



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 04/30/2015 02:49 PM [REDACTED]  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 04/30/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 04/30/2015 04:28 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 04/30/2015 04:28 PM  
 First Case Manager [REDACTED] Date/Time 04/30/2015 04:28 PM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 3 Mos	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	None

Preliminary Near Death: [REDACTED]

**Referent(s)**

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

Narrative: Preliminary Death-Child Not In Custody

Family Case IDs: [REDACTED]  
 Open Court Custody/FSS/FCIP No  
 Closed Court Custody No

Open: None  
 Substantiated:  
 Death: 0  
 Number of Screen Outs: 0

History (not listed above): History for the mother when she was a minor  
 3/14/2001 INV / [REDACTED] Minor PHA/ Allegation Unsubstantiated, Perpetrator Unsubstantiated/ End date on 5-17-2001



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

County: [REDACTED]  
 Notification: Email  
 School/ Daycare: Stays home with Father  
 Native American Descent: No  
 Directions: None provided

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (age 3 months) resides with his twin brother [REDACTED] (age 3 months), sister [REDACTED] (age 2) and parents [REDACTED] (age 23) and [REDACTED] (age 28) in [REDACTED] County, TN. [REDACTED] and [REDACTED] are not in DCS custody.

[REDACTED] was transferred to [REDACTED] Hospital at 11:23 AM this morning from [REDACTED] Center. It was reported that Mr. [REDACTED] called 911 after [REDACTED] had what Mr. [REDACTED] believed was a seizure. [REDACTED] was blue and not breathing. [REDACTED] was brought into [REDACTED] Center at 6:57 AM and came in with CPR in progress due cardiac arrest, seizure and respiratory failure.

It is believed that [REDACTED] received about 45 minutes of CPR by EMS and by medical staff at [REDACTED] [REDACTED] was revived and was transferred to [REDACTED] Hospital. [REDACTED] was found to have bilateral subdural bleeds (brain bleeds) and also has retinal hemorrhages.

There is no accidental history provided for these injuries. Hospital staff believes that it is highly probable that these injuries are a result of suspected abuse if there are no other medical conditions found. More tests are being run at this time.

It was noted that [REDACTED] was seen last week [REDACTED] Emergency Room after having a choking episode according to the family. This occurred while [REDACTED] was in Mr. [REDACTED] care.

It was reported that this morning Ms. [REDACTED] had left the home with [REDACTED] to take her to have a dental procedure done. Ms. [REDACTED] left the home at 4:15AM. It was noted that Mr. [REDACTED] is the primary caregiver of the children while Ms. [REDACTED] works. Ms. [REDACTED] was not present during either episodes of choking and [REDACTED] was in the care of Mr. [REDACTED] during both incidents.

Ms. [REDACTED] is currently at [REDACTED] with [REDACTED] while Mr. [REDACTED] is at the home with the other two children.

\*\*\*\*There is concern that [REDACTED] may not survive due to the severity of his injuries.\*\*\*\*

\*\*\*Immediate assistance is being requested at this time from DCS. The reporter would like to be contacted on the pager ([REDACTED]) because the reporter is not at their desk at this time\*\*\*

Special Needs or Disabilities: None known  
 Child's current location/is the child safe at this time: [REDACTED]  
 Perpetrator's location at this time: Unknown  
 Any other safety concerns for the child(ren) or worker who may respond: Unknown  
 Domestic Violence present in the home: None known

Per SDM: Investigative Track, P1

P1 on 4/30/15 @ 3:49P, [REDACTED], CM3

Emailed County

Emailed [REDACTED]



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



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 3 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 1 Yr 3 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 1 Yr 3 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN: Race: Age: 29 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

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

**Gender:** [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** [REDACTED]

**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: 24 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/30/2015

Assignment Date: 05/02/2015

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 08/02/2015
2	[REDACTED]	[REDACTED]	Physical Abuse	Unkn, Unkn	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/02/2015

Preliminary Near Death: [REDACTED]

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: No further service needs identified.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 10/01/2015

Team Leader: [REDACTED]

Date: 10/01/2015

**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] died of blunt force injuries to head and neck.

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

Autopsy stated the cause of death was blunt force trauma, manner of death was homicide.

**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]

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

n/a

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

No other factors or evidence to report.

**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 Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/28/2015	Contact Method:	
Contact Time:	12:43 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/28/2015
Completed date:	12/28/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/28/2015 01:01 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: 12/28/2015	Contact Method:
Contact Time: 11:17 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/28/2015
Completed date: 12/28/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original      Entry Date/Time: 12/28/2015 11:17 AM      Entered By: [REDACTED]

**Summary:**

The Department of Children's Services ("DCS") received a referral on 4/30/2015 with an allegation of Severe Physical Abuse regarding [REDACTED]. During the investigation, the allegation was added as Abuse Death regarding [REDACTED]. The only DCS history involving this family was history involving mother's sibling as a minor. There was no DCS history on [REDACTED] or his siblings.

On 4/30/15, [REDACTED] was transferred to [REDACTED] Hospital from [REDACTED] Medical Center. Reportedly Mr. [REDACTED] father, call 911 after [REDACTED] had what Mr. [REDACTED] believed was a seizure. [REDACTED] was blue and not breathing. [REDACTED] was brought into [REDACTED] Medical Center at 6:57 am and came in with CPR in progress due to cardiac arrest, seizure and respiratory failure. After transfer to [REDACTED] was found to have subdural bleeds and also has retinal hemorrhages. Hospital staff believed that it was highly probable that these injuries were a result of suspected abuse absent any other medical conditions. [REDACTED] was seen the week prior for a choking episode according to the family.

The investigation into the incident was conducted by the [REDACTED] Co. Sheriff's Department by Detectives [REDACTED] and [REDACTED] and Major [REDACTED]. This case was assigned to DCS Investigator, [REDACTED] and supervised by [REDACTED], Lead Investigator.

Mr. [REDACTED] was determined to be the perpetrator in this incident(s). Numerous interviews were conducted with medical personnel and family members, including Mr. [REDACTED].

