



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 01/26/2013 03:31 AM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 01/26/2013

**Investigation**

Investigation ID: [REDACTED]  
First County: [REDACTED]  
Date/Time Assigned : 01/28/2013 10:55 AM  
First Team Leader Assigned: [REDACTED] Date/Time 01/28/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 01/28/2013 12:00 AM

**Allegations**

| Alleged Victim | Age   | Allegation          | Severe ? | Alleged Perpetrator | Relationship to Alleged Victim |
|----------------|-------|---------------------|----------|---------------------|--------------------------------|
| [REDACTED]     | 2 Yrs | Lack of Supervision | No       | [REDACTED]          | Birth Mother                   |
| [REDACTED]     | 2 Yrs | Physical Abuse      | Yes      | [REDACTED]          | Birth Mother                   |
| [REDACTED]     | 2 Yrs | Physical Abuse      | Yes      | [REDACTED]          | Birth Father                   |

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: No History Found

Open Court Custody/FSS/FCIP: (No)

Prior INV/ASMT of Abuse: (No)

Prior INV/ASMT of Neglect: (No)

Screen Out: (No)

DUPLICATE REFERRAL: (No)

County: [REDACTED]

Notification: (None)

School/ Daycare: (None)

Native American Descent: (No)



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

Directions: (None)

Note: All address information is located under the oldest child victims name

Reporters name/relationship: [REDACTED]

Reporter states [REDACTED] [REDACTED] (11 months) lives with [REDACTED] [REDACTED] and [REDACTED] [REDACTED] his parents.

[REDACTED] is currently at [REDACTED] Hospital with his parents. [REDACTED] arrived to the hospital by ambulance at 10:23 pm on January 25, 2013.

[REDACTED] was having a seizure when he arrived at the hospital.

[REDACTED] has extensive bruising to his head. [REDACTED] has multiple superficial abrasions on the right side of his head behind the hairline. [REDACTED] has bruises on both ears. [REDACTED] has an abrasion above his left eye. [REDACTED] has a bruise on his face that resembles a grid. [REDACTED] has dried blood in his right ear. [REDACTED] has a chronic subdural hematoma (past injury) and an acute subdural hematoma (new injury).

The head injury was so severe [REDACTED] did not have a full skeletal survey as he had to be taken to surgery immediately. [REDACTED] was taken to surgery after he was put on a ventilator. [REDACTED] had surgery to relieve pressure on his brain.

The mother said [REDACTED] falls a lot and he fell off the bed earlier yesterday (1/25/13). The mother said after [REDACTED] fell he went to sleep. The mother said when [REDACTED] woke up he would not stand and he was not acting right.

The father said he was not at home with [REDACTED] when he got hurt yesterday.

[REDACTED] fall earlier yesterday would not have given him as many injuries as he currently has.

[REDACTED] is crawling. [REDACTED] does not walk.

The [REDACTED] Police were contacted; however, they have not made it to the hospital to take a report.

The parents were told a report would have to be made to DCS.

The parents said [REDACTED] has no known disabilities.

This is all the information the reporter had to report at this time.

Per SDM: Investigative Track, P1

[REDACTED] County was paged on 1/26/13 @ 4:14 A.M.  
[REDACTED] notified @ 4:19 am by [REDACTED]

P1, [REDACTED], TL, on 1/26/13 @ 4:23 A.M.

Near Fatality E-MAIL NARRATIVE SENT TO:  
[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:** [REDACTED]      **Date of Birth:** [REDACTED]      **Participant ID:** [REDACTED]  
**SSN:**      **Race:** Black/African      **Age:** 24 Yrs  
**Address:**  
**Deceased Date:**  
**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes  
**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:**      **Race:** Black/African      **Age:** 2 Yrs  
**Address:** [REDACTED]  
**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:** Black/African      **Age:** 20 Yrs

**Address:**

**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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [Redacted]
Referral Date: 01/26/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 05/02/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 3 rows of allegations.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is evidence to support allegation of Physical Abuse- Severe.

