



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 02/01/2013 11:07 AM CT
Track Assigned: Special Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 02/01/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 02/01/2013 04:12 PM
First Team Leader Assigned: [REDACTED] Date/Time 02/04/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 02/04/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	3 Yrs (Est)	Lack of Supervision	Yes	Unknown Participant [REDACTED], Unknown	None
[REDACTED]	3 Yrs (Est)	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	None
[REDACTED]	5 Yrs (Est)	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	None
[REDACTED]	6 Yrs (Est)	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: TFACTS: Yes
History may not be complete due to lack of information provided
Open Court Custody/FSS/FCIP: No
Prior INV/ASMT of Abuse: No
Prior INV/ASMT of Neglect: Yes (1) [REDACTED]



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

County: [REDACTED]

Notification: None

School/ Daycare: [REDACTED]

Native American Descent: No

Directions: None Given

Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] (5 years), [REDACTED] (4 years), [REDACTED] (2 years), and [REDACTED] 2 years) all attend [REDACTED]

On February 1, 2013 at approximately 10:00am, the vehicle that the children were in with [REDACTED] turned over and [REDACTED] was ejected from the vehicle. All four of the children are listed in critical condition at [REDACTED]. The children are currently having medical tests ran to find out their exact prognosis. Only one child was in a child safety seat.

The parents are being notified by the daycare and [REDACTED] Police Department. The driver (Unknown) of the daycare vehicle went to an adult hospital. The reporter is unaware which hospital or the status of the driver.

The reporter was in a hurry due to the nature of accident and Central Intake was unable to receive any other information from the reporter prior to the call ending.

Per SDM: Investigative Track/ Priority 1. (SIU). [REDACTED] CM3 @ 1146a on 2-1-13.

Emailed SIU.

Child fatality group notified. Email sent to: [REDACTED]



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

Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 3 Yrs (Est)
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED], Unknown
Gender: **Date of Birth:** **Participant ID:** [REDACTED]
SSN: **Race:** **Age:**
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: Yes
DCS Foster Child: No

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: [REDACTED]

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 3 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: [REDACTED]

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 5 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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: [REDACTED]

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 6 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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: 02/01/2013

Assignment Date: 02/04/2013

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
3	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
4	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
5	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
6	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
7	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
8	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
9	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	*Allegation Substantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]



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]

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
10	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	*Allegation Substantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
11	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	*Allegation Substantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
12	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	*Allegation Substantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: SI received a referral with allegations of lack of supervision. It was reported that four children were listed in critical condition at [REDACTED] Hospital emergency department after being involved in a daycare van crash. There is sufficient evidence to substantiate the allegation of lack of supervision. Daycare owners [REDACTED] and [REDACTED] will be indicated for Lack of supervision along with daycare van driver, [REDACTED]

D. Case Workers

Case Worker: [REDACTED]

Date: 04/02/2013

Team Leader: [REDACTED]

Date: 04/02/2013

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:

SI made face to face contact with the alleged victims. Three of the alleged victims suffered minor injuries and were released from the hospital on 2/1/13. The fourth victim was ejected from the van and was admitted into the hospital for medical treatment.

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

According to the alleged victims parents and collateral, there were prior concerns regarding the children being transported without being placed in child restraints.

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]

SI interviewed the AP who admitted that the children were placed only in seatbelts on many occasions and not car seat restraints. Car seats were not provided by the daycare to ensure the safety of the children riding the van.

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

Collaterals report witnessing children being placed on the daycare van without proper child safety restraints.

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

Children were not properly placed in child safety seats during the accident causing injuries. Alleged victims were aware of the importance of providing car seats to ensure proper transportation of daycare students.

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: 09/05/2013 Contact Method: Correspondence
Contact Time: 11:05 AM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: Created Date: 09/05/2013
Completed date: 09/05/2013 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Due Process
Contact Sub Type: Letter H - Overturned Review Results to Perpetrator

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/05/2013 11:23 AM Entered By: [REDACTED]
[REDACTED], ASA4, prepared Letter H dated 9/5/13 sent certified mail # [REDACTED] to [REDACTED]
[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: 05/20/2013

Contact Method:

Contact Time: 02:53 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/20/2013

Completed date: 05/20/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2013 02:54 PM Entered By: [REDACTED]

740's distributed to Juvenile Court, Regional Supervising Attorney and Juvenile 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: 04/23/2013

Contact Method: Correspondence

Contact Time: 07:35 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/23/2013

Completed date: 04/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Due Process