Initial interviews with [REDACTED] and [REDACTED] parents, indicated that Mr. [REDACTED] was the primary caregiver and stay at home parent. Ms. [REDACTED] worked outside the home. The only other person(s) to babysit the children was a friend for 15 minutes and a neighbor after the injuries. Initially, both reported that they knew of no incidents that could cause injuries such as those reported. During the 2nd interview with Mr. [REDACTED] by CPSI [REDACTED] Mr. [REDACTED] reported that he knew "[he] did it." He gave disclosure of a time when he "threw" him into a baby swing "a little harder than normal". He reported that he was frustrated with [REDACTED] at that time. He also demonstrated a time when he had [REDACTED] in his arms and he rocked him from side to side with force. Mr. [REDACTED] asked CPSI numerous times what would happen if DCS determined that Mr. [REDACTED] was responsible for [REDACTED] injuries. Law enforcement personnel also interviewed Mr. [REDACTED] CPSI interviewed [REDACTED] and [REDACTED], maternal



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

grandparents, who reported that they didn't believe prior to this incident that Mr. [REDACTED] would hurt the kids. They believed that he was verbally abusive towards Ms. [REDACTED] but were not aware of any physical incidents towards Ms. [REDACTED] or the children. Dr. [REDACTED] reported that these injuries were consistent with non-accidental trauma. [REDACTED] had subdural bleeds and retinal hemorrhages. Social Workers, [REDACTED] and [REDACTED] provided updates of [REDACTED] condition during hospital stay.

Per Policy 14, Work Aid 1; (E)(1), Child Death is defined as:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- c) Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

This investigation was discussed and classified during the [REDACTED] County Child Protective Investigative Team meeting on 6/1/2015. Present during this meeting was this CPSI [REDACTED], LI, Det. [REDACTED], [REDACTED] Sheriff's Department, [REDACTED] Asst. District Attorney ("ADA"), and [REDACTED], [REDACTED] Executive Director. Team agreed with DCS classification of ALLEGATION SUBSTANTIATED PERPETRATOR SUBSTANTIATED.

As a result of law enforcement interviews, ADA [REDACTED] presented this case to the [REDACTED] County Grand Jury, who returned an indictment for First Degree Murder, Aggravated Child Abuse/Neglect/Endangerment (8 & under) x 2. Reportedly, Mr. [REDACTED] admitted to using extreme force against [REDACTED] while in his care. During CPSI's interactions, Mr. [REDACTED] admitted to the same. He was also very concerned with the consequences both legal and with DCS, if it was determined that Mr. [REDACTED] was responsible for [REDACTED] injuries.

There is a preponderance of evidence to substantiate the allegation of Child Abuse Death.

The case will be closed as classified as ALLEGATION SUBSTANTIATED PERPETRATOR SUBSTANTIATED for the allegation of Abuse Death.



**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: Created In Error  
 Contact Date: 12/20/2015 Contact Method:  
 Contact Time: 10:08 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 12/20/2015  
 Completed date: 12/20/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Case Summary  
 Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 12/20/2015 10:10 PM Entered By: [REDACTED]

**CASE SUMMARY****Closing Household Composition:**

[REDACTED], mother  
 [REDACTED], grandmother

Closing SAFETY ASSESSMENT yielded a score of Immediate Intervention Not Recommended. FAST 2.0 yielded a score of Immediate Intervention Recommended; High Risk/Need. Case classified as ALLEGATION SUBSTANTIATED PERPETRATOR SUBSTANTIATED. Sexual Offender Registry negative for [REDACTED] and [REDACTED], adult household members.

CPS Letter A and attachment completed and provided to appropriate DCS personnel for perpetrator notification.

Classification Summary (740) completed and provided to [REDACTED] Co. District Attorney and Juvenile Court Judge per local protocol.

Narrative Type: Created In Error Entry Date/Time: 12/28/2015 11:45 AM Entered By: [REDACTED]

Entered in error.



**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:	12/20/2015	Contact Method:	Correspondence
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/28/2015
Completed date:	12/28/2015	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: 12/28/2015 11:46 AM      Entered By: [REDACTED]  
 Letter A sent to notify the perpetrator of the substantiation and the opportunity to request a formal file review.



**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:	12/02/2015	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:42 PM      Entered By: [REDACTED]

[REDACTED] Co. Juvenile Court approved Safety Placement dissolution on this date. Children return to the custody of [REDACTED], mother, who now resides with [REDACTED] in [REDACTED] TN. DCS is released from this case.



**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: 11/23/2015 Contact Method:  
 Contact Time: 01:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 12/23/2015  
 Completed date: 12/23/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Administrative Review  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/23/2015 04:20 PM Entered By: [REDACTED]  
 Case Conference

Lead Investigator [REDACTED] held a case conference with CPSI [REDACTED] regarding this child fatality severe abuse investigation. CPSI [REDACTED] reports that Mr. [REDACTED] remains in [REDACTED] County Jail in regards to the abuse death of [REDACTED], child victim. CPSI [REDACTED] reports that the next court date is set for December 2, 2015 in [REDACTED] County Juvenile Court at which time Department of Children's Services will ask to be released from the case



**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:	11/09/2015	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	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: 12/22/2015 02:21 PM      Entered By: [REDACTED]  
 Mr. [REDACTED], grandfather, passed away after an illness.



**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:	10/08/2015	Contact Method:	
Contact Time:	12:18 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/20/2015
Completed date:	12/20/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/20/2015 09:45 PM      Entered By: [REDACTED]  
 CPSI requested [REDACTED] services for [REDACTED] and [REDACTED] on this date.



**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:	09/24/2015	Contact Method:	
Contact Time:	04:10 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/20/2015
Completed date:	12/20/2015	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: 12/20/2015 09:53 PM      Entered By: [REDACTED].

