/27/2015 Contact Method: Face To Face
 Contact Time: 12:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/28/2015
 Completed date: 07/28/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/28/2015 09:47 AM Entered By: [REDACTED]

FSW [REDACTED] met with [REDACTED] and her 3 children in their home. They have resided with [REDACTED] dad and step-mom since [REDACTED] was injured. The home has 3 bedroom and baths but Ms. [REDACTED] and her children all stay in the bonus room. Ms. [REDACTED] says they are fine living there but she knows her dad is hoping to see the house in a year or so and she feels she needs to be looking for her own place, which she wants. [REDACTED] was sitting in a bouncy seat in the family room, [REDACTED] was in the bonus room watching TV - the bonus room is half a flight up from the kitchen and this FSW could see [REDACTED] from the kitchen table.

[REDACTED] immediately wanted to sit on this FSW's lap which she did for a few minutes. FSW had brought some [REDACTED] books that were donated to the DCS office and looked at one with her for a little while and then attempted to talk with Ms. [REDACTED] about progress in the case. [REDACTED] continued to interrupt frequently and demand attention from her mother and this FSW. Ms. [REDACTED] stated that [REDACTED] goes non-stop from the time she wakes up to the time she goes to sleep at night.

[REDACTED] was watching a movie in the bonus room which is half a flight up from the kitchen and he was visible from the kitchen table. When he came down stairs, he cried and went straight to his mom who said he kept to himself and didn't interact with others very often. His Pediatrician has referred him to a specialist at [REDACTED] as it is suspected he is Autistic. Ms. [REDACTED] said he has rocked since he was old enough to and does not choose to interact with others.

[REDACTED] was sitting in a baby seat throughout FSW's time in the home. Although her eyes are often, she is blind and although she is one years old, she is not mobile at all. There is a new blood clot in her brain that the doctors are watching and that may be, according to Ms. [REDACTED] the reason she isn't using her legs or have much strength in them.

Ms. [REDACTED] concerns at this time are to find appropriate housing and FSW brought her info on Section 8 housing and Housing authorities in her area. Ms. [REDACTED] says she is currently getting food stamps and about \$200 per month from [REDACTED]. She has applied for disability for [REDACTED] and been denied but is in the appeal process and feels optimistic due to the feedback she is receiving, that it may be approved this time. If not, she has already talked to an attorney whose fee will be paid by the lump sum payment she should receive from the date she first applied.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Ms. [REDACTED] states she has not had time to start counseling and taking the kids would be difficult. FSW will look into Therapy programs that come into the home as a possibility for this family.

This CPSI completed the closing Safety Assessment. There are no current immediate harm factors or interventions. The safety decision is: 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.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2015

Contact Method:

Contact Time: 04:12 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2015

Completed date: 07/02/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2015 04:16 PM Entered By: [REDACTED]

Case Conference

IC [REDACTED] conducted a case conference on this date with Investigator [REDACTED]

Next Steps: court reset due to the father refusing to be transported from the jail, enter death summary,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2015

Contact Method:

Contact Time: 11:45 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 08/12/2015

Completed date: 08/12/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2015 03:52 PM Entered By: [REDACTED]

A Transfer CFTM was conducted on this day at the [REDACTED] County Sheriff's Office. In attendance at the meeting were [REDACTED] (AP; Dad), [REDACTED] (Dad's Attorney), [REDACTED] (SS TL), [REDACTED] (FSW), CPSI [REDACTED] and LI [REDACTED] Ms. [REDACTED] participated by telephone.

The nature of the allegations were discussed. The current Non-Custodial permanency plan was discussed and revised. A visit was scheduled to be conducted with the children at this time.

Note: The meeting was brief due to it being held in a holding cell in the booking department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/29/2015

Contact Method: Phone Call

Contact Time: 12:20 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/29/2015

Completed date: 06/29/2015

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/29/2015 01:54 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Ms. [REDACTED] over the phone. She stated that she was planning to contact CPSI [REDACTED] to see if she had to be in court later on in the week. CPSI [REDACTED] advised her to contact her attorney and see if she is needed at this hearing. CPSI [REDACTED] provided Ms. [REDACTED] with the attorney's contact information. CPSI [REDACTED] reminded her of the transfer meeting scheduled for the following day. CPSI [REDACTED] explained that she would be called into the meeting due to her not having childcare. Ms. [REDACTED] stated that she would be available to participate by phone. CPSI [REDACTED] asked how the children were doing. She stated that the children were fine. She stated that [REDACTED] goes back to [REDACTED] for her first follow-up appointment in the neurology department. She stated that she will have an MRI to see the extent of the damage. This appointment is for July 13th. She stated that she had been denied disability and she has already filed an appeal. She stated that they have until August to give her a reply. Ms. [REDACTED] also stated that Mr. [REDACTED] wrote her a letter about a month ago and asked her if she would send pictures of the children. She stated that she has not sent him anything but wanted to ask if she could first. CPSI [REDACTED] advised that she not send anything about the children due to him having no contact with the children. CPSI [REDACTED] informed Ms. [REDACTED] that the non-custodial permanency plan would be updated at the up coming meeting. Mrs. [REDACTED] asked that housing be added to her plan. CPSI [REDACTED] informed her that CPSI would speak with her the following day.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/29/2015 Contact Method: Attempted Phone Call
 Contact Time: 12:11 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/29/2015
 Completed date: 06/29/2015 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/29/2015 12:12 PM Entered By: [REDACTED]
 CPSI [REDACTED] attempted to contact Ms. [REDACTED] to remind her of the transfer meeting. CPSI [REDACTED] left a message for a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/05/2015

Completed date: 06/05/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/05/2015 03:56 PM Entered By: [REDACTED]

Case Conference

IC [REDACTED] conducted a case conference on this date with Investigator [REDACTED]. Investigator [REDACTED] has been to the residence to follow up with family. Investigator requested rehab medical records for the victim.