Contact Sub Type: Letter B - CFR Acceptance to Perpetrator

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

Narrative Type: Original Entry Date/Time: 04/23/2013 07:57 AM Entered By: [REDACTED]

[REDACTED], ASA4, prepared Letter B dated 4/23/13 sent certified mail # [REDACTED] 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: 04/18/2013

Contact Method: Correspondence

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/23/2013

Completed date: 04/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Due Process

Contact Sub Type: CS-0554 - Received Request for CFR from Perpetrator

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

Narrative Type: Original Entry Date/Time: 04/23/2013 07:55 AM Entered By: [REDACTED]

[REDACTED] ASA4, received the request for a case file review from [REDACTED] via the US Post Office on this date 4/18/13.

Due process file started and response will be prepared as the Team Leader [REDACTED] states there is no reason not to proceed with the review.



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: 04/08/2013

Contact Method:

Contact Time: 04:51 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2013

Completed date: 04/08/2013

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: 04/08/2013 04:53 PM Entered By: [REDACTED]

Letter A and attachment has been placed in the mail on 4/8/13 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: 04/07/2013

Contact Method:

Contact Time: 05:34 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/07/2013

Completed date: 04/07/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/07/2013 05:35 PM Entered By: [REDACTED]

TL [REDACTED] is making a notation that case was closed off TFACTS on April 5, 2013. Case reviewed and approved for closure by SIU [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: 04/02/2013

Contact Method:

Contact Time: 04:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 04:23 PM Entered By: [REDACTED]

SI is submitting the case for closure. Allegations Indicated/Perpetrator indicated.

DCS policy defines Lack of Supervision as a failure of a parent or caretaker, who is able to do so, to provide adequate supervision. A determination of which means the child has been placed in a situation that requires actions beyond the child's level of maturity, physical or mental ability. This includes when a caregiver is with the child but inadequately supervises because they are unable or unwilling, for instance under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills.

SI received a referral with allegations of lack of supervision. It was reported that four children were listed in critical condition at [REDACTED] Hospital emergency department after being involved in a daycare van crash. SI made face to face contact with the alleged victims. Three of the alleged victims suffered minor injuries and were released from the hospital on 2/1/13. The fourth victim was ejected from the van and was admitted into the hospital for medical treatment. According to the alleged victims parents and collateral, there were prior concerns regarding the children being transported without being placed in child restraints. SI interviewed the AP who admitted that the children were placed only in seatbelts on many occasions and not car seat restraints. Car seats were not provided by the daycare to ensure the safety of the children riding the van. There is sufficient evidence to substantiate the allegation of lack of supervision. Daycare owners [REDACTED] and [REDACTED] will be indicated for Lack of supervision along with daycare van driver, [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:	04/02/2013	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2013
Completed date:	04/02/2013	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: 04/02/2013 01:47 PM Entered By: [REDACTED]
 SI made a requested with DCS/Legal to staff investigation # [REDACTED] AIPI



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: 04/01/2013

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 03:12 PM Entered By: [REDACTED]

SI [REDACTED] completed a TFACTS/ CPS check on alleged perpetrators, [REDACTED] and [REDACTED]. Records found on [REDACTED] include:

SIU investigation # [REDACTED] /Substantial Risk of Sexual Abuse, SAE/AI sexually reactive child/unable to complete

CPS investigation # [REDACTED] PHA/AUPU

CPS investigation # [REDACTED] MDM/No Services Needed

Records found on [REDACTED] include:

CPS investigation # [REDACTED] MDM/ No Services needed



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: 04/01/2013

Contact Method: Phone Call

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 02:57 PM Entered By: [REDACTED]

SI made contact with [REDACTED] DHS/Program Evaluator. SI requested address information on owners, [REDACTED] and [REDACTED] Ms. [REDACTED] reports that the only phone number listed for the owners is [REDACTED] daycare. The address that she attempted to send certified mail to as address, but the mail was returned. Ms. [REDACTED] stated that she was living at the home and does not understand why she did not receive the mail explains, Ms. [REDACTED] Ms. [REDACTED] expressed that the [REDACTED] may have intentionally evaded contact. Ms. [REDACTED] reports that she has not made contact with Mr. or Mrs. [REDACTED] since the report of their eviction.