CPSI received a copy of [REDACTED] autopsy on this date. Cause of death listed as blunt force injuries of the head and neck. Manner of death listed as homicide. Full report located in the file. Please see for additional information.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/17/2015	Contact Method:
Contact Time: 01:33 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 12/23/2015
Completed date: 12/23/2015	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: 12/23/2015 04:02 PM      Entered By: [REDACTED]  
Case Conference

Lead Investigator [REDACTED] held a case conference with Child Protective Services Investigator- CPSI [REDACTED] on this date. CPSI [REDACTED] reports being assigned this severe abuse Abuse Death Investigation on 4/30/2015. CPSI [REDACTED] reports to the lead investigator that mother [REDACTED] is currently residing in the home with the children, [REDACTED] and [REDACTED]. CPSI [REDACTED] reports the most recent court date was held on July 8, 2015 in [REDACTED] County Juvenile Court regarding the restrictions of the mother. On this date the children remained in their current safety placement. The father and alleged perpetrator [REDACTED] is currently in jail on murder charged in connection with the death of [REDACTED], child victim. CPSI [REDACTED] reports the receipt of the autopsy results. CPSI [REDACTED] reports that the case was presented to Child Protective Investigative Team (CPIT) and the allegation of Abuse Death was classified as allegation substantiated perpetrator Substantiated against Mr [REDACTED]. The safety placement remains in placed and a court date will be requested to review the restrictions against [REDACTED]. This case remains open as there is on-going court involvement.



**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: Created In Error  
 Contact Date: 09/17/2015 Contact Method:  
 Contact Time: 11:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 09/25/2015  
 Completed date: 10/18/2015 Completed By: TFACTS, Person Merge  
 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: 09/25/2015 02:18 PM Entered By: [REDACTED]  
 Case Conference

Lead Investigator-LI [REDACTED] held a case conference with CPSI [REDACTED] on this date regarding the [REDACTED] Case.

Narrative Type: Created In Error Entry Date/Time: 11/03/2015 10:57 AM Entered By: [REDACTED]  
 A new recording will be added to reflect the complete the completed case recording.



**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:	06/24/2015	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	12/20/2015
Completed date:	12/20/2015	Completed By:	[REDACTED].
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/20/2015 09:40 PM      Entered By: [REDACTED]  
 Court hearing held on this date. Adjudication was reset to July 8, 2015 at 9:00 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:	06/09/2015	Contact Method:	Phone Call
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	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: 12/22/2015 02:40 PM      Entered By: [REDACTED]

CPIT  
 3:00 pm

CPSI spoke with Det. [REDACTED] who reported that Mr. [REDACTED] was indicted for First Degree Murder by the [REDACTED] Co. Grand Jury; however, he has not yet turned himself in. He has not been entered into the NCIC database.

Call concluded.



**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: 06/05/2015 Contact Method: Face To Face  
 Contact Time: 05:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Caretaker Home Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED].  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 02:23 PM Entered By: [REDACTED]  
 ACV

CPSI made a face to face contact on this date for the purpose of follow up.

Present at this visit was this CPSI, [REDACTED] & [REDACTED], and [REDACTED] Mr. [REDACTED] is currently hospitalized with pneumonia. Ms. [REDACTED] reported that [REDACTED] is enrolled and will attend 2 days a week at [REDACTED] Center in [REDACTED] and family in need of daycare assistance. [REDACTED] has a dental visit follow up scheduled.



**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:	06/05/2015	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	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: 12/22/2015 02:24 PM      Entered By: [REDACTED]

CPSI consulted with DCS attorney on this date.



**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:	06/04/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/20/2015
Completed date:	12/20/2015	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: 12/20/2015 10:26 PM      Entered By: [REDACTED]

[REDACTED], father, was indicted for First Degree Murder, Aggravated Child Abuse Under 8 x 2. He is incarcerated in the [REDACTED] Co. Jail.



**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:	06/01/2015	Contact Method:	Phone Call
Contact Time:	01:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	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: 12/22/2015 02:22 PM      Entered By: [REDACTED]

COLLATERAL  
1:15 PM

CPSI spoke with [REDACTED], NP, who reported that [REDACTED] head imaging looked normal. She will forward notes when they are available.

Call then concluded.



**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:	06/01/2015	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/20/2015
Completed date:	12/20/2015	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: 12/20/2015 09:10 PM      Entered By: [REDACTED]

Case was presented to the CPIT team on this date. Team agreed with DCS classification of Allegation Substantiated Perpetrator Substantiated. All parties signed the CPIT review form which is located in the file.



**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:	05/27/2015	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	12/20/2015
Completed date:	12/20/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Court Hearing		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/20/2015 09:22 PM      Entered By: [REDACTED]

CPSI attended a Preliminary Hearing on this date. [REDACTED] and [REDACTED] will remain in a placement with [REDACTED] and [REDACTED]. Mr. [REDACTED] contact with the children will be supervised. Next hearing scheduled on July 1, 2015.



**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:	05/26/2015	Contact Method:	Phone Call
Contact Time:	01:44 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview, Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:18 PM      Entered By: [REDACTED]

PARENT INTERVIEW  
1:44 PM

CPSI spoke with Mr. [REDACTED] who reported that he's staying in [REDACTED] at this time. [REDACTED] family has called him a murderer and he's no longer comfortable there. He can be reached at [REDACTED].



**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:	05/12/2015	Contact Method:	Phone Call
Contact Time:	02:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:17 PM      Entered By: [REDACTED]

2:20 pm

CPSI spoke with [REDACTED]. Ms. [REDACTED] is interested in counseling. This CPSI advised her to contact her insurance provider for possible counseling providers and contact this worker if assistance is needed with that process.



**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:	05/12/2015	Contact Method:	Phone Call
Contact Time:	02:12 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:16 PM      Entered By: [REDACTED]

COLLATERAL  
2:12 PM

CPSI spoke with [REDACTED] on this date. She reported that the children's skeletal surveys are scheduled for May 27, 2015 at 1:00 pm. Ms. [REDACTED] also told mother that Mr. [REDACTED] wasn't welcome at the [REDACTED] home anymore. [REDACTED] [REDACTED] got quiet but didn't say anything. Call then concluded.



**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:	05/07/2015	Contact Method:	Phone Call
Contact Time:	02:08 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:15 PM      Entered By: [REDACTED]

2:08 pm  
 COLLATERAL

CPSI spoke with [REDACTED] Social Worker, who advised that Ms. [REDACTED] grandmother, can contact [REDACTED], Nurse Practitioner, to schedule medical evaluations for [REDACTED] and [REDACTED]



**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: 05/06/2015 Contact Method: Face To Face  
 Contact Time: 12:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/22/2015  
 Completed date: 12/22/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 02:14 PM Entered By: [REDACTED]  
 12:00 pm

CPSI made a face to face contact with [REDACTED] & [REDACTED], siblings, and [REDACTED], and [REDACTED] and [REDACTED] on this date for the purpose of Immediate Protection Agreement. An IPA was developed whereby Mr. [REDACTED] and Ms. [REDACTED] agree to [REDACTED] and [REDACTED] being safety placed with [REDACTED] and [REDACTED] and parents will have supervised contact only with these children. All parties signed this form which is located in the file.