D. Case Workers

Case Worker: [Redacted]
Team Leader: [Redacted]

Date: 04/25/2013
Date: 04/26/2013

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:

[Redacted] (1) and [Redacted] (2) could not be interviewed for the purposes of this investigation. [Redacted] was hospitalized for head injury at 11 months old and [Redacted] was not in the household during the time [Redacted] was injured as he is residing in [Redacted] with his maternal grandmother. When CPSI observed the children at Juvenile Court for court hearing on 3/5/2013, both boys appeared happy and healthy. No visible marks or bruises were observed on children's body. They appeared to have a close bond with their parents, [Redacted] and [Redacted].

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion 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]

A medical consult was conducted by the LCAP team at [REDACTED] Medical Hospital under the direction of Dr. [REDACTED]. Per the consult Per the final consult, it was determined that [REDACTED] injuries were suspicious for non accidental injury, specifically abusive head trauma. Per the teams assessment, this 11 month old which is status decompressive craniotomy secondary to an acute subdural hematoma in association with chronic subdural hygroma who presented with seizures. In addition, the patient was found to have multiple areas of bruising to the face and ears, as well as presence of interspinous ligamentous edema throughout the cervical spine.

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

Ms. [REDACTED] nor Mr. [REDACTED] disclose being physically abusive towards [REDACTED] however, medical records/ consult explained injuries consistent with physical abuse. Ms. [REDACTED] reported that she stands [REDACTED] up to walk because he acts lazy. Ms. [REDACTED] stated that [REDACTED] kept falling down on his butt. Ms. [REDACTED] reported [REDACTED] as having a push walker that he is not placed in, but pushes it to help him walk. Ms. [REDACTED] stated that [REDACTED] was trying to lay his head down in the push walker. Ms. [REDACTED] stated that [REDACTED] fell and hit the ground. Ms. [REDACTED] reported that she put [REDACTED] up against the wall and he fell and hit the side of his face. Ms. [REDACTED] stated that she picked [REDACTED] up and put him in her bed. Ms. [REDACTED] stated that after placing [REDACTED] in her bed, she got on the phone and left the room. Ms. [REDACTED] stated she heard a sound and went back to her room and grabbed [REDACTED] from the floor. Ms. [REDACTED] stated that her brush was on the floor when she picked up and is unsure if his head hit the brush. Ms. [REDACTED] stated that she put [REDACTED] in his bed and fixed him a bottle. Ms. [REDACTED] stated that she noticed something was wrong with [REDACTED] because he was light and floppy. Ms. [REDACTED] stated that [REDACTED] was giving her eye contact and then his eyes began looking dazed. [REDACTED] stated that she went to security at her apartment complex for help, but did not receive a response. Ms. [REDACTED] then reported that she called the paternal grandmother, [REDACTED] and reported to her that something was wrong with [REDACTED] and she advised her to call 911. Ms. [REDACTED] reported that [REDACTED] last fell off the couch maybe a month ago. When asked about [REDACTED] Ms. [REDACTED] stated that he has been in [REDACTED] with her mother and has been there for almost two weeks. Mr. [REDACTED] is the birthfather of [REDACTED]. According to both parents, [REDACTED] was not at home when [REDACTED] needed medical attention.

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

Per the final medical consult, it was determined that [REDACTED] injuries were suspicious for non accidental injury, specifically abusive head trauma.

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

Both children, [REDACTED] and [REDACTED] entered DCS custody on 02/01/2013. The preliminary hearing was held on 2/5/2013 and both children exited custody with maternal grandmother, [REDACTED] who resides in [REDACTED]. Next court hearing scheduled for 7/9/2013 at 9am.

Distribution Copies: Juvenile Court in All Cases  
District Attorney in Severe Child Abuse Cases  
[REDACTED] 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:     | 05/02/2013  | Contact Method:   |              |
| Contact Time:     | 11:07 AM  | Contact Duration: | Less than 15 |
| Entered By:       | [REDACTED]  | Recorded For:     |              |
| Location:         |   | Created Date:     | 05/02/2013   |
| Completed date:   | 05/02/2013  | Completed By:     | [REDACTED]   |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |              |
| Contact Type(s):  | Administrative Review   |                   |              |
| Contact Sub Type: |   |                   |              |

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

Narrative Type: Original      Entry Date/Time: 05/02/2013 11:12 AM      Entered By: [REDACTED]