Next Steps: follow up with family, follow up with providers involved, transfer case to FSS, attend court



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	05/06/2015	Contact Method:	Face To Face
Contact Time:	10:06 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/08/2015
Completed date:	06/06/2015	Completed By:	System Completed
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/08/2015 05:26 PM Entered By: [REDACTED]

CPSI [REDACTED] conducted a home visit to follow up with the family. CPSI [REDACTED] was invited into the home by Ms. [REDACTED] CPSI [REDACTED] spoke with Ms. [REDACTED] in the families living room in the presence of [REDACTED] and another child (nephew) she was babysitting.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/29/2015

Contact Method:

Contact Time: 06:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/29/2015

Completed date: 04/29/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2015 06:00 PM Entered By: [REDACTED]

CPSI [REDACTED] requested rehabilitation records for [REDACTED] from [REDACTED] Hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/29/2015	Contact Method:	Phone Call
Contact Time:	05:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/29/2015
Completed date:	04/29/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2015 05:52 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted Ms. [REDACTED] by telephone. CPSI [REDACTED] explained that the children needed to be seen. She stated that they had been out of the house with their grandmother so that she could have a break but they will all be back next week. CPSI [REDACTED] asked how services were doing and how the children were. Ms. [REDACTED] stated that they were doing well. She stated that [REDACTED] is still having behavioral problems and will be evaluated soon. She stated that [REDACTED] still receives in-home therapy twice a week through [REDACTED]. She stated that she is just waiting for a neurology appointment in July to see how she is doing. She stated that she still is on the seizure medication. Ms. [REDACTED] stated that [REDACTED] will be going to [REDACTED] to be evaluated also because he is showing signs of autism. She stated that she has started her therapy sessions also.

CPSI [REDACTED] explained that court was involved and a court date would be set. CPSI [REDACTED] explained the process of court and why it was necessary. CPSI [REDACTED] also explained that the case would be transferred do to her having court involvement. CPSI [REDACTED] went ahead scheduled a visit with Ms. [REDACTED] for the following week so that the case could be prepared for transfer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/28/2015

Contact Method:

Contact Time: 08:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/30/2015

Completed date: 07/30/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2015 09:33 AM

Entered By: [REDACTED]

CPSI [REDACTED] received notification that the Letter F was mailed to Mr. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/27/2015

Contact Method:

Contact Time: 03:08 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/27/2015

Completed date: 04/27/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/27/2015 03:12 PM Entered By: [REDACTED]

Case Conference

IC [REDACTED] conducted a case conference on this date with Investigator [REDACTED]. Investigator [REDACTED] has made attempts to reach out to the mother but she want return phone calls. A courtesy has been requested for the county where she resides and she cancelled her appointment. Investigator has received the medical records for the victim. The alleged perp is currently in jail and charged with aggravated child abuse and attempt murder.

Next Steps: follow up with family, follow up with providers involved,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/26/2015

Contact Method: Correspondence

Contact Time: 11:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/30/2015

Completed date: 07/30/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notification of Classification

Contact Sub Type: Letter A - Notice of Indication to Perpetrator

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

Narrative Type: Original Entry Date/Time: 07/30/2015 09:31 AM Entered By: [REDACTED]

CPSI [REDACTED] completed the Letter A document and attachment. This was sent to the appropriate drop box.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/24/2015

Contact Method:

Contact Time: 01:24 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/09/2015

Completed date: 04/09/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2015 11:05 AM

Entered By: [REDACTED]

CPSI [REDACTED] requested a courtesy home visit and drug screen from [REDACTED] Co.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/09/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/09/2015

Completed date: 03/09/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/09/2015 02:08 PM Entered By: [REDACTED]

Case Conference

LI [REDACTED] conducted a case conference on this date with Investigator [REDACTED]. Case was presented to CPIT and the team agreed to classify as ASPS. Investigator followed up with the detective and was informed that the father was arrested on a sealed indictment. Investigator has received all of the medical records.