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: 04/01/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 04:15 PM Entered By: [REDACTED]

SI received medical records on ACV, [REDACTED] (DOB [REDACTED] regarding medical treatment on 02/01/2013

History of Present Illness: the patient present with major trauma and the patient was a passenger in a roll over MVA. Unknown if the patient was restrained. The patient is awake and alert. The patient is moving all ext. The onset was just prior to arrival. The course of symptoms is constant. The location where the incident occurred was in the street. The character of symptoms is bleeding. The degree of bleeding is minimal. The degree of pain is none. The exacerbating factor is none. The relieving factor is none. Risk factors consist on none. Therapy today: none. Associated symptoms: none. Abnormal history: none.

Plan:

Condition: Improved

Disposition: Discharged: time 2/1/13 12:00:00 PM to home

A complete copy of this document can be located in the DCS/Case 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:	Completed
Contact Date:	04/01/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2013
Completed date:	04/02/2013	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: 04/02/2013 04:16 PM Entered By: [REDACTED]

SI received medical records on ACV, [REDACTED] (DOB [REDACTED]) regarding medical treatment on 02/01/2013

History of Present Illness:

The patient presents following motor vehicle collision. The onset was just prior to arrival. The collision was rollover all we know. The patient was the passenger, in the rear seat and child says he was in the back. There were safety mechanisms including unknown and report only 1 carseat in the daycare van and there are 4children her under age 6.. Location: scalp forehead, back all superficial lacs. The degree of pain is minimal. The degree of bleeding is minimal. Risk factors consist of age and unrestrained. The patients dominant hand is unknown. Therapy today: emergency medical services. Associated symptoms: denies shortness of breath, denies abdominal pain, denies vomiting and denies altered level of consciousness. Additional history: report of a rollover MVC involving daycare van, no other detail known. PT states he had his seatbelt on, and was not thrown out of the van.

Plan:

Condition: Improved Stable

Disposition: Discharged: Time 2-1-2013 1:07:00PM, to home



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: 04/01/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 04:17 PM Entered By: [REDACTED]

SI received medical records on ACV, [REDACTED] (DOB [REDACTED]) regarding medical treatment on 02/01/2013

History of Present Illness: 2/1/13

History of present illness:

This is a 2-year old child who was the victim of a motor vehicle collision. He was in a daycare minivan which flipped over and he was ejected from the vehicle. According to the emergency department (ED) physician, when the patient arrived in the ED he was conscious, oriented, and was appropriate for his age, responding appropriately for his age.

Plan: the plan was discussed with attending Dr. [REDACTED]. The patient was seen by the Oral and Maxillofacial Surgery Services as well as Pediatric Dentistry and Ophthalmology. From the dentistry standpoint, they will speak with their attending and he will probably need extraction of the teeth which are mobile. The ophthalmologist has been the patient and foreign body was not identified and the globe appeared intact, so he was discharged from their care.

We will admit the patient, keep him n.p.o, and start antibiotics. We will repeat a chest x-ray, complete blood count (CBC, and comprehensive metabolic panel (CMP)

Dr. [REDACTED] agrees with the plan and the plan has been conveyed to the family. I saw and examined this patient. I agree with the note as written. AF

History of Present Illness: 2-19-13

[REDACTED] is a 2 year-old male who was in a daycare minivan resulting in ejection of the child. Patient was brought into [REDACTED] Hospital emergency department on February 1, 2013. His workup showed facial laceration, fractured dentition, left elbow laceration, right pneumothorax, maxillary bone fracture. He was admitted to trauma services. Oromaxillary facial services were consulted. They took the patient to the operation room for buccal luxation and signed off the pediatric dentistry. Patient was also seen by Ophthalmology who found patient hand normal ocular examination and signed off. Patient was followed by Pediatric Surgery. They took the patient to the operating room on February 2, 2013, for dental extraction and postoperatively placed patient on a soft mechanical diet. Patient did well after extraction, tolerated soft diet without difficulty. Patient was stable for



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

discharge home on February 3, 2013. Patient was sent on Lortab elixir, Neosporin ointment, Colace, Amoxicillin and Perides mouthwash; Patient is doing well at home. No problems or complaints.

Plan: Patient is to continue follow up with dentistry. Patient is to follow up in general surgery clinic on a p.r.n.