The allegations will be indicated based on the medical consult provided by Dr. [REDACTED]. The mother admitted to being the primary caretaker but the child did live in a two parent home. The father and mother both stated that he was at work when the child was taken to the hospital. The father refused to provide work records to prove the timeline that he was not at home with his son. The children entered care and exited care with the maternal grandmother who lives in [REDACTED]. The case was staffed in CPIT review where it was decided by the AG that both parents will be indicated by the [REDACTED]. There is a duplicate case to this investigation all investigative steps have been taken in this investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/02/2013

Contact Method:

Contact Time: 10:12 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/02/2013

Completed date: 05/02/2013

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: 05/02/2013 10:14 AM      Entered By: [REDACTED]

Case ID# [REDACTED] and [REDACTED] are the same Investigations. Please refer to Case ID# [REDACTED] for investigation details.



**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:     | 04/26/2013                                       | Contact Method:   |              |
| Contact Time:     | 11:06 AM   | Contact Duration: | Less than 15 |
| Entered By:       | [REDACTED]                                       | Recorded For:     |              |
| Location:         | DCS Office                                       | Created Date:     | 04/26/2013   |
| Completed date:   | 04/26/2013                                       | Completed By:     | [REDACTED]   |
| Purpose(s):       | Permanency, Safety - Child/Community, Well Being |                   |              |
| Contact Type(s):  | Case Summary                                     |                   |              |
| Contact Sub Type: |  |                   |              |

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

Narrative Type: Original Entry Date/Time: 04/26/2013 11:06 AM Entered By: [REDACTED]

[REDACTED] (2/28/12) and [REDACTED] (10/06/2010) exited DCS custody on 2/5/2012 during a hearing with Magistrate [REDACTED] at the Juvenile Court of [REDACTED] County. [REDACTED] came to the attention of the Department on 1/26/2013 with allegation of Physical Abuse and Lack of Supervision. This case was responded to during on call hours by CPSI 2 [REDACTED]. Both children entered DCS custody on 02/01/2013. The preliminary hearing was held on 2/5/2013 and both children exited custody with maternal grandmother, [REDACTED] who resides in [REDACTED]. Prior to this custody episode, [REDACTED] (age 2) had been residing with Ms. [REDACTED] in [REDACTED] so that Ms. [REDACTED] could devote her attention to [REDACTED] age 11 months during the time.

Court order regarding current custody of the children have been placed in CPS file.

During the initiation of this CPSI investigation, Ms. [REDACTED] stated that she stands [REDACTED] up to walk because he acts lazy. Ms. [REDACTED] stated that [REDACTED] kept falling down on his butt. Ms. [REDACTED] reported [REDACTED] as having a push walker that he is not placed in, but pushes it to help him walk. Ms. [REDACTED] stated that [REDACTED] was trying to lay his head down in the push walker. Ms. [REDACTED] stated that [REDACTED] fell and hit the ground. Ms. [REDACTED] reported that she put [REDACTED] up against the wall and he fell and hit the side of his face. Ms. [REDACTED] stated that she picked [REDACTED] up and put him in her bed. Ms. [REDACTED] stated that after placing [REDACTED] in her bed, she got on the phone and left the room. Ms. [REDACTED] stated she heard a sound and went back to her room and grabbed [REDACTED] from the floor. Ms. [REDACTED] stated that her brush was on the floor when she picked up and is unsure if his head hit the brush. Ms. [REDACTED] stated that she put [REDACTED] in his bed and fixed him a bottle. Ms. [REDACTED] stated that she noticed something was wrong with [REDACTED] because he was light and floppy. Ms. [REDACTED] stated that [REDACTED] was giving her eye contact and then his eyes began looking dazed. [REDACTED] stated that she went to security at her apartment complex for help, but did not receive a response. Ms. [REDACTED] then reported that she called the paternal grandmother, [REDACTED] and reported to her that something was wrong with [REDACTED] and she advised her to call 911. Ms. [REDACTED] reported that [REDACTED] last fell off the couch maybe a month ago. When asked about [REDACTED] Ms. [REDACTED] stated that he has been in [REDACTED] with her mother and has been there for almost two weeks. Mr. [REDACTED] is the birthfather of [REDACTED]. According to both parents, [REDACTED] was not at home when [REDACTED] needed medical attention.