Next Steps: inquire about services for the mother, follow up with in home provider, attend court



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/03/2015

Contact Method: Attempted Phone Call

Contact Time: 04:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/09/2015

Completed date: 04/09/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2015 11:03 AM Entered By: [REDACTED]

CPSI [REDACTED] and LI [REDACTED] attempted to contact Ms. [REDACTED] by telephone to follow up about the missed appointment. There was no answer by Ms. [REDACTED]

Next Steps:

Request courtesy



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/03/2015	Contact Method:	Attempted Phone Call
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/30/2015
Completed date:	07/30/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/30/2015 09:16 AM Entered By: [REDACTED]

CPSI [REDACTED] attempted to contact Ms. [REDACTED] by telephone but was unsuccessful. CPSI [REDACTED] called the home phone number to see if Ms. [REDACTED] was back home and the phone call went unanswered.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	03/03/2015	Contact Method:	Attempted Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	03/04/2015
Completed date:	04/03/2015	Completed By:	System Completed
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: Entered By:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/03/2015	Contact Method:	Attempted Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/09/2015
Completed date:	04/09/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation, Alleged Perpetrator Interview, Collateral Contact, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/09/2015 10:49 AM Entered By: [REDACTED]

CPSI [REDACTED] conducted a scheduled home visit to follow up with Ms. [REDACTED] and the family before the case was transferred. CPSI [REDACTED] knocked on the door and [REDACTED] ran to the door and a lady that identified herself as Ms. [REDACTED] grandmother opened the door. She stated that Ms. [REDACTED] had called her to come and watch [REDACTED] and [REDACTED] due to her having a doctor's appointment with [REDACTED]. She stated that Ms. [REDACTED] and [REDACTED] would be home by about noon or so. CPSI [REDACTED] asked if she would have Ms. [REDACTED] contact CPSI when she returned home.

[REDACTED] appeared to be healthy and happy. She was trying to talk to CPSI [REDACTED] at the door. CPSI [REDACTED] did not observe [REDACTED] nor [REDACTED].



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 03/03/2015 Contact Method: Attempted Phone Call
 Contact Time: 12:20 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 04/09/2015
 Completed date: 04/09/2015 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2015 11:01 AM Entered By: [REDACTED]
 CPSI [REDACTED] attempted to contact Ms. [REDACTED] by telephone but was unsuccessful. CPSI [REDACTED] called the home phone number to see if Ms. [REDACTED] was back home and the phone call went unanswered.
 Narrative Type: Created In Error Entry Date/Time: 07/30/2015 09:14 AM Entered By: [REDACTED]
 This was not a perpetrator interview. CPSI [REDACTED] attempted to contact the Parent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/23/2015	Contact Method:	Phone Call
Contact Time:	10:32 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/23/2015
Completed date:	02/23/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/23/2015 02:23 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted Ms. [REDACTED] to follow up with the family and reschedule a home visit. CPSI [REDACTED] asked Ms. [REDACTED] how the family was doing. She stated that she and the children were doing fine. She stated that they were all getting over a cold but beyond that everything was good. CPSI [REDACTED] informed her that the home visit needed to be rescheduled. She stated that the roads near her father's home are still bad in some areas. She stated that they have not all been cleared of the ice. CPSI [REDACTED] requested to schedule the visit late in the week. Ms. [REDACTED] stated that she would not be available at that time due to having to move her belongings out of her old apartment. Ms. [REDACTED] stated that the following week would be better for her. CPSI [REDACTED] scheduled the home visit for March 3, 2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/20/2015	Contact Method:	
Contact Time:	01:46 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/30/2015
Completed date:	07/30/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/30/2015 09:48 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) received the records check from the [REDACTED] County Sheriff's Department and completed SSMS checks on all perpetrators. There was not SSMS history.

Local Background History:

Failure to Appear	4/28/2014
Failure to Appear	4/28/2014
Evading Arrest	4/28/2014
Hold; Previous Booking	4/28/2014
Violation of Probation	11/20/2014

This CPSI completed checks on all perpetrators at the following websites:

TN Sex Offender - negative
National Sex Offender - negative
TN Felony Offender - negative
Out of State Probation Registry - negative
TN Meth Offender - negative
Abuse Registry - negative



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/19/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/23/2015

Completed date: 02/23/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/23/2015 02:16 PM Entered By: [REDACTED]

CPSI [REDACTED] had planned to make face to face contact with the family on this date. Due to the inclement weather throughout the state CPSI [REDACTED] could not make this face to face contact.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2015

Contact Method:

Contact Time: 06:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/21/2015

Completed date: 02/21/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 02/21/2015 10:58 AM

Entered By: [REDACTED]

CPSI [REDACTED] received notice that Mr. [REDACTED] was arrested and booked into the [REDACTED] County Sheriff's Office on a sealed indictment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/30/2015

Completed date: 07/30/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/30/2015 09:35 AM Entered By: [REDACTED]

The FAST Assessment was completed and the score is High.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
Contact Date: 01/20/2015 Contact Method:
Contact Time: 04:45 PM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: Created Date: 04/29/2015
Completed date: 04/30/2015 Completed By: System Completed
Purpose(s):
Contact Type(s):
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2015 08:05 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED], Ms. [REDACTED] mother.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/20/2015 Contact Method: Face To Face
 Contact Time: 01:45 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/28/2015
 Completed date: 01/28/2015 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/28/2015 05:26 PM Entered By: [REDACTED]

CPSI [REDACTED] conducted a home visit in [REDACTED] to follow up with the family before case closure. Ms. [REDACTED] was home alone with the children. She stated that she and the children have adjusted well with being with her father. She stated that she took [REDACTED] for a check-up at a doctor's office in [REDACTED]. She stated that she is doing very well. She stated that the doctors believe that [REDACTED] is blind right now. She stated that it is unclear as to how much or little she can see. She stated that she has a doctor's appointment at [REDACTED] to get her eyes checked. She stated that there is a possibility that they may correct themselves or she may need surgery later on in life. She stated that all of the children have received their flu shot. Ms. [REDACTED] stated that somebody from rehab comes to the house every week for multiple days.