**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:	04/01/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2013
Completed date:	04/02/2013	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: 04/02/2013 04:19 PM Entered By: [REDACTED]

SI received medical records on ACV, [REDACTED] (DOB [REDACTED] regarding medical treatment on 02/01/2013

History of Present Illness:

The patient presents with major trauma and the patient was in a van that rolled over. The patient may have been ejected. The patient per EMS has no LOC. The patient was active and moving all ext. The patient has no bleeding. The onset was just prior to arrival. The course of symptoms is constant. The location where the incident occurred was in the street. The character of symptoms is bleeding. The degree of bleeding is minimal. The degree of pain is none. The exacerbating is none. The relieving factor is none. Risk factors consist none. Therapy today: none. Associated symptoms: none

Plan:

Condition: Improved

Disposition: Discharged: time 2/1/2013 11:59:00AM, to home



**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:	03/28/2013	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/02/2013
Completed date:	04/02/2013	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: 04/02/2013 02:44 PM Entered By: [REDACTED]

According to the Licensure Rules for Child Care Center rule#

#1240-04-03-13: All restraints must be used in accordance with the restraint manufacturers instructions and must be secured to the vehicle in accordance with the vehicle manufactures and the restraint manufacturers instructions.

#1240-04-03-02: Owner. The individual(s) corporation, partnership, cooperative , or other private or public entity of any kind, or any combination thereof, who or which , either individually or through their authorized representatives assume, or is legally required to assume, ultimate legal and administrative responsibility for the management and control of a child care agency.

1240-04-03-13: an adult monitor, in addition to the driver, is required on the vehicle for the transportation of four (4) or more children ages six (6) weeks through five(5 years of age, who are not in kindergarten.



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: 03/28/2013

Contact Method:

Contact Time: 02:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 02:31 PM Entered By: [REDACTED]

SI staffed the case with DCS/ Team Coordinator, [REDACTED]. SI received a referral with allegations of lack of supervision. It was reported that four children were listed in critical condition at [REDACTED] Hospital emergency department after being involved in a daycare van crash. SI made face to face contact with the alleged victims. Three of the alleged victims suffered minor injuries and were released from the hospital on 2/1/13. The fourth victim was ejected from the van and was admitted into the hospital for medical treatment. According to the alleged victims parents and collateral, there were prior concerns regarding the children being transported without being placed in child restraints. SI interviewed the AP who admitted that the children were placed only in seatbelts on many occasions and not car seat restraints. Car seats were not provided by the daycare to ensure the safety of the children riding the van. There is sufficient evidence to substantiate the allegation of lack of supervision. Daycare owners [REDACTED] and [REDACTED] will be indicated for Lack of supervision along with daycare van driver, [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: 03/28/2013

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 02:03 PM Entered By: [REDACTED]

SI received a phone call for DHS/Program Evaluator, [REDACTED] stating that [REDACTED] daycare doors are closed as of today. According to Ms. [REDACTED] she was told that the day care property has been sat out on the curb. Ms. [REDACTED] believes that the owner was behind on their rent and was evicted. Ms. [REDACTED] reports that she has not spoken to Mr. or Ms. [REDACTED] and is unsure of the what the future holds for the center at this time.



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: 03/28/2013

Contact Method: Phone Call

Contact Time: 01:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 02:51 PM Entered By: [REDACTED]

SI made contact with DHS/Program Evaluator, [REDACTED] Ms. [REDACTED] reports that Transportation at [REDACTED] daycare continues to be suspended. Ms. [REDACTED] reports that the van driver Ms. [REDACTED] received a citation by the [REDACTED] Police. There was no speeding involved in the accident reports Ms. [REDACTED]. The daycare center was cited for not having a monitor on the daycare van. Ms. [REDACTED] explains that there were four children on the bus, one of the children being five years of age, but not attending school. Ms. [REDACTED] reports that it is unknown if transportation service would be restored at [REDACTED] daycare. The case continues to be pending and outcome. Ms. [REDACTED] states that Ms. [REDACTED] will have the right to file an appeal once the decision is made. SI requested contact information on owner, [REDACTED] Ms. [REDACTED] directed SI to make contact with [REDACTED] who is an assistant to director, Ms. [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: 03/28/2013

Contact Method: Phone Call

Contact Time: 10:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 01:37 PM Entered By: [REDACTED]