CPSI [REDACTED] has obtained medical records which will be placed in CPS file. A medical consult was conducted by the LCAP team at [REDACTED] Medical Hospital under the direction of Dr. [REDACTED]. Per the consult Per



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

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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

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the final consult, it was determined that [REDACTED] injuries were suspicious for non accidental injury, specifically abusive head trauma. Per the teams assessment, this 11 month old which is status decompressive craniotomy secondary to an acute subdural hematoma in association with chronic subdural hygroma who presented with seizures. In addition, the patient was found to have multiple areas of bruising to the face and ears, as well as presence of interspinous ligamentous edema throughout the cervical spine.

CPSI has completed safety assessment and 740. CPSI will submit investigation to team leader for review.

Narrative Type: Addendum 1    Entry Date/Time: 04/26/2013 11:56 AM    Entered By: [REDACTED]

CPSI completed Family Functional Assessment. CPSI will forward copy CPS file and send over to fostercare upon case closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/26/2013

Completed date: 04/26/2013

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: 04/26/2013 11:05 AM      Entered By: [REDACTED]

CPSI completed safety assessments. The children are currently residing in a safe and stable home environment with maternal grandmother [REDACTED] in [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2013

Contact Method:

Contact Time: 01:17 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/25/2013

Completed date: 04/25/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/25/2013 01:19 PM      Entered By: [REDACTED]

See case conference tab for staffing note.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/26/2013

Completed date: 04/26/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/26/2013 11:04 AM      Entered By: [REDACTED]

CPSI spoke with FSW [REDACTED] (FSS-Family Support Services- DCS). Per FSW [REDACTED] she has been keeping in contact with Ms. [REDACTED] monthly. She reported that [REDACTED] graduated from one speech therapy class and had started another one. She reported the therapy is weekly and stated Ms. [REDACTED] is also looking after [REDACTED] best interest and plans to get him enrolled with speech as well. She reported the parents traveled to [REDACTED] to relieve Ms. [REDACTED] and the children of travel to [REDACTED] in efforts to spend time with the boys.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2013

Contact Method: Face To Face

Contact Time: 01:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/26/2013

Completed date: 04/26/2013

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: 04/26/2013 11:03 AM Entered By: [REDACTED]

This case went before CPIT Review on this evening with the presence of ADAs [REDACTED] and [REDACTED] [REDACTED] MPD Child Abuse Squad Office Sgt [REDACTED] is the officer assigned. Per [REDACTED] both parents have obtained attorneys and are not being cooperative. Sgt [REDACTED] reported that she has asked for school records of Ms. [REDACTED] and work schedule records from [REDACTED] [REDACTED] in efforts to establish a timeline of [REDACTED] injuries. Due this, the ADA will prosecute Ms. [REDACTED] and will work towards the same regarding Mr. [REDACTED]. CPSI will indicated on the allegation of Physical Abuse- Severe. This was agreed upon by all CPIT team members and signatures were obtained on the CPIT Review form. CPSI placed paperwork in case file.

Narrative Type: Addendum 1 Entry Date/Time: 04/26/2013 11:47 AM Entered By: [REDACTED]

The charge will be Aggravated Child Abuse and Endangerment.



**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:     | 03/04/2013   | Contact Method:   | Face To Face      |
| Contact Time:     | 10:00 AM   | Contact Duration: | Less than 02 Hour |
| Entered By:       | [REDACTED]   | Recorded For:     |                   |
| Location:         | Court  | Created Date:     | 04/26/2013        |
| Completed date:   | 04/26/2013   | Completed By:     | [REDACTED]        |
| Purpose(s):       | Permanency,Safety - Child/Community,Well Being   |                   |                   |
| Contact Type(s):  | ACV Interview/Observation,Alleged Perpetrator Interview,Court Hearing,Parent/Caretaker Interview,Sibling Interview/Observation |                   |                   |
| Contact Sub Type: |  |                   |                   |

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/26/2013 11:01 AM      Entered By: [REDACTED]

CPSI [REDACTED] attended adjudication hearing. This hearing was continued to July 9, 2013 at 9am for purposes of Discovery. Present at the hearing were maternal grandmother, [REDACTED] paternal grandmother, [REDACTED] parents [REDACTED] and [REDACTED] and the children [REDACTED] (1) and [REDACTED] (2). The Magistrate ruled that both children remain in the physical temporary custody of [REDACTED] maternal grandmother. This was confirmed by the GAL, Atty [REDACTED] of the [REDACTED] Legal Clinic.