CPSI [REDACTED] observed [REDACTED] and [REDACTED] during the visit. [REDACTED] does not talk. He was able to stand on his own and walk some. He appeared to be healthy. CPSI [REDACTED] did witness him become upset and sit and rock back and forth for several minutes. [REDACTED] was observed to be healthy and was running around following her mother during the visit. [REDACTED] was making sounds and attempting to communicate with CPSI but was unable to form words or sentences. CPSI [REDACTED] observed [REDACTED] in the room in the same rocker as when CPSI [REDACTED] first saw [REDACTED]. She was still in her neck brace. She was observed to be sucking on a pacifier. She became fussy and Ms. [REDACTED] was able to feed her a bottle with no problems. [REDACTED] appeared to have gained weight since the last contacts.

CPSI [REDACTED] was able to go over the permanency plan with Ms. [REDACTED] that was previously developed over the phone. Ms. [REDACTED] had no questions and signed the permanency plan. CPSI [REDACTED] explained that she had attempted to contact Mr. [REDACTED] previously but there has been no answer. Ms. [REDACTED] volunteered to call him so that CPSI [REDACTED] could talk with him. CPSI [REDACTED] spoke with Mr. [REDACTED] over the phone. CPSI [REDACTED] explained that the permanency plan needed to be explained to him and signed by him. CPSI [REDACTED] asked if he could come to the office or CPSI [REDACTED] could come to him. He stated that he would come to the office by Thursday of that week. He stated that he did not have transportation but could take the [REDACTED] to the office. CPSI [REDACTED] gave him her number and asked to call if anything changes. He stated that he would.

CPSI [REDACTED] conducted a drug screen on Ms. [REDACTED]. She was positive for THC. She stated that she has not smoked any



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

marijuana since the last time she was drug screened. She stated that the last time she smoked was with Mr. [REDACTED] She stated that he had taken a drug screen recently and he passed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	01/14/2015	Contact Method:	Phone Call
Contact Time:	02:40 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/21/2015
Completed date:	02/22/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type:	[REDACTED]	Entry Date/Time:		Entered By:	
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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/14/2015 Contact Method: Phone Call
 Contact Time: 02:40 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/30/2015
 Completed date: 07/30/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2015 09:07 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted Ms. [REDACTED] by phone to follow up with her. Ms. [REDACTED] stated that [REDACTED] has come home and her days and nights are mixed up at the moment. She stated that the doctors believe that [REDACTED] is blind right now. She stated that they informed her that they may be able to perform surgery in the future to correct this. She stated that the only medication that [REDACTED] is on right now is [REDACTED] for her seizures. She stated that she will no longer have to travel to [REDACTED] for inpatient rehabilitation because [REDACTED] was approved for outpatient and she stated that the therapist will come to her home to work with [REDACTED]. She stated that she still believes that [REDACTED] is autistic. She stated that [REDACTED] has done better living at her parents house. She stated that the change in environment has provided more structure for her. Ms. [REDACTED] stated that she is insecure about leaving the children. Ms. [REDACTED] voiced that she is open to therapy and wants it. She stated that she feels that she is depressed. Ms. [REDACTED] stated that she feels that Mr. [REDACTED] needs parenting classes, anger management, and a clinical evaluation.

Next steps: Home visit



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2015

Contact Method: Phone Call

Contact Time: 10:37 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/21/2015

Completed date: 02/21/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/21/2015 11:29 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Mrs. [REDACTED] from [REDACTED] Hospital over the phone. She stated that [REDACTED] was doing better with her feedings. She stated that they may be able to take the nasogastric tube out later in the day. She stated that very tentatively [REDACTED] could be discharged home the following day. She stated that they have approved [REDACTED] for outpatient rehabilitation and this can be done locally.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/30/2015

Completed date: 07/30/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2015 09:21 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) entered the classification into the classification tab in TFACTS.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/07/2015 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/21/2015
 Completed date: 02/21/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/21/2015 11:02 AM Entered By: [REDACTED]

This case was presented at the Child Protective Investigative Team (CPIT) meeting and everyone agreed to close as ASPS and refer the case for prosecution. The form was completed and located in the file.