SI interviewed [REDACTED] Ms. [REDACTED] is a former employee of [REDACTED] daycare. Ms. [REDACTED] reports that she was previously an infant/toddler teacher. Ms. [REDACTED] reports that [REDACTED] was the day care van driver at [REDACTED] daycare. Ms. [REDACTED] reports that she has witnessed Mr. [REDACTED] expressing his concerns with the owner regarding not having a monitor or safety seats on the bus. Ms. [REDACTED] reports that Mr. [REDACTED] threatened to quit the job if something was not done. Ms. [REDACTED] reports that she witnessed Mr. and Mrs. [REDACTED] blowing the van driver off saying that they were going to get somebody soon and not to quit. Ms. [REDACTED] reports that the owners, Mr. and Mrs. [REDACTED] had very bad attitudes. Staff would often complain about things needed around the center. Ms. [REDACTED] reports that she would often go outside to assist the van driver in taking the children off the bus. Ms. [REDACTED] reports that Mr. [REDACTED] would have the children buckled down tight in the car seats. Ms. [REDACTED] admits that there were times when the children were not in car seats, but buckled in with the car seatbelt only. Ms. [REDACTED] reports that if the parents provided a car seat, then their child would be buckled in that seat. The little ones (infants) were always in a car seat, reports Ms. [REDACTED] but the older children were not. Ms. [REDACTED] expressed that the parents would send their children to school anyway without a car seat. Ms. [REDACTED] reports that the daycare did not provide car seats. Ms. [REDACTED] expressed that Mr. [REDACTED] was a concerned driver. He has a child of his own. Ms. [REDACTED] states that the accident was unfortunate because it could have been prevented.

Narrative Type: Addendum 1 Entry Date/Time: 04/02/2013 01:37 PM Entered By: [REDACTED]

Ms. [REDACTED] is not related to ACV, [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:	03/28/2013	Contact Method:	Face To Face
Contact Time:	09:30 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/02/2013 04:13 PM Entered By: [REDACTED]

SI interviewed alleged perpetrator, [REDACTED]. SI explained the purpose for contact. Mr. [REDACTED] reports that he was the van driver for [REDACTED] daycare at the time of the accident on 2/01/13 around 8:00-9:00 a.m. Mr. [REDACTED] reports that he has worked for the day care on and off through the years, but started back recently at the end of December 2013. Mr. [REDACTED] reports that there were four children on the bus at the time of the accident. Mr. [REDACTED] reports that he did strap the children in the seat belt on the day of the accident. Mr. [REDACTED] states that he buckles the children in the seat belt because their parents often just put the children on the bus and leave. One of the children [REDACTED] was placed in the van by his father and was in a car seat reports Mr. [REDACTED]. Mr. [REDACTED] reports that he was trying to avoid a pot hole when the accident happened. Mr. [REDACTED] reports that he saw the hole but did not see the power line. Mr. [REDACTED] reports that he was dangling in the van upside down. Witnesses had already taken the children out of the van. When he became coherent, (as still dangling for the van) Mr. [REDACTED] reports that he noticed that the children were out of the van. At this time he was transported to the hospital for medical treatment. Mr. [REDACTED] reports that he often has to pull over the van to strap the seat belts back on the children because the children would sometimes get out of the seat belts and stand up. Mr. [REDACTED] reports that he did not have a monitor on the bus to assist him with the children's behavior. Mr. [REDACTED] reports that he did express to the parents the need for the children to be provided safety seats. The parents would respond by saying that it was going to be okay and would send the children on the van anyway without a car seat. Mr. [REDACTED] reports that he also expressed his concerns of not having a monitor or car seats with the owners of the daycare, Mr. and Mrs. [REDACTED]. The owners would say that they were in the process of hiring a monitor. Mr. [REDACTED] states that he has stated to the owners that he was going to quit because he did not want to be riding with the children illegally. Eventually daycare staff [REDACTED] would ride with him as a monitor reports Mr. [REDACTED]. Mr. [REDACTED] denies being distracted when the accident occurred. He was not on the phone or speeding reports Mr. [REDACTED]. Mr. [REDACTED] reports that he was given a ticket for failing to maintain proper control of a vehicle, and lack of car seats. Mr. [REDACTED] reports that the car seat charged was dropped during court on March 14, 2013. Mr. [REDACTED] reports that he has tried to make contact with owners, Mr. and Mrs. [REDACTED] without success. Mr. [REDACTED] expressed his concern for the children involved. SI explained the investigation process. Mr. [REDACTED] gave SI contact information on a staff witness, [REDACTED] [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:	03/19/2013	Contact Method:	Attempted Face To Face
Contact Time:	10:25 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/02/2013
Completed date:	04/02/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 03:30 PM Entered By: [REDACTED]

SI went address [REDACTED] [REDACTED] [REDACTED] to make contact with alleged perpetrator; [REDACTED] [REDACTED] SI was informed that Mr. [REDACTED] did not reside in the home. SI was informed that Mr. [REDACTED] would be contacted and directed to follow-up with SI. SI contact information was left with the home owner.

Narrative Type: Addendum 1 Entry Date/Time: 04/02/2013 03:32 PM Entered By: [REDACTED]

SI was initially given address [REDACTED] as the address for the AP by [REDACTED] day care staff.