Both [REDACTED] and [REDACTED] were properly dressed and groomed. Both children appear to have a strong bond with the parents. No visible marks or bruises were observed.

Per Ms. [REDACTED] [REDACTED] is making progress. She reported follow up visit to have stitches removed February 17,2012 in [REDACTED]. She reported he had since been crawling. She reported he received occupational and physical therapy in [REDACTED] and his appointment was on 2/25/2012. She reported when the parents visit with the boys, she maintains eye on supervision because she understands the rules. She reported that the parents have been providing her with food for the boys.

Per [REDACTED] she and [REDACTED] do visit with the children. Ms. [REDACTED] reported that she and [REDACTED] have moved into a better apartment located at The [REDACTED] Apartments, 2 bedrooms with carpeted flooring. They both expressed a desire to regain physical custody of the children.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

|                   |               |                   |                   |
|-------------------|---------------|-------------------|-------------------|
| Recording ID:     | [REDACTED]    | Status:           | Completed         |
| Contact Date:     | 02/05/2013    | Contact Method:   | Face To Face      |
| Contact Time:     | 01:00 PM      | Contact Duration: | Less than 03 Hour |
| Entered By:       | [REDACTED]    | Recorded For:     |                   |
| Location:         | Court         | Created Date:     | 02/11/2013        |
| Completed date:   | 02/11/2013    | 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: 02/11/2013 03:05 PM    Entered By: [REDACTED]

Per Magistrate [REDACTED] and [REDACTED] exited DCS custody on 2/5/2013 and placed in the physical custody of maternal grandmother, [REDACTED] who resides in [REDACTED] TN. She was present for today's court hearing.

Narrative Type: Addendum 1    Entry Date/Time: 04/26/2013 10:57 AM    Entered By: [REDACTED]

Household composition:

[REDACTED] maternal grandmother  
 [REDACTED] ACV age 1  
 [REDACTED] sibling age 2



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/30/2013

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/26/2013

Completed date: 04/26/2013

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: 04/26/2013 10:59 AM Entered By: [REDACTED]

1/30/2013 notation- Purpose of Contact:

Background checks on: [REDACTED] [REDACTED] birthfather

Content:

The following Internet Records Clearance inquiries were completed on the date(s) indicated:

Justice System Inquiry (JSSI): negative

Methamphetamine Offender Registry: negative-completed on 01/30/2013

National Sexual Offender Registry: negative-completed on 01/30/2013

Tennessee Sexual offender Registry: negative-completed on 1/30/2013

Tennessee Felony Offender Registry: negative-completed on 01/30/2013

Tennessee Dept. of health Vulnerable Person (Abuse Registry): negative-completed on 01/30/2013

Notation Purpose of contact

Background checks on: [REDACTED] [REDACTED] birthmother

Content:

The following Internet Records Clearance inquiries were completed on the date(s) indicated:

Justice System Inquiry (JSSI): negative

Methamphetamine Offender Registry: negative-completed on 01/30/2013

National Sexual Offender Registry: negative-completed on 01/30/2013

Tennessee Sexual offender Registry: negative-completed on 1/30/2013

Tennessee Felony Offender Registry: negative-completed on 01/30/2013

Tennessee Dept. of health Vulnerable Person (Abuse Registry): negative-completed on 01/30/2013



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2013

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2013

Completed date: 01/29/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/29/2013 12:52 PM      Entered By: [REDACTED]

CM has completed Notice of Child Fatality/Near Fatality report

CM has faxed report to the Office of Child Safety

CM has received confirmation of fax



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2013

Contact Method:

Contact Time: 03:47 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/28/2013

Completed date: 01/28/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/28/2013 03:52 PM Entered By: [REDACTED]