Narrative Type: Addendum 1 Entry Date/Time: 07/30/2015 09:19 AM Entered By: [REDACTED]

It was also discussed that the allegation of severe physical abuse be added to this case. The team was in agreement.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method: Phone Call

Contact Time: 11:53 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/21/2015

Completed date: 02/21/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/21/2015 11:24 AM Entered By: [REDACTED]

CPSI [REDACTED] received a phone call from Mrs. [REDACTED] social worker at [REDACTED] Hospital. She called to update CPSI on [REDACTED] status. Mrs. [REDACTED] stated that the doctors no longer felt that a gastrostomy tube was needed. She stated that [REDACTED] has been able to take in some formula and food without gagging. She stated that they completed another full body scan to insure that there were no new healing fractures. She states that this scan showed that there were no new fractures seen. She stated that it is still early but they are preparing [REDACTED] for a possible discharge from the hospital. She stated that they are currently recommending inpatient rehabilitation in [REDACTED]. CPSI [REDACTED] asked about the current brain function of [REDACTED]. Mrs. [REDACTED] stated that currently she is in a poor neurological status. She stated that [REDACTED] is still taking [REDACTED] for her seizures. She stated that [REDACTED] will also have to wear a C collar for a minimum of six weeks.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2015

Contact Method:

Contact Time: 04:59 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/06/2015

Completed date: 01/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/06/2015 05:00 PM Entered By: [REDACTED]

Case Conference

LI [REDACTED] conducted a case conference on this date with Investigator [REDACTED]. Investigator [REDACTED] was assigned to this case on 11/26/2014 as a P1 DEC & DEI. The victims are [REDACTED] (3), [REDACTED] (4mos), & [REDACTED] (1). The alleged perps are [REDACTED] (mom) and [REDACTED] (father). Investigator made several attempts to make contact with the family. The worker was able to make contact on 12/5/2014 with the family. The worker observed all three children. The infant was in her bouncer on the floor. The investigator didn't voice any concerns for the children. The parents were drug screened and tested positive for THC. The mother admitted she and her boyfriend went out with some friends to smoke THC. The children were with her father during this time. Investigator inquired about services for the family. Investigator referred the family to [REDACTED] for in-home services. [REDACTED] has been involved with the family over the phone but haven't been to the home due to the mother's work schedule. Another referral came in on this family on 12/20/2014 as a P1 LOS (S). The victim is listed as [REDACTED] (5mos) and the alleged perp is [REDACTED] (father). Investigator [REDACTED] responded to this case while on-call. The investigator went to the residence and hospital to meet response on the case. The victim was placed in the PICU due to the injuries she sustained. It was reported that the victim's body temperature was 92 degrees and she was having problems breathing on her own. The victim had to be resuscitated and eventually placed in a coma due to her seizures. The victim had bleeding on the brain, rib fracture, and retinal hemorrhages. The mother reported that she was at work and the children were home with [REDACTED]. [REDACTED] noticed that the victim was having problems and waited to call for assistance until the mother got home. The father was interviewed and reported that he may have put her in the seat a little hard. An IPA was put into place restricting the father. The family currently resides with her father in [REDACTED] to assist with the children. The victim is currently out of the PICU and in a regular room. Investigator has followed up with the victim at the hospital. She was moving legs, arms, and hands. She was propped up in the bed with a neck brace. Investigator spoke with the social worker and the biggest hurdle is getting her to eat. She is currently breathing on her own. Investigator has spoken with hospital staff, grandparents, and followed up with the mother.

Next Steps: inquire about services for the mother, present to CPIT, follow up with detective, request medical records, attend court



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/29/2014 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: 01/28/2015
 Completed date: 01/28/2015 Completed By: [REDACTED]
 Purpose(s): 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: 01/28/2015 05:23 PM Entered By: [REDACTED]

CPSI [REDACTED] conducted a face to face visit with [REDACTED] at [REDACTED] Hospital. [REDACTED] had recently been moved to the regular patient rooms. CPSI [REDACTED] spoke with Mr. [REDACTED] maternal grandfather. He stated that [REDACTED] and the children have moved in with him and his wife in [REDACTED]. He stated that he comes to visit [REDACTED] on his way home from work and when he gets home [REDACTED] is able to come up and visit while he stays with the other children. He stated that his address is [REDACTED]. Mr. [REDACTED] stated that [REDACTED] had been moved from the ICU and they had removed the ventilator. CPSI [REDACTED] informed Mr. [REDACTED] that she needed to speak with Ms. [REDACTED] and he stated that he would call her.

CPSI [REDACTED] spoke with Ms. [REDACTED] over the phone in the hospital room. CPSI [REDACTED] explained that she would be continuing to work with the family on this case. Ms. [REDACTED] had several questions in regards to what she needed to do when [REDACTED] was released from the hospital. She had questions about applying for disability and other question about in home nurses. CPSI [REDACTED] informed Ms. [REDACTED] that many of those questions were for hospital staff and CPSI would inform them of her concerns. Ms. [REDACTED] asked about what was going on with the investigation in regards to Mr. [REDACTED]. CPSI [REDACTED] informed her that LE was still working the case but no new details were available. CPSI [REDACTED] asked Ms. [REDACTED] what she wanted to happen. Ms. [REDACTED] stated that she did not believe he needed to go to jail. She stated that Mr. [REDACTED] did not intend for this to happen. She stated that they have never had any abuse problems before. She stated that she believes that he needs counseling before he is allowed to be around the children. She stated that she does not want to go through a trial.

CPSI [REDACTED] observed [REDACTED] in the hospital bed with nothing hooked up to her but a NG tube for feeding. [REDACTED] had a neck brace on and was propped up in the bed. Her eyes were open and were alert. She was moving her arms and legs when touched.