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: 03/05/2013

Contact Method: Attempted Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 02:26 PM Entered By: [REDACTED]

SI returned to [REDACTED] daycare as scheduled to meet with owner, [REDACTED] [REDACTED] Ms. [REDACTED] was not present. SI has made the assessment that Ms. [REDACTED] does not intend to interview with SI.



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: 03/01/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 02:16 PM Entered By: [REDACTED]

SI returned to [REDACTED] daycare to make contact with owner, [REDACTED]. SI was informed that Ms. [REDACTED] had already left the center. SI was directed to return to the center later today. Ms. [REDACTED] would have returned to the center by this time.



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: 03/01/2013

Contact Method: Face To Face

Contact Time: 04:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 02:18 PM Entered By: [REDACTED]

SI returned to [REDACTED] daycare to make contact with owner, [REDACTED] an obtain contact information on ACV, [REDACTED] Center staff made contact with Mrs. [REDACTED] and informed her of SI presences at the center. Ms. [REDACTED] explained to Ms. [REDACTED] that SI needed to speck with her concerning the investigation. SI heard Ms. [REDACTED] say for what. SI was told to return to the center between 11:00 a.m. and 12:00p.m. during naptime. SI reviewed the file for ACV, and obtained contact information. There were no write-ups in Mr. [REDACTED] 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: Completed

Contact Date: 02/07/2013

Contact Method: Phone Call

Contact Time: 10:46 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 01:17 PM Entered By: [REDACTED]

SI made contact with DHS/Program Evaluator, [REDACTED] regarding the open investigation At [REDACTED] daycare center. Ms. [REDACTED] states that she is aware of the daycare van accident that occurred on 2/1/13. At this time transportation services are revoked for [REDACTED] daycare. Ms. [REDACTED] reports that she was told that the driver of the van hit a hot hole in the street according to some witnesses at the scene. Ms. [REDACTED] reports that the daycare provider states that the parents are to send car seats for their children to ride the bus. Ms. [REDACTED] reports that the owners, [REDACTED] and [REDACTED] have an administration hearing tomorrow. Ms. [REDACTED] reports that there should have been a monitor on the bus. Ms. [REDACTED] reports that the children involved in the accident have not returned to the center. Ms. [REDACTED] states that she does not understand why DCS has an investigation because the incident was simply and accident. SI explained that the investigation is on-going.



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: 02/07/2013

Contact Method: Correspondence

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2013

Completed date: 02/19/2013

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: 02/19/2013 03:06 PM Entered By: [REDACTED]

CPIT convened/Stamped DCS to handle as appropriate



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: 02/07/2013

Contact Method: Face To Face

Contact Time: 09:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/02/2013 10:12 AM Entered By: [REDACTED]

SI completed a walk-through of [REDACTED] Daycare. SI observed the room designated for the afterschool children. The room was in disarray. Director, [REDACTED] reports that the afterschool is not being used because there are no afterschool children enrolled. The daycare no longer provides transportation due to the daycare van accident. SI observed a yellow bus in the parking lot of the daycare which appeared to be out of services. The bus was packed with object used by the day care center. There were no car safety seats observed to be located in the daycare center.



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: 02/06/2013

Contact Method: Correspondence

Contact Time: 10:42 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 11:00 AM Entered By: [REDACTED]

SI made contact with DHS/Program Evaluator [REDACTED] [REDACTED] Supervisor [REDACTED] regarding the open investigation at [REDACTED] daycare. SI informed DHS that SI would be making contact with the center on 2/7/13 at 9:00a.m.



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: 02/05/2013

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 03:19 PM Entered By: [REDACTED]

SI made contact with the parent of alleged victim, [REDACTED] [REDACTED]. SI reviewed forms CS-0835 Acknowledgement of Receipt of Clients rights Handbook, CS-0668 Authorization of Release of Information, CS-0824 Native American Heritage Veto Verification, CS-0158 Notification of Equal Access to Programs and Services and Grievance Procedures. Copies of these documents can be located in the child's DCS file. SI observed the ACV to be asleep on the family couch. [REDACTED] swelling of his face has subsided. [REDACTED] mother reports that [REDACTED] will continue follow-up treatment as required.