This case was received by the department as a priority one. The response was meet by on-call CPSI [REDACTED] who will need to enter her initial face to face and additional documentation. [REDACTED] was brought into state custody on a verbal and his two year old sibling [REDACTED] who is currently in [REDACTED] Tennessee will be added to the petition. The case was also responded to by [REDACTED] Sgt's [REDACTED] and [REDACTED]. The near fatality report will have to be completed by on call staff and forwarded to [REDACTED]. The case has been reassigned to CPSI III [REDACTED] who is under this TL's supervision. Pictures have been taken and the family's prior involvement with the department will need to be reviewed and documented. The CPSI will also need to complete the family composition, background checks and collateral interviews. The Department has received the medical consult which states that the injuries are considered to be non-accidental.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2013

Contact Method: Correspondence

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2013

Completed date: 01/29/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/29/2013 12:03 PM Entered By: [REDACTED]

This CM has submitted legal referral to [REDACTED] [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2013

Completed date: 01/29/2013

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: 01/29/2013 12:04 PM      Entered By: [REDACTED]

CM has submitted request for Child and Family Team Meeting

A CFTM has been scheduled for Wednesday, January 30th @ 1:00 pm @ [REDACTED] Community Center, [REDACTED]  
[REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/28/2013

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2013

Completed date: 01/29/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/29/2013 12:50 PM Entered By: [REDACTED]

CM has received medical consult prepared by Dr. [REDACTED] regarding [REDACTED] [REDACTED] CM observed Dr. [REDACTED] assessment to conclude the following:

This is an 11 month old, status post decompressive craniotomy secondary to an acute subdural dematoma in association with a chronic subdural hygroma who presented with seizures. In addition, the patient was found to have multiple areas of bruising to the face and ears, as well as the presence of interspinous ligamentous edema throughout the cervical spine. These findings are inconsistent with the history provided and are suspicious for nonaccidental injury, specifically abusive head trauma.

The consult has been placed in the file



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/26/2013

Contact Method: Phone Call

Contact Time: 08:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2013

Completed date: 01/29/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/29/2013 12:37 PM Entered By: [REDACTED]

CM made contact with Ms. [REDACTED] [REDACTED] maternal grandmother of [REDACTED] [REDACTED]. CM introduced herself to Ms. [REDACTED] and stated the reason for the phone call. Ms. [REDACTED] stated that she was on the telephone with [REDACTED] before he was taken to the hospital. According to Ms. [REDACTED] Ms. [REDACTED] thought [REDACTED] was being lazy because he is always being held. According to Ms. [REDACTED] Ms. [REDACTED] tried to make [REDACTED] stand up. Ms. [REDACTED] stated that she heard [REDACTED] give [REDACTED] 2 or 3 licks on his legs. Ms. [REDACTED] stated that she told [REDACTED] to keep [REDACTED] woke for at least 30 minutes to an hour after he fell. CM asked Ms. [REDACTED] is [REDACTED] in her custody. Ms. [REDACTED] stated that [REDACTED] is in the custody of his mother. Ms. [REDACTED] stated that he has been living with her for 2 years. Ms. [REDACTED] stated that she has no problem keeping [REDACTED]. According to Ms. [REDACTED] she has asked [REDACTED] if she can adopt him. Ms. [REDACTED] stated that [REDACTED] did not agree with her adopting Ms. [REDACTED] stated that she has five daughters and [REDACTED] was the first boy. Ms. [REDACTED] stated that [REDACTED] is spoiled. CM asked Ms. [REDACTED] if she would allow a DCS in [REDACTED] to do a courtesy home study. Ms. [REDACTED] stated that she does not mind. Ms. [REDACTED] provided this CM with her information. Ms. [REDACTED] stated that, if possible, she would like to get [REDACTED]. CM informed Ms. [REDACTED] that someone from DCS will be contacting her regarding the home study.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/26/2013 Contact Method: Face To Face  
 Contact Time: 05:15 AM Contact Duration: Less than 05 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 01/29/2013  
 Completed date: 01/29/2013 Completed By: [REDACTED]  
 Purpose(s): Service Planning, Well Being, 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: 01/29/2013 10:45 AM Entered By: [REDACTED]  
 Child: [REDACTED]  
 Date of Contact: 1/26/13  
 Beginning Time: 5:15 am  
 Ending Time: 10:00 am  
 Purpose for Contact/Meeting: to make contact at [REDACTED]  
 Allegations: A referral was received for physical abuse and lack of supervision  
 Safety: [REDACTED] is currently safe in the hospital  
 Safety Assessment Score: Unsafe  
 Permanency: [REDACTED] is reported to reside with his birth mother and father  
 Family Support: birth mother and father, sibling, maternal & paternal grandmother's, maternal aunts  
 Well Being:  
 Medical: [REDACTED] is reported to receive medical care from [REDACTED]  
 Mental/Behavioral Health: There are no known mental or behavioral health issues  
 Substance Abuse: There is no known substance abuse issue  
 Education: [REDACTED] does not attend any daycare program