Ms. [REDACTED] reported that Mr. [REDACTED] mother and stepfather attacked [REDACTED] while at the hospital. Ms. [REDACTED] left the room and Mr. [REDACTED] parents had to be restrained. [REDACTED] and [REDACTED] will complete fingerprint requirements for IPA.



**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:	05/05/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/05/2015
Completed date:	05/05/2015	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: 05/05/2015 04:01 PM      Entered By: [REDACTED]  
 FOLLOW UP

Per ADA [REDACTED] reported that the medical examiner stated that the child has subdural hemorrhaging, spinal cord bleeds, and optic nerve trauma which is the "Triad for Shaken Baby". There was no outside trauma other than one bruise on the back of [REDACTED] head and it was not enough to cause these injuries. There was new and old blood found and they will be tested for time frames of the injuries; however, this will take a couple of weeks.



**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:	05/05/2015	Contact Method:	Attempted Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:13 PM      Entered By: [REDACTED]

10:00 am  
 COLLATERAL

CPSI received message from [REDACTED] Social Worker, who advised that [REDACTED] passed on 5/4/15 at 9:35 pm. He donated organs which will not affect the autopsy.



**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:	05/04/2015	Contact Method:	Attempted Face To Face
Contact Time:	09:35 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/05/2015
Completed date:	05/05/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Medical Exam		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/05/2015 12:19 PM      Entered By: [REDACTED]  
 [REDACTED] was pronounced deceased at 9:35 pm at [REDACTED] Hospital on 5/4/2015.



**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:	05/04/2015	Contact Method:	Phone Call
Contact Time:	11:51 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:11 PM      Entered By: [REDACTED]

11:51 am  
 PARENT INTERVIEW

CPSI spoke with [REDACTED], father, via phone on this date. He reported the following information. Mr. [REDACTED] mind is in a million places. When [REDACTED] was choking, he picked him up and shook him. Mr. [REDACTED] doesn't know how hard he shook him. It then happened again. Mr. [REDACTED] stated, "Our tragedy will be someone else's miracle. [REDACTED] has not met criteria for brain death yet. Mr. [REDACTED] and Ms. [REDACTED] are both interested in counseling as a couple. They both want to make sure there is an autopsy. Mr. [REDACTED] will be cooperative and forthcoming. If there are repercussions, he will accept that.

Call then concluded.



**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:	05/04/2015	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:10 PM      Entered By: [REDACTED]  
10:00 am  
COLLATERAL

CPSI spoke with [REDACTED] Social Worker, on this date. She reported that [REDACTED] is still initiating breaths. The family has decided to donate [REDACTED] organs.

Call then concluded.



**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:	05/02/2015	Contact Method:	Phone Call
Contact Time:	01:15 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:09 PM      Entered By: [REDACTED].

COLLATERAL  
 1:15 pm

CPSI faxed a copy of the IPA to [REDACTED] Social Worker.

1:38 pm  
 COLLATERAL

CPSI spoke with Ms. [REDACTED] SW, who reported the following information. [REDACTED] skeletal survey showed no evidence of healing or current fractures.



**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: 05/01/2015	Contact Method: Face To Face
Contact Time: 07:39 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 12/22/2015
Completed date: 12/22/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:07 PM      Entered By: [REDACTED]  
 COLLATERAL & F2F

Upon this worker's arrival, nursing staff advised that Mr. [REDACTED] asked them, "Did someone hurt my baby?"

8:05 pm

CPSI privately interviewed Mr. [REDACTED] in the Quiet Room on the floor at [REDACTED] Medical Center. Mr. [REDACTED] stated to this worker, "I know I did it. I had to have done this." Mr. [REDACTED] asked numerous times what would happen if "we" determined it was dad. As this worker spoke with Mr. [REDACTED] about how frustrating it can be to deal with a fussy baby, he nodded his head in agreement. Mr. [REDACTED] admitted that he threw him into baby swing a little harder than normal. He didn't lay him in it as he usually would. [REDACTED] cried and Mr. [REDACTED] walked away out of frustration. When Mr. [REDACTED] returned, [REDACTED] was sleeping so Mr. [REDACTED] believed that [REDACTED] was okay. It was a few days later that [REDACTED] had his first episode. When [REDACTED] was crying at that time, Mr. [REDACTED] gave him gas drops, a little Tylenol and put him up on his shoulder. Initially Mr. [REDACTED] said he rocked him in his arms, then he later said, "To be honest", it was harder and he demonstrated to this worker that he actually rocked side to side with force. Mr. [REDACTED] stated that [the previous night] he believed this worker was looking at his tattoos and watching him closely. Mr. [REDACTED] stated that he loved his children and he was abused as a child. Mr. [REDACTED] was sexually abused by his stepfather. Mr. [REDACTED] was afraid when he found out they were pregnant with [REDACTED] Mr. [REDACTED] was afraid that he would be an abusive parent. Mr. [REDACTED] stated that he wouldn't hurt his children. He has been "racking his brain" to come up with a possibility of what happened. Mr. [REDACTED] asked, "What if I left and went back to [REDACTED] and "What's the worst case scenario?" [Regarding if DCS determined that he was responsible for injuring [REDACTED] Mr. [REDACTED] believes he could benefit from counseling. Mr. [REDACTED] stated that he flipped [REDACTED] from his back to his stomach a "little roughly".

Ms. [REDACTED] then returned from the cafeteria and joined this meeting. She reported that she has been trying to think what could have happened to cause [REDACTED] injuries but can't think of anything that has happened to him.

Mr. [REDACTED] hands shook during this visit.



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

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

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This CPSI reviewed the IPA with Ms. ██████ and Mr. ██████ who were in agreement and signed the IPA, which is located in the file.

Visit then concluded.