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: 02/05/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/01/2013

Completed date: 04/01/2013

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: 04/01/2013 03:21 PM Entered By: [REDACTED]

SI made contact with [REDACTED] parent of alleged victim, [REDACTED] Ms. [REDACTED] reports that [REDACTED] had been attending [REDACTED] Daycare since birth. Ms. [REDACTED] reports that prior to the accident, she had no concerns regarding her son and day care transportation. On the day of the accident, Ms. [REDACTED] reports that she received a call from Mr. [REDACTED] telling her that [REDACTED] was in the hospital. The [REDACTED] (day care owners) sent someone to pick her up and transported her to the hospital reports Ms. [REDACTED]. Once she got to the hospital Mr. [REDACTED] asked her if she was mad and asked her not to talk to the media or anybody else. Ms. [REDACTED] reports that [REDACTED] was placed in a car seat by his father on the day of the accident. According to [REDACTED] father Mr. [REDACTED] there were children on the van who were not in a seatbelt when he buckled [REDACTED] up in his car seat. Ms. [REDACTED] reports that she has witnessed on other occasions when the children were not in a child seat while riding on the day care van. Ms. [REDACTED] reports that the van drivers name is [REDACTED] Ms. [REDACTED] states that Mr. [REDACTED] is a very kind guy who appears to really care for the children. Mr. [REDACTED] is the only driver and there is no monitor on the bus states, Ms. [REDACTED] Ms. [REDACTED] explained that [REDACTED] will not be returning to [REDACTED] daycare. [REDACTED] is now attending [REDACTED] off [REDACTED] Ms. [REDACTED] reports that Ms. [REDACTED] has come by her home since the accident to ask if her children were returning to the daycare. Ms. [REDACTED] reports that she informed Ms. [REDACTED] that her children would not be returning to the daycare. Ms. [REDACTED] would not take no for an answer and said that she would return on the next day. Ms. [REDACTED] made contact [REDACTED] father who placed him the day care van on the day of the accident. SI I spoke with Mr. [REDACTED] (by phone) who reports that he placed his son [REDACTED] on the van and buckled him in the car seat. Mr. [REDACTED] reports that he observed a child to be walking around in the daycare van and not in a seat belt. This was not the first time he has observed children not being buckled in car seats on the van. Mr. [REDACTED] reports that his sons car seat was the only restraint on the bus. The car seat was not provided by the daycare reports Mr. [REDACTED] SI explained forms CS-0835 Acknowledgement of Receipt of Clients rights Handbook, CS-0668 Authorization of Release of Information, CS-0824 Native American Heritage Veto Verification, CS-0158 Notification of Equal Access to Programs and Services and Grievance Procedures and obtained required signatures. Copies of these documents can be located in the childs DCS 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: Completed

Contact Date: 02/05/2013

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/02/2013

Completed date: 04/02/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2013 03:23 PM Entered By: [REDACTED]

SI made contact with the parent of alleged victims, [REDACTED] and [REDACTED]. SI reviewed forms CS-0835 Acknowledgement of Receipt of Clients rights Handbook, CS-0668 Authorization of Release of Information, CS-0824 Native American Heritage Veto Verification, CS-0158 Notification of Equal Access to Programs and Services and Grievance Procedures. Copies of these documents can be located in the child's DCS file. SI observed [REDACTED] and her brother [REDACTED] to be playing in the living room with each other. Ms. [REDACTED] reports that the children continue to talk about the accident, but appear to be adjusting.



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: 02/01/2013

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2013

Completed date: 04/02/2013

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: 04/02/2013 01:44 PM Entered By: [REDACTED]

SI completed Notice of child Fatality/Near fatality regarding Alleged victims:

[REDACTED]

These completed forms can be located in the DCS/Case 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: Completed

Contact Date: 02/01/2013

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/28/2013

Completed date: 03/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/28/2013 01:12 PM Entered By: [REDACTED]

SI staffed the case with DCS team leader/[REDACTED] by phone. SI received a P-1 referral with allegations of lack of supervision. It was reported that four children were listed in critical condition at [REDACTED] Hospital emergency department after being involved in a daycare van crash. SI made face to face contact with the alleged victims. Alleged Victims [REDACTED] and [REDACTED] suffered minor injuries and were released from the hospital on 2/1/13. The fourth victim, [REDACTED] was ejected from the van and will be admitted into the hospital for medical treatment. According to the alleged victims parents, they had concerns regarding the children not having safety seats. SI will need to complete Near Fatality forms on all victims and submit. SI will need to make response/face to face contact with ACV, [REDACTED]. More interviews are needed. The investigation is on-going.