Other: The 2 year old sibling, [REDACTED] [REDACTED] is currently in [REDACTED] visiting with the maternal grandmother, [REDACTED]  
 [REDACTED]

## Documentation of Contact:

Summary of Interaction and Discussion of Purpose of Visit: When this CM arrived at [REDACTED] she was greeted by



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

officers from the [REDACTED] Police Department. CM was later joined by Sgt. [REDACTED] & Sgt. [REDACTED]. Ms. [REDACTED] stated that she stands [REDACTED] up to walk because he acts lazy. Ms. [REDACTED] stated that [REDACTED] kept falling down on his butt. Ms. [REDACTED] reported [REDACTED] as having a push walker that he is not placed in, but pushes it to help him walk. Ms. [REDACTED] stated that [REDACTED] was trying to lay his head down in the push walker. Ms. [REDACTED] stated that [REDACTED] fell and hit the ground. Ms. [REDACTED] reported that she put [REDACTED] up against the wall and he fell and hit the side of his face. Ms. [REDACTED] stated that she picked [REDACTED] up and put him in her bed. Ms. [REDACTED] stated that after placing [REDACTED] in her bed, she got on the phone and left the room. Ms. [REDACTED] stated she heard a sound and went back to her room and grabbed [REDACTED] from the floor. Ms. [REDACTED] stated that her brush was on the floor when she picked up and is unsure if his head hit the brush. Ms. [REDACTED] stated that she put [REDACTED] in his bed and fixed him a bottle. Ms. [REDACTED] stated that she noticed something was wrong with [REDACTED] because he was light and floppy. Ms. [REDACTED] stated that [REDACTED] was giving her eye contact and then his eyes began looking dazed. [REDACTED] stated that she went to security at her apartment complex for help, but did not receive a response. Ms. [REDACTED] then reported that she called the paternal grandmother, [REDACTED] and reported to her that something was wrong with [REDACTED] and she advised her to call 911. Ms. [REDACTED] reported that [REDACTED] last fell off the couch maybe a month ago. CM asked Ms. [REDACTED] if anyone else cares for [REDACTED]. Ms. [REDACTED] stated that her step-mother/dad's girlfriend, [REDACTED] sometimes keeps him. Ms. [REDACTED] stated that [REDACTED] was on her way to pick up [REDACTED] to keep him for the weekend before all of this happened.

CM asked Ms. [REDACTED] if her child [REDACTED] is in the custody of her mother. Ms. [REDACTED] stated that he is not in her mother's custody. Ms. [REDACTED] stated that he is visiting with her. CM asked Ms. [REDACTED] how long has [REDACTED] been in [REDACTED] with her mother. Ms. [REDACTED] stated that he has been there for almost two weeks.

CM explained the DCS forms to Ms. [REDACTED]. CM observed Ms. [REDACTED] to sign: HIPPA, Release of Information, Notification of Equal Access, Native American Heritage & Clients Rights Handbook.

CM asked Ms. [REDACTED] should [REDACTED] be unable to return home with her, who she would recommend he temporarily stay with. CM informed Ms. [REDACTED] that the individual should be able to provide for all of the needs of [REDACTED] and provide a safe home environment for him. Ms. [REDACTED] stated that she does not have anyone here. Ms. [REDACTED] stated that her sisters do not work. Ms. [REDACTED] stated that her mother lives in [REDACTED]. Ms. [REDACTED] stated that she does not have anyone else.