## 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: 05/01/2015 Contact Method: Face To Face  
Contact Time: 05:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Other Caretaker Home Created Date: 12/22/2015  
Completed date: 12/22/2015 Completed By: [REDACTED]  
Purpose(s): Safety - Child/Community  
Contact Type(s): Collateral Contact, Parent/Caretaker Interview, Sibling Interview/Observation  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/22/2015 02:03 PM Entered By: [REDACTED]

5:00 pm  
COLLATERAL

CPSI made a face to face contact on this date for the purpose of Safety Placement. CPSI interviewed [REDACTED] & [REDACTED] and observed [REDACTED] and [REDACTED]. Mr. and Mrs. [REDACTED] reported the following information. Mr. [REDACTED] stated that if Mr. [REDACTED] killed his grandson, he "better not show his face here." Both Mr. and Mrs. [REDACTED] stated that he didn't believe that he'd hurt his kids prior to this incident. They don't believe that he's hurt Ms. [REDACTED] physically, but they believe that he's verbally abusive. Mr. [REDACTED] was calm when he called the [REDACTED] to ask if they would be the Safety Placement. That is unusual for Mr. [REDACTED]. Mr. [REDACTED] told [REDACTED] that he got up at 3:00 am to feed [REDACTED]. He put him in the swing. At 5:30 am, [REDACTED] was fussing so Mr. [REDACTED] got [REDACTED] out of the swing and laid [REDACTED] on the futon with Mr. [REDACTED]. While holding [REDACTED], [REDACTED] became rigid and stopped breathing. [REDACTED] had a seizure a couple of months ago, Ms. [REDACTED] was present. [REDACTED] had a high fever at that time. Ms. [REDACTED] knows only of two incidents that [REDACTED] had, including this one. [REDACTED] did not tell her parents that [REDACTED] had an incident on April 28, 2015. Mr. [REDACTED] is still married to another woman. Mr. [REDACTED] can't keep a job. He gets a job and then loses it within 3 months. Mr. [REDACTED] has a temper. On Wednesday night, April 29, 2015, Ms. [REDACTED] brought the 3 kids over to the [REDACTED] house. [REDACTED] was listless and lethargic. He was not himself. Ms. [REDACTED] asked this worker if this worker believed that Ms. [REDACTED] grasped the seriousness of this situation. Mr. [REDACTED] has been arrested previously. Ms. [REDACTED] reported that she believes he has been charged with stealing cars before. Ms. [REDACTED] was unaware that anyone babysat the children last weekend as Mr. [REDACTED] has reported. Ms. [REDACTED] stated that [REDACTED] has been fussy and wanted to be held recently.

An Immediate Protection Agreement ("IPA") was developed, whereby [REDACTED] and [REDACTED] will be Safety Placed with [REDACTED] and [REDACTED] and Mr. and Mrs. [REDACTED] will supervise [REDACTED] and [REDACTED] with the children. [REDACTED] and [REDACTED] signed the IPA. CPSI completed an Expedited Placement Summary. The home was clean and appropriate with no visible safety hazards or concerns.

Visit then concluded.



**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:	05/01/2015	Contact Method:	Phone Call
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED].
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 02:01 PM      Entered By: [REDACTED]

4:00 pm  
 COLLATERAL

CPSI spoke with Dr. [REDACTED] who reported that she believes that Mr. [REDACTED] is "ready to confess" to what happened. Mr. [REDACTED] said, "I shook him." He stated that he administered CPR and he shook him to wake him up. Dr. [REDACTED] is concerned that Law Enforcement has not yet attempted to interview Mr. [REDACTED] because he appears ready to confess to something.

Call then concluded.



**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:	05/01/2015	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/05/2015
Completed date:	05/05/2015	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: 05/05/2015 12:18 PM      Entered By: [REDACTED]

**CASE CONFERENCE**

LI [REDACTED] followed up with local legal, CPSI [REDACTED] and the hospital on 5/1/2015. [REDACTED] stated that [REDACTED] was not making any progress and that the death exams would take place soon and that the discussion regarding removing support would be had with the parents. [REDACTED] reported tests were run and that [REDACTED] had not suffered from any seizure activity. There were new and old bleeds present on the scans and there was no medical reason for any of the injuries [REDACTED] had sustained. All of the information was translated to Det. [REDACTED] LI [REDACTED] received permission to safety place the siblings. [REDACTED] and [REDACTED] were safety placed with the maternal grandmother, [REDACTED].

Mr. [REDACTED] and Ms. [REDACTED] signed the Immediate Protection Agreement.

While discussing the safety placement, Mr. [REDACTED] stated to CPSI [REDACTED] that he felt responsible and gave several scenarios of when [REDACTED] would not stop crying and he "threw [REDACTED] into the swing", put him on his shoulder "too hard", etc. CPSI [REDACTED] will document more specific statements made by Mr. [REDACTED]. This information was passed along to Det. [REDACTED] as well.



**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:	05/01/2015	Contact Method:	Phone Call
Contact Time:	11:04 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 01:58 PM      Entered By: [REDACTED]

11:04  
COLLATERAL

CPSI spoke with [REDACTED] Social Worker, who reported that [REDACTED] remains on the ventilator. He has no neural activity and is not on any medications. Medical personnel are not providing any interventions. [REDACTED] has no gag reflex and no movement. He does still have a "gasping breath". The brain death exams till not occur until this ceases. It is a mechanism of the body. [REDACTED] has had a skeletal survey; however, there is no result at this time. The CARE team is involved with this case. Dr. [REDACTED] reported that the retinol hemorrhages are not caused by CPR. Reviewing the records from last week, it was determined that [REDACTED] did not have a CT scan or skeletal survey during that admission.

Call then concluded.

Narrative Type: Addendum 1      Entry Date/Time: 12/22/2015 01:59 PM      Entered By: [REDACTED]

\*\*\*\*CPSI spoke with [REDACTED] Social Worker during this call. Please see next entry for Dr. [REDACTED] contact. \*\*\*\*



**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:	05/01/2015	Contact Method:	Phone Call
Contact Time:	10:27 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	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: 12/22/2015 01:56 PM      Entered By: [REDACTED]  
 CPIT

CPSI spoke via phone on this date with [REDACTED], ADA, for status review of this investigation.