CPSI [REDACTED] spoke with the social worker handling her case now at [REDACTED]. Ms. [REDACTED] stated that [REDACTED] had just moved from the ICU the previous day. She stated that the biggest issue at this point was going to be feedings. She stated that Speech Therapy has been coming attempting to get [REDACTED] to suck on a pacifier but she will not take one. She stated that [REDACTED] is unable to take from a bottle and she is gagging from the NG Tube. Ms. [REDACTED] stated that they are believing that they may have to have surgery to insert a g tube. Ms. [REDACTED] stated that she has



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

noticed no concerns for mother. CPSI [REDACTED] informed Ms. [REDACTED] of the questions Ms. [REDACTED] and she stated that there will be a team that comes and prepares her for discharge when that time comes.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/29/2014

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/21/2015

Completed date: 02/21/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/21/2015 11:13 AM Entered By: [REDACTED]

CPSI [REDACTED] followed up with Mrs. [REDACTED] the following Monday regarding the message that she had left. She stated that this was a rumor that she thought would be helpful. She stated that Ms. [REDACTED] was unaware that she had heard this and did not want her to know that she had informed CPSI [REDACTED] of this information. CPSI [REDACTED] asked how [REDACTED] was doing. Mrs. [REDACTED] stated that the past Wednesday was the worst day that [REDACTED] had. She stated that the doctors stated that [REDACTED] was progressing towards brain dead. She that the doctors stated there was not much else they could do. However, Ms. [REDACTED] stated that [REDACTED] started to improve on her own. She stated that [REDACTED] is now out of the coma and has opened her eyes, coughed, and started to move her limbs. CPSI [REDACTED] thanked Mrs. [REDACTED] for the information and the update.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/26/2014 Contact Method: Attempted Phone Call
 Contact Time: 07:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/21/2015
 Completed date: 02/21/2015 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/21/2015 11:12 AM Entered By: [REDACTED]

CPSI [REDACTED] received a voice mail from [REDACTED] [REDACTED] maternal grandmother. She stated that [REDACTED] might not be Mr. [REDACTED] child. She thought that this might be a motive for what happened to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/23/2014	Contact Method:	Correspondence
Contact Time:	01:35 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/17/2015
Completed date:	08/17/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/17/2015 05:22 PM Entered By: [REDACTED]

CPSI [REDACTED] received the progress report from the Care Team. The attending physician is Dr. [REDACTED]. The report states that [REDACTED] continues to be critically ill in the PICU and it is very possible that she may not survive her injuries.

The Care Team found that [REDACTED] is a victim of "abusive head trauma." They recommend if she should survive the injuries the following: a follow-up with the non-accidental injury clinic, a repeat skeletal survey, an Ophthalmology consult, an MRI of the brain and full spine, and one discharged a follow-up in the joint abusive head trauma clinic with developmental medicine.

Narrative Type: Addendum 1 Entry Date/Time: 08/17/2015 05:23 PM Entered By: [REDACTED]

This progress note will be placed in the file.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 12/22/2014 Contact Method: Face To Face
 Contact Time: 02:45 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 01/05/2015
 Completed date: 01/22/2015 Completed By: System Completed
 Purpose(s): 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: Entered By:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/22/2014	Contact Method:	Correspondence
Contact Time:	11:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/21/2015
Completed date:	02/21/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/21/2015 10:52 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) e-mailed the referral to [REDACTED] Police Department in order to convene the Child Protective Investigative Team (CPIT). Det. [REDACTED] was assigned to this investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/21/2014 Contact Method: Face To Face
 Contact Time: 01:38 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 07/28/2015
 Completed date: 07/28/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/28/2015 04:27 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Dr. [REDACTED] of [REDACTED] at [REDACTED]. She stated that the parents were notified that [REDACTED] might not make it out of the hospital. [REDACTED] was suffering from seizures and there was tremendous pressure on her brain. [REDACTED] has approximately 1 week old rib fracture. [REDACTED] also suffered from bi-lateral hematomas and anoxic brain injury. She stated that [REDACTED] is showing signs of being shaken. She stated that Ms. [REDACTED] has been very protective of [REDACTED] since she has entered the hospital. She stated that she was finalizing her report that showed abusive trauma.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/21/2014

Contact Method: Phone Call

Contact Time: 09:51 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/29/2015

Completed date: 04/29/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2015 06:22 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Nurse [REDACTED] over the phone to follow up with [REDACTED] status. She stated that they are conducting a continuous electroencephalogram (EEG), to detect brain function. She stated that they have also ordered a CT scan due to [REDACTED] pupils not responding. Nurse [REDACTED] stated that she is responsive now and she has been moving some.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/21/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/28/2015

Completed date: 07/28/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/28/2015 04:23 PM Entered By: [REDACTED]

Legal was contacted and it was decided that an Immediate protection agreement be put in place restricting Mr. [REDACTED] to no contact with any of the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/20/2014 Contact Method: Face To Face
 Contact Time: 11:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Hospital Created Date: 07/28/2015
 Completed date: 07/28/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/28/2015 03:14 PM Entered By: [REDACTED]