The birth father stated that he keeps [REDACTED] until it is time for him to go to work at 2:00 pm. The father stated that his mother, [REDACTED] keeps [REDACTED] at her house after he goes to work. The birth father stated that [REDACTED] was doing good when he left for work. The father stated that when he keeps [REDACTED] he stands him up on the walker that has wheels on both ends. The father stated that sometimes, [REDACTED] falls back and pushes forward when leaning on the walker. The birth father stated [REDACTED] fell off the couch a couple of days ago when he was crawling around. CM asked Mr. [REDACTED] is there anyone [REDACTED] could stay temporarily stay with should he not be able to return home with him. Mr. [REDACTED] stated that his dad could keep him, but he does not know how to get in touch with him. CM informed Mr. [REDACTED] that this CM would have to be able to make contact with him in order to consider him as a possible placement. CM observed Mr. [REDACTED] to not provide this CM with any additional persons to consider a placement for [REDACTED].

The paternal grandmother, [REDACTED] stated that she keeps [REDACTED] after taking his father to work. Ms. [REDACTED] stated that she keeps [REDACTED] until his mother gets out of school. Ms. [REDACTED] stated that [REDACTED] has not fallen while in her care. Ms. [REDACTED] stated that she is overbearing and very protective. Ms. [REDACTED] stated that when [REDACTED] is on the floor, she is on the floor. Ms. [REDACTED] stated that if [REDACTED] crawls, she is crawling on the floor with him. Ms. [REDACTED] stated that wherever [REDACTED] is, she is there also. Ms. [REDACTED] stated that [REDACTED] uses the push walker at her home, but he is pretty much on the floor. Ms. [REDACTED] stated that she does not take her hands off [REDACTED] while he is at her home. Ms. [REDACTED] stated that she is willing to take [REDACTED] home with her when it is time for him to be discharged. Ms. [REDACTED] stated that she has five weeks of vacation and will take a leave of absence from work if necessary. Ms. [REDACTED] stated that she will do whatever she needs to do to make sure her grandson is safe.

CM made contact with TL [REDACTED] to give an update on the case. TL [REDACTED] informed this CM that she would make contact with TC [REDACTED] for further direction regarding this case. CM was contacted by TL [REDACTED] and informed that at this time the paternal grandmother, [REDACTED] is not an option for placement. TL [REDACTED] informed this CM that a Verbal Protective Custody Order was approved by Attorney [REDACTED] placing



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

[REDACTED] [REDACTED] in the custody of the State of TN.

CM informed Ms. [REDACTED] of the decision made by DCS and informed her that a petition will be filed at Juvenile Court and a court date set for appearance before the judge regarding this matter. CM informed Ms. [REDACTED] that she will contact her with the date regarding the court hearing.

Worker Observations: CM observed the hospital environment appear to be conducive to the medical needs of [REDACTED]

Appearance of Children: CM observed [REDACTED] to be lying in his crib. CM observed the right side of [REDACTED] head to be bandaged. CM observed the left temple area of [REDACTED] to have bruising and the brow area to have what appeared to be an abrasion. CM did not observe any fluid to come from the abrasion. CM observed the lower right back of [REDACTED] to have what appeared to be a small abrasion with no fluid seepage. CM observed the left buttocks of [REDACTED] to have a cut that was approximately 1 inch in length. CM did not observe any fluid coming from the cut. CM observed multiple bruises on [REDACTED] back.

Interaction Among Children, Family, and Worker: CM observed this family interaction to appear to be natural, positive and appropriate

Assessment of Progress: CM has completed face to face with family. CM spoke with the neurosurgeon that entered [REDACTED] room. CM was informed by the neurosurgeon that all of the blood was removed from [REDACTED] head. [REDACTED] will receive an MRI later on today. [REDACTED] will be in the hospital for at least a couple of days to a week. The opening that was made in [REDACTED] head was left uncovered to prevent his brain from swelling.

Summary of Agreements/Decisions Made: [REDACTED] was placed in the temporary custody of the State of TN. CM will complete Placement Packet, file legal referral and other related tasks.

Narrative Type: Addendum 1    Entry Date/Time: 04/26/2013 10:56 AM    Entered By: [REDACTED]

Housheold composition:

[REDACTED] birthmother, dob: [REDACTED] 3; ssn: [REDACTED]  
 [REDACTED] birthfather, dob: [REDACTED]; ssn: [REDACTED]  
 [REDACTED] ACV, dob: [REDACTED] ssn: [REDACTED]