**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:	05/01/2015	Contact Method:	Phone Call
Contact Time:	09:51 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 01:50 PM      Entered By: [REDACTED]  
 9:51 am

CPSI spoke with Ms. [REDACTED] She and Mr. [REDACTED] remain at the hospital and [REDACTED] and [REDACTED] will stay with [REDACTED] and [REDACTED] grandparents, for the duration of the hospital stay. Ms. [REDACTED] stated that she and Mr. [REDACTED] would like to Safety Place [REDACTED] and [REDACTED] with her parents, [REDACTED] and [REDACTED] They have already discussed with them and they are awaiting this worker's call.

Call then concluded.



**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:	05/01/2015	Contact Method:	Phone Call
Contact Time:	08:09 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 01:49 PM      Entered By: [REDACTED]  
 8:09 am

CPSI spoke with [REDACTED] Social Worker. She reported the following information. [REDACTED] is undergoing a series of brain death exams. He remains on life support at this time.



**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: 04/30/2015 Contact Method: Face To Face  
 Contact Time: 09:00 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 05/12/2015  
 Completed date: 05/12/2015 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community  
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Initial ACV Face To Face, Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/12/2015 11:53 AM Entered By: [REDACTED]  
 INITIAL ACV  
 9:00 pm

This CPSI made a face to face contact with [REDACTED], age 3 mos., at [REDACTED] Hospital to initiate this investigation.

Present at this visit was this CPSI, [REDACTED], father, and [REDACTED], mother.

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services. Initially, this worker gathered family demographic information and completed a Genogram with the parents. Parents reported that their other children, [REDACTED] and [REDACTED] were with the maternal grandparents at their home in [REDACTED] Tennessee. [REDACTED] and [REDACTED] will remain with them for as long as the parents are at the hospital with [REDACTED]. This CPSI advised that there may be a need to develop a Safety Plan or Immediate Protection Agreement regarding the children. Parents reported that they assumed that would be "normal protocol" in cases such as these. Mr. [REDACTED] reported that they were willing to cooperate in whatever way was necessary.

Parents reported that Mr. [REDACTED] is the primary caregiver for the children. Ms. [REDACTED] works outside of the home at [REDACTED] in [REDACTED]. None of the children attend daycare or preschool. Mr. [REDACTED] friend's wife, [REDACTED], kept the twins last Saturday, 4/25/15, for about 15 minutes, while Mr. [REDACTED] picked up [REDACTED] from a birthday party. Parents' neighbor, [REDACTED] kept [REDACTED] this morning when [REDACTED] was taken by ambulance to [REDACTED] Medical Center. [REDACTED] and [REDACTED], maternal grandparents, kept [REDACTED] and [REDACTED] last week while [REDACTED] was in [REDACTED]. Other than these times, only Mr. [REDACTED] and Ms. [REDACTED] kept the children since February.

This CPSI did not further question Mr. [REDACTED] or Ms. [REDACTED] regarding the alleged incident at this time.

Ms. [REDACTED] contacted her mother, [REDACTED], via phone. This CPSI spoke with Ms. [REDACTED] concerning the possibility of a



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Safety Placement. Should the need arise to develop an Immediate Protection Agreement and Safety Placement, Ms. [REDACTED] is willing and able. She provided her information and that of her adult household members for that reason. She also confirmed that she has the children and they will remain in her care for the current time.

**OBSERVATION**

This CPSI observed [REDACTED] in his room in the PICU. He appeared unconscious and on a ventilator.

Ms. [REDACTED] silently cried during this visit, looking at her lap most of the time. When she did answer questions, it came out as whispers.

Mr. [REDACTED] showed little emotion during this visit. He did appear to demonstrate emotion; however, when Ms. [REDACTED] broke down into tears. At that time, he rested his arm on her shoulders in an attempt to comfort her. Ms. [REDACTED] did not reach out, at any time, to comfort Mr. [REDACTED].

**CONSULT**

This CPSI consulted with [REDACTED], Lead Investigator. Ms. [REDACTED] advised that since [REDACTED] and [REDACTED] were with the maternal grandparents and the parents were staying at the hospital for the foreseeable future, an Immediate Protection Agreement ("IPA") will not be initiated at this time. CPSI will consult with Ms. [REDACTED] in the morning for further direction concerning an IPA.

This CPSI advised the hospital staff of the current status of this case, provided them with my direct contact information, and asked to be contacted should there be any change in [REDACTED] condition.

This visit then concluded.



**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:	04/30/2015	Contact Method:	Phone Call
Contact Time:	08:01 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	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: 12/22/2015 01:47 PM      Entered By: [REDACTED]

8:01 pm  
 CPIT

CPSI again spoke with Det. [REDACTED] who advised that she is gathering more information from first responders and is not going to the hospital with this worker at this time. This CPSI advised that I must make contact with parents and to possibly complete a Immediate Protection Agreement on this date. She reported that she understood.



**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: 04/30/2015 Contact Method: Attempted Face To Face  
Contact Time: 06:39 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Family Home Created Date: 12/22/2015  
Completed date: 12/22/2015 Completed By: [REDACTED]  
Purpose(s): Safety - Child/Community  
Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation  
Contact Sub Type: Attempted Home Visit/Home Visit

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/22/2015 01:45 PM Entered By: [REDACTED]  
F2F ATTEMPT

CPSI and law enforcement, including Det. [REDACTED] arrived at the home; however, there was no answer at the door and no one appeared to be home. Det. [REDACTED] interviewed [REDACTED] & [REDACTED] neighbors, who reported they were not aware of any concerns with the children and family. They would observe Mr. [REDACTED] outside playing with [REDACTED] age 2. He appeared to be a good father and was excited about having twins. Mr. [REDACTED] told them the baby was at [REDACTED] and appeared to be relieved after baby got to [REDACTED] Last Wednesday when [REDACTED] was sick, Mr. [REDACTED] was "tore up." Neighbor watched [REDACTED] when Mr. [REDACTED] rode in ambulance with [REDACTED] picked [REDACTED] up from their care before Mr. [REDACTED] returned. Mr. [REDACTED] and Ms. [REDACTED] are "not the best housekeepers." They did not witness any marks on the children. Mr. [REDACTED] smokes in the house.

Det. [REDACTED] reported that she is not going to the hospital at this time.



**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:	04/30/2015	Contact Method:	
Contact Time:	06:13 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/22/2015
Completed date:	12/22/2015	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: 12/22/2015 01:42 PM      Entered By: [REDACTED]  
 SUPERVISOR CONSULT

CPSI spoke with [REDACTED], LI, for the purpose of case planning.