CPSI [REDACTED] interviewed Mrs. [REDACTED] privately at [REDACTED] Hospital. Mrs. [REDACTED] stated that she was married to Mr. [REDACTED] father. She stated that her daughter, [REDACTED] had called her from work and asked her to go check on [REDACTED]. She stated that when she saw [REDACTED] she was sitting in her car seat and her eyes were closed. She stated that she opened one of [REDACTED] eyes and it appeared to be dilated. She stated that she asked Mr. [REDACTED] how long she had been like that and he responded about an hour. She stated that he wanted to wait and call an ambulance when [REDACTED] got off of work. She stated that Mr. [REDACTED] asked first respondents if he could refuse treatment. She stated that he was adamant about [REDACTED] not going to [REDACTED]. She stated that Mr. [REDACTED] has been violent towards her and he and Ms. [REDACTED] argue all of the time. She stated that they have the children sitting in front of a television all day. She stated that [REDACTED] does what ever she wants, and [REDACTED] stays in his play pen all day. She reported that he and Ms. [REDACTED] smoke marijuana all of the time in the bathroom. She stated that she knows this because she lives next door and she can smell it through the vents. She stated that it could be smelled the day of the incident.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/20/2014

Contact Method: Face To Face

Contact Time: 09:40 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/28/2015

Completed date: 07/28/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/28/2015 03:53 PM Entered By: [REDACTED]

CPSI [REDACTED] interviewed Mr. [REDACTED] briefly in the hallway of [REDACTED] Hospital. After being confronted with all of the injuries that [REDACTED] has suffered from; Mr. [REDACTED] stated that he may have unintentionally sat her down in the seat roughly. This might have happened around 10:00 am- 10:15 am. He stated that he became stressed out because [REDACTED] was crying and [REDACTED] was busy in to things and [REDACTED] was crying. He stated that he observed [REDACTED] hit the side and the back of her head on the seat. He stated that she went to sleep at about 10:30 am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/20/2014 Contact Method: Face To Face
 Contact Time: 08:48 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 07/28/2015
 Completed date: 07/28/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/28/2015 03:42 PM Entered By: [REDACTED]

CPSI [REDACTED] interviewed Ms. [REDACTED] privately at [REDACTED] Hospital. She stated that she would not protect Mr. [REDACTED] if he did anything to the children. She stated that she had never had any incidents like this before and did not believe he would do anything to hurt the children. A timeline was conducted with Ms. [REDACTED]. She stated that [REDACTED] woke up at 6:30 am for a bottle. She stated that Mr. [REDACTED] changed her diaper and laid her back down. She stated that she got up around 8:00 am. She got ready for work and her cab got to her home around 9:30 am. She stated that while at work [REDACTED] she received a text message from Mr. [REDACTED] stating that he was worried about [REDACTED]. She stated that she then called her mother Mrs. [REDACTED] to go next door and check on her. She stayed on the phone with her mother while she went and checked on her. She stated that her mother was concerned so she hung up and called an ambulance from work. She stated that [REDACTED] was fine before she went to work. When asked about the rib-fracture, Ms. [REDACTED] stated that [REDACTED] never acted as if something was wrong.

Ms. [REDACTED] stated that she has witnessed [REDACTED] throw toys in the air and they hit [REDACTED]. [REDACTED] is very active and demands attention.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/20/2014	Contact Method:	Face To Face
Contact Time:	06:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	04/29/2015
Completed date:	04/29/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2015 06:56 PM Entered By: [REDACTED]
 Detective [REDACTED] interviewed Ms. [REDACTED] Det. [REDACTED] did not have any concerns with mom being around the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	12/20/2014	Contact Method:	Face To Face
Contact Time:	06:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	02/22/2015
Completed date:	02/23/2015	Completed By:	System Completed
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:		Entered By:	
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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/20/2014	Contact Method:	Face To Face
Contact Time:	06:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	04/29/2015
Completed date:	04/29/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2015 06:15 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] the [REDACTED]. She stated that [REDACTED] has a healing rib fracture, Bilateral bleeding on both sides of her head, and an anoxic brain injury. The hospital does not believe that [REDACTED] will be leaving the hospital. She stated that [REDACTED] heart rate was at 60.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 12/20/2014 Contact Method: Face To Face
Contact Time: 06:00 PM Contact Duration: Less than 01 Hour
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 01/06/2015
Completed date: 01/06/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Well Being
Contact Type(s): Initial ACV Face To Face
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/06/2015 01:27 PM Entered By: [REDACTED]
CPSI [REDACTED] responded to this P1 investigative case. CPSI [REDACTED] observed [REDACTED] at [REDACTED] Hospital. At the time of the visit [REDACTED] was in the ICU. A more detailed note will follow.