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: 02/01/2013

Contact Method: Face To Face

Contact Time: 01:32 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/28/2013

Completed date: 02/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/28/2013 11:33 AM Entered By: [REDACTED]

SI observed [REDACTED] to be cradled in his grandfathers arms wearing and neck brace. The childs face and lips were red and swollen. [REDACTED] was observed to have open wounds to his face along with cuts and scrapes on his legs and arms. SI did not interview the child due to his injuries and his age.



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: 02/01/2013 Contact Method: Face To Face
 Contact Time: 01:32 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/01/2013
 Completed date: 04/01/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2013 03:36 PM Entered By: [REDACTED]

SI interviewed the mother, [REDACTED] who reports that her son, [REDACTED] has been attending the daycare since he was born. [REDACTED] grandfather, [REDACTED] expressed that he has had concerns with the daycare van not having car seats and not having a monitor on the van when transporting the children. [REDACTED] grandmother, [REDACTED] reports that she has witnessed the daycare driver to drive too fast. The [REDACTED] reports that she has addressed her concerns with the daycare owner in the past. SI will make contact on a later date to review required forms with the parent.



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: 02/01/2013

Contact Method: Face To Face

Contact Time: 01:05 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/01/2013

Completed date: 04/01/2013

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: 04/01/2013 03:27 PM Entered By: [REDACTED]

SI interviewed the mother, [REDACTED] who reports that two of her children were on the van during the accident. The mother reports that she has had prior concerns with the daycare transporting the children that ride the daycare van without car seats. Ms. [REDACTED] reports this has been an on-going issue. Ms. [REDACTED] reports that her children have been attending the daycare for approximately 2-years. According to Ms. [REDACTED] today, February 1, 2013 will be the last day that her children attend the daycare. Ms. [REDACTED] reports that there were currently no bus monitors on the bus. SI will make contact with Ms. [REDACTED] to review required forms on a later scheduled date.



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: 02/01/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/28/2013

Completed date: 02/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/28/2013 11:30 AM Entered By: [REDACTED]

SI [REDACTED] did not interview child due to his age. [REDACTED] was observed to have stitches on his forehead, right side of his head and on the lower left side of the waist.



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: 02/01/2013

Contact Method: Correspondence

Contact Time: 12:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2013

Completed date: 03/25/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/25/2013 03:18 PM Entered By: [REDACTED]

SI made contact with the referent to obtain any additional information. SI was informed that one of the four victims has been discharged from the hospital.



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: 02/01/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2013

Completed date: 02/19/2013

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: 02/19/2013 02:48 PM Entered By: [REDACTED]

SI received a P- 1 referral with allegations of lack of supervision regarding [REDACTED] Academy.

ACV: [REDACTED]

Reporter states: [REDACTED] (5 years), [REDACTED] (4 years), [REDACTED] (2 years), and [REDACTED] (2 years) all attend [REDACTED]

On February 1, 2013 at approximately 10:00am, the vehicle that the children were in with [REDACTED] turned over and [REDACTED] was ejected from the vehicle. All four of the children are listed in critical condition at [REDACTED] Hospital. The children are currently having medical tests ran to find out their exact prognosis. Only one child was in a child safety seat.

The parents are being notified by the daycare and [REDACTED] Police Department. The driver (Unknown) of the daycare vehicle went to an adult hospital. The reporter is unaware which hospital or the status of the driver.

The reporter was in a hurry due to the nature of accident and Central Intake was unable to receive any other information from the reporter prior to the call ending.



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: 02/01/2013

Contact Method: Face To Face

Contact Time: 01:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/28/2013

Completed date: 02/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

Williams, Shayrod

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/28/2013 11:23 AM Entered By: [REDACTED]

SI [REDACTED] did not interview child due to his age. [REDACTED] was observed to have minor cuts and scrapes to the left lower side of her face and both hands.

Narrative Type: Addendum 1 Entry Date/Time: 04/01/2013 03:30 PM Entered By: [REDACTED]

Correct contact time is 1:00 p.m.



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: 02/01/2013

Contact Method: Face To Face

Contact Time: 12:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/28/2013

Completed date: 03/28/2013

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: 03/28/2013 01:01 PM Entered By: [REDACTED]

SI made contact with the [REDACTED] Hospital Social Worker, [REDACTED] Ms. [REDACTED] reports that one of the alleged victims, [REDACTED] [REDACTED] has been discharged from the hospital. Victims [REDACTED] and [REDACTED] are preparing to be discharged at this time. The two siblings were treated for minor injuries. The victim with the most injuries, [REDACTED] [REDACTED] will be admitted into the hospital for further treatment. SI was given contact information for [REDACTED] [REDACTED] who has been discharged from the hospital.