**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: 04/30/2015 Contact Method: Phone Call  
 Contact Time: 05:57 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 12/22/2015  
 Completed date: 12/22/2015 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: 12/22/2015 01:41 PM Entered By: [REDACTED]  
 CPIT

CPSI spoke with Det. [REDACTED] This team will make initial contact with Mr. [REDACTED] at his home to ensure the siblings are currently safe.



**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:	04/30/2015	Contact Method:	Correspondence
Contact Time:	05:35 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	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: 12/22/2015 01:39 PM      Entered By: [REDACTED]  
 CPIT

CPSI faxed referral to [REDACTED] Co. District Attorney and Sheriff's Department. Det. [REDACTED] is assigned to this case.



**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:	04/30/2015	Contact Method:	
Contact Time:	05:18 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED].
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 01:38 PM      Entered By: [REDACTED].

SUPERVISOR CONSULT

CPSI consulted with [REDACTED], Lead Investigator.



**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:	04/30/2015	Contact Method:	Phone Call
Contact Time:	05:10 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/22/2015 01:36 PM      Entered By: [REDACTED]  
 COLLATERAL

CPSI spoke with Dr. [REDACTED]. She reported the following information. [REDACTED] siblings are in the care of Mr. [REDACTED] Dr. [REDACTED] is very concerned. [REDACTED] is on a ventilator and may not survive. His pupils are not reacting. Dr. [REDACTED] wants to evaluate [REDACTED] and [REDACTED] in clinic to ensure they are healthy and have no injuries. Next week would be appropriate to schedule.

Call then concluded.



**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: 04/30/2015	Contact Method:
Contact Time: 05:00 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 05/05/2015
Completed date: 05/05/2015	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: 05/05/2015 11:39 AM      Entered By: [REDACTED]

**CASE CONFERENCE**

LI [REDACTED] and CPSI [REDACTED] consulted regarding the allegations of Severe Physical Abuse where [REDACTED] (3months) is the victim of an Unknown Perpetrator. The referral states that [REDACTED] (3 mos) resides with his twin brother [REDACTED] (3 mos), sister [REDACTED] (age2) and parents [REDACTED] (age 23) and [REDACTED] (age 28) in [REDACTED] County. [REDACTED] was life flighted to [REDACTED] Hospital at 11:23 am this morning from [REDACTED] Medical Center. It was reported that Mr. [REDACTED] called 911 after [REDACTED] had what Mr. [REDACTED] believed was a seizure. [REDACTED] was blue and not breathing. [REDACTED] was brought into [REDACTED] Medical Center at 6:57 am and came in with CPR in progress due to cardiac arrest, seizure and respiratory failure.

It was believed that [REDACTED] received about 45 minutes of CPR by EMS and by medical staff at [REDACTED] was revived and was transferred to [REDACTED] Hospital. [REDACTED] was found to have bilateral subdural bleeds and also has retinal hemorrhages.

There is no accidental history provided for these injuries. Hospital staff believes that it is highly probable that these injuries are a result of suspected abuse if there are no other medical conditions found. More tests are being run at this time.

It was noted that [REDACTED] was seen last week at [REDACTED] Room after having a choking episode according to the family. This occurred while [REDACTED] was in Mr. [REDACTED] case.

It was reported that this morning Ms. [REDACTED] had left the home with [REDACTED] to take her to have a dental procedure done. Ms. [REDACTED] left the home at 4:15 am. It was noted that Mr. [REDACTED] is the primary caregiver of the children while Ms. [REDACTED] works. Ms. [REDACTED] was not present during either episodes of choking and [REDACTED] was in the care of Mr. [REDACTED] during both incidents.

LI [REDACTED] and CPSI [REDACTED] consulted and determined that CPSI [REDACTED] would need to go to the home where Mr. [REDACTED] was said to be with the remaining two children in the home alone. CPSI [REDACTED] and Det. [REDACTED] (SCSO) went to the home and no one was present. CPSI [REDACTED] reported that EMS spoke to Det. [REDACTED] and stated that [REDACTED] sugar level was at 400 and this is in fact a sign of a seizure. CPSI [REDACTED] then went alone to the



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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hospital to determine Mr. [REDACTED] and [REDACTED] siblings whereabouts. Upon arrival Mr. [REDACTED] was present with Ms. [REDACTED] and it was reported that [REDACTED] siblings had gone back to [REDACTED] with the maternal grandmother. CPSI [REDACTED] spoke to doctor's whom stated that the the sugar level of 400 was irrelevant and that this was a case of non-accidental trauma. The doctor reported that the levels are also a sign of when someone's body is shutting down which was the case with [REDACTED] Doctor's gave a prognosis for [REDACTED] that they felt strongly that he would pass.

LI [REDACTED] consulted with Legal whom stated there was not exigency to remove the siblings at this time.

CPSI [REDACTED] would follow up with local legal and the hospital on 5/1/2015.



**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: 04/30/2015	Contact Method: Phone Call
Contact Time: 04:44 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/22/2015
Completed date: 12/22/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 12/22/2015 01:34 PM      Entered By: [REDACTED]