Narrative Type: Addendum 1 Entry Date/Time: 02/22/2015 07:27 AM Entered By: [REDACTED]
Primary on-call Investigator [REDACTED] met response at [REDACTED] Hospital. The Investigator observed [REDACTED] in the NICU. [REDACTED] was hooked up t several machines which were analyzing and keeping up with he vital signs. [REDACTED] was observed with a neck brace, bruise under her chin, red mark on top of her vagina and [REDACTED] appeared swollen. The Investigator will talk to the Charge Nurse to receive more information on [REDACTED] status.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Created In Error
Contact Date:	12/20/2014	Contact Method:	Face To Face
Contact Time:	06:00 PM	Contact Duration:	Less than 30
Entered By:	██████████████████	Recorded For:	
Location:	Hospital	Created Date:	02/21/2015
Completed date:	02/22/2015	Completed By:	TFACTS, Person Merge
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

████████████████████

Participant(s)

██████████████████

Narrative Details

Narrative Type:	Original	Entry Date/Time:		Entered By:	
Narrative Type:	Created In Error	Entry Date/Time:	02/22/2015 07:24 AM	Entered By:	██████████████████

system completed



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 12/20/2014 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/29/2015
 Completed date: 04/30/2015 Completed By: System Completed
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2015 07:44 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Mr. [REDACTED] privately at the residence. CPSI [REDACTED] completed a timeline with Mr. [REDACTED] Mr. [REDACTED] stated that at 6:15 am [REDACTED] wanted a bottle, at this time she and Mr. [REDACTED] were home. From this time until about 9:45 [REDACTED] was "hanging out" in her seat while Mr. [REDACTED] and Ms. [REDACTED] took turns holding her. Ms. [REDACTED] left at 9:45am for work. [REDACTED] He stated that he was holding [REDACTED] when Ms. [REDACTED] left and he laid her down around 10:30am. [REDACTED] slept for about 2 hours. While she was asleep Mr. [REDACTED] noticed she was breathing funny around 11:30am. He stated that he became concerned around 12:30pm. He stated that he shook her to wake her up. He stated that he shook her leg. He stated that [REDACTED] opened her eye and then closed it back. He stated that he picked her up and tried to move her arm to get a response. He then called Ms. [REDACTED] at work and asked her to contact her mother (living next door) to come check on her. He stated that [REDACTED] acted "limp" when she was picked up. He stated that [REDACTED] does not go to a daycare either he or Ms. [REDACTED] watches the children. It was reported that [REDACTED] was a lot more fussy lately as in the past four or five days. She would cry or need to be held.

Mr. [REDACTED] reported that there were times when [REDACTED] (3) has fallen on [REDACTED] while she was asleep in her seat or on the floor. CPSI [REDACTED] questioned about the bruise under [REDACTED] chin. Mr. [REDACTED] stated that while he was in the restroom [REDACTED] hit her in the face with a toy. He stated that Ms. [REDACTED] had told him that she witnessed [REDACTED] pick [REDACTED] up and put her on the bed about a week ago. He stated that he often comes out of the bathroom and [REDACTED] is crying and [REDACTED] is there. He stated that he observed [REDACTED] throw a toy in the air and it landed and hit [REDACTED] in the eye.

Mr. [REDACTED] is currently unemployed so the children are always with one of the parents. Mr. [REDACTED] was drug screen and tested positive for THC. Mr. [REDACTED] admitted to smoking marijuana in the bathroom the night before.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/20/2014	Contact Method:	
Contact Time:	03:25 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/21/2015
Completed date:	02/21/2015	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: 02/21/2015 12:05 PM Entered By: [REDACTED]
 The Department received a referral that stated "The children, [REDACTED] (age 3), [REDACTED] (age 1) and [REDACTED] (age 5 months) live with their parents, [REDACTED] and [REDACTED]."

Law Enforcement (LE) was called to the home today, 12-20-2014, due to [REDACTED] being unresponsive. It was reported that once LE arrived on the scene, EMS was already in the process of attempting to resuscitate [REDACTED]. [REDACTED] gained consciousness and was taken to [REDACTED] Hospital. [REDACTED] was going to be taken to [REDACTED] Hospital but the father was adamant about her not receiving any medical care at [REDACTED] due to the distance from the home, so [REDACTED] was taken to the local hospital instead. Once [REDACTED] got to the hospital she was placed on a ventilator and diagnosed with respiratory distress and extreme hypothermia. [REDACTED] body temperature was at 92 degrees.

It was advised that DCS be notified due to the body temperature of the baby. [REDACTED] disclosed that nothing was wrong with [REDACTED] earlier and that when he checked on her later in the day she was having problems breathing. It was reported [REDACTED] was at work during this time and all the children were left in the care of [REDACTED]. The referent stated the other children are fine and healthy and they are currently with their maternal grandmother, [REDACTED], who lives next door to the family [REDACTED].

LE is currently at the hospital. Detective [REDACTED] will be investigating the situation along with Officer [REDACTED]. It has been reported that [REDACTED] will later be transported to [REDACTED] Hospital. The parents do not appear to have any criminal records. The referent stated LE was in the home and did not see any signs of environmental neglect. It is unknown if [REDACTED] body temperature was due to some type of neglect or due to an organic illness".

This case was assigned to primary on-call Investigator as a P1.

The referral lists the home composition as follows:

- [REDACTED] (age 3)
- [REDACTED] (age 1)
- [REDACTED] (age 5 months)
- [REDACTED] and [REDACTED], birth parents



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]
County: [Redacted]
Date of Referral: 12/20/14 2:02 PM
Assessment Type: Initial

TN DCS Intake ID #: [Redacted]
Worker: [Redacted]
Date of Assessment: 12/20/14 12:00 AM
Number of Children in the Household: 3

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: _____