COLLATERAL  
4:44 PM

CPSI spoke with [REDACTED] Social Worker. She reported the following information. Ms. [REDACTED] mother, is at the hospital. Mr. [REDACTED] father, is at home. [REDACTED] has a poor prognosis for survival. Doctors have told Ms. [REDACTED] that [REDACTED] is unlikely to survive. He was transferred to [REDACTED] Medical Center at 11:20 am from [REDACTED] Medical Center. It was reported that [REDACTED] was home with Mr. [REDACTED] and his twin at the time of medical emergency. Ms. [REDACTED] had taken an older sibling to the dentist for a procedure in [REDACTED]. She had left the home at 4:15 am. Mr. [REDACTED] called between 6:15 and 6:30 am stating that he laid [REDACTED] in his crib and [REDACTED] turned blue and became unresponsive. [REDACTED] received 45 minutes of CPR. He arrived to [REDACTED] alone with medical personnel via [REDACTED]. No family arrived with him. When Ms. [REDACTED] was contacted to advise that [REDACTED] was at [REDACTED] she responded that she had her 2 year old with her and had to take her home to [REDACTED]. Ms. [REDACTED] went from [REDACTED] to [REDACTED] back to [REDACTED] again. Mr. [REDACTED] did call [REDACTED] asking for an update on [REDACTED] condition. Mr. [REDACTED] rode from [REDACTED] to [REDACTED] Medical Center in the ambulance with [REDACTED]. Mr. [REDACTED] then had to wait for a ride once [REDACTED] went to [REDACTED] via [REDACTED]. He was still at [REDACTED] 45 minutes after [REDACTED] left. Ms. [REDACTED] arrived at [REDACTED] at 1:15 pm. Dr. [REDACTED] sat down and met with Ms. [REDACTED] asking questions regarding childcare, family, employment, etc. Dr. [REDACTED] was clear with Ms. [REDACTED] about [REDACTED] condition. Ms. [REDACTED] knows the situation. [REDACTED] has brain bleeds, retinol hemorrhages. [REDACTED] was a healthy child until recently. Ms. [REDACTED] was quiet and her lips quivered. Ms. [REDACTED] did start crying later in the conversation. Ms. [REDACTED] had no concerns regarding Mr. [REDACTED] as a caregiver. [REDACTED] was a patient at [REDACTED] from 4/22/15 through 4/24/15. He had a choking episode at home. Mr. [REDACTED] reported that he fed [REDACTED] by propping bottle in [REDACTED] bouncy seat. [REDACTED] had difficulty breathing and Mr. [REDACTED] did CPR and called EMS. When EMS responded, [REDACTED] was crying. He was transferred from [REDACTED] Medical Center to [REDACTED] on that date. He was stable. Parents reported that he had been vomiting after his feeds. He was discharged on Friday, 4/24/15, and had a follow up appointment with his pediatrician on this date. [REDACTED] was overall healthy. Ms. [REDACTED] reported that he was the "harder" twin. He was harder to feed, he spit up and was fussy. There is a vast difference in [REDACTED] and [REDACTED] weight. One is a 3 month weight and one is a newborn weight. [REDACTED] was eating half of what he would normally eat. Mr. [REDACTED] believes that [REDACTED] may have had a choking event/seizure on April 28, 2015. Dr. [REDACTED] asked Ms. [REDACTED] about that alleged incident. Ms. [REDACTED] wasn't sure as she wasn't there. She told Dr. [REDACTED] that she didn't call the pediatrician because



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they had an appointment scheduled for 4/30/15. Great-grandmother had history of grand mal seizures. Dr. [REDACTED] reported that it was hard to tell if Ms. [REDACTED] had any suspicions regarding [REDACTED] care. Dr. [REDACTED] tried to get Mr. [REDACTED] to come to the hospital, but Ms. [REDACTED] reported that he had to stay home with the other children. Ms. [REDACTED] denied that [REDACTED] had had any accidental falls or injuries. Mr. [REDACTED] refers to [REDACTED] as a "mama's boy".

Call then concluded.



**Tennessee Department of Children's Services**  
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Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/30/2015	Contact Method:
Contact Time: 02:49 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 05/12/2015
Completed date: 05/12/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 05/12/2015 11:05 AM      Entered By: [REDACTED].

Child Abuse Hotline assessed, screened, and assigned a P1 response priority to this referral. Case then assigned to this Child Protective Service Investigator ("CPSI"), [REDACTED]. Reporter alleged that [REDACTED], age 3 mos., is a victim of Physical Abuse by an Unknown Perpetrator. Report stated [REDACTED] (age 3 months) resides with his twin brother [REDACTED] (age 3 months), sister [REDACTED] (age 2) and parents [REDACTED] (age 23) and [REDACTED] (age 28) in [REDACTED] County, TN. [REDACTED] and [REDACTED] are not in DCS custody.

[REDACTED] was transferred to [REDACTED] Hospital at 11:23 AM this morning from [REDACTED] Medical Center. It was reported that Mr. [REDACTED] called 911 after [REDACTED] had what Mr. [REDACTED] believed was a seizure. [REDACTED] was blue and not breathing. [REDACTED] was brought into [REDACTED] Medical Center at 6:57 AM and came in with CPR in progress due cardiac arrest, seizure and respiratory failure.

It is believed that [REDACTED] received about 45 minutes of CPR by EMS and by medical staff at [REDACTED] was revived and was transferred to [REDACTED] Hospital. [REDACTED] was found to have bilateral subdural bleeds (brain bleeds) and also has retinal hemorrhages.

There is no accidental history provided for these injuries. Hospital staff believes that it is highly probable that these injuries are a result of suspected abuse if there are no other medical conditions found. More tests are being run at this time.

It was noted that [REDACTED] was seen last week at [REDACTED] Room after having a choking episode according to the family. This occurred while [REDACTED] was in Mr. [REDACTED] care.

It was reported that this morning Ms. [REDACTED] had left the home with [REDACTED] to take her to have a dental procedure done. Ms. [REDACTED] left the home at 4:15AM. It was noted that Mr. [REDACTED] is the primary caregiver of the children while Ms. [REDACTED] works. Ms. [REDACTED] was not present during either episodes of choking and [REDACTED] was in the care of Mr. [REDACTED] during both incidents.

Ms. [REDACTED] is currently at [REDACTED] with [REDACTED] while Mr. [REDACTED] is at the home with the other two children.



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\*\*\*\*There is concern that [REDACTED] may not survive due to the severity of his injuries.\*\*\*\*

[REDACTED] County Juvenile Court Judge notified by LEAD INVESTIGATOR per local protocol.

Referent notified via DCS CARAT system.

Child Protective Investigative Team ("CPIT") convened by faxing referral to [REDACTED] County District Attorney, [REDACTED], and Sheriff's Department. Det. [REDACTED] is assigned to this investigation. Det. [REDACTED] and this worker will go to the family home in an attempt to contact Mr. [REDACTED] father, [REDACTED] and [REDACTED], who are reportedly at the home at this time, to initiate this investigation.

DCS/TFACTS check yielded the following results:

No history on these children or Mr. [REDACTED]. The following case is on Ms. [REDACTED] family while she was a minor:

# [REDACTED], alleged child victim; Minor Physical Abuse; [REDACTED], alleged perpetrator; Allegation Unsubstantiated Perpetrator Unsubstantiated.