



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 03/14/2013 12:16 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 03/14/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 03/14/2013 09:19 AM
First Team Leader Assigned: [REDACTED] Date/Time 03/14/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 03/14/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 1 Mos	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS:

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: Yes (1)

Prior INV/ASMT of Neglect: No

Open: [REDACTED] PHA/LOS, [REDACTED] to be closed Unfounded on February 22, 2013.

SSMS: [REDACTED] DOB [REDACTED], Perp Other, Allegation Other, Unfounded 3/21/1989

[REDACTED] Perp [REDACTED] Other, Allegation Other, Indicated 4/20/1989

[REDACTED] Perp Stepparent, Allegation Minor Physical Abuse, Incident Indicated and perpetrator unfounded



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

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

Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] (1 month old) is being seen at [REDACTED] Hospital after she was transported from [REDACTED] Hospital. The child was non responsive at home with her father, [REDACTED]. The child was stabilized at [REDACTED] and then transported to [REDACTED] in critical condition. The reporter states that the child is non responsive and is on a ventilator to help her breathe. The reporter was told that [REDACTED] was fed at 3 PM and put down for a nap. The child's father said he went to feed her again at 6 PM and found her unresponsive in her crib. He said she was making wheezing noises. Mr. [REDACTED] said she was very sleepy and he was concerned, so he called EMS. The reporter states that it is unlikely that the child will survive. [REDACTED] has a heart beat, but her neurological status is very poor. The reporter says that according to her electronic health records, [REDACTED] was born at 38 weeks' gestation and required some C-pap ventilation for a few minutes at birth. The child's father was present when [REDACTED] arrived at the hospital. He has left and the child's mother is now present. They have not seen the child at this time. The reporter says the child has several bruises on her head, she has bruising on the left temporal area of her head and bilateral retinal hemorrhages. She has questionable rib fractures. There was no explanation given for any of the bruises on the child's body. According to the child's mother, [REDACTED] has two birth marks, one on the back of her neck and one on the occipital midline part of her head. The reporter states that [REDACTED] is intubated and sedated. She had no corneal reflex, no gag reflex and her pupils were non-reactive upon her arrival at the hospital. This is still her current status. The child's head CT scan shows a sub-arachnoid hemorrhage and a complete white out of the cerebellum, that can represent anoxic brain injury. [REDACTED] has an extremely poor prognosis for survival. The child has an older half sibling, [REDACTED] (2), who is currently with [REDACTED] sister. DCS should contact Dr. [REDACTED] at [REDACTED] in the Pediatric Intensive Care Unit.

Per SDM, Assign Investigative Track P1

On Call Supervisor, [REDACTED] was contacted and notified of the P1 on 3/14/13 @ 1:32 A.M. by [REDACTED] TL.

P1, [REDACTED] TL, on 3/14/13 @ 2:20 A.M.

CHILD FATALITY/Near Fatality E-MAIL NARRATIVE SENT TO:

[REDACTED]



**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: [REDACTED] **Race:** White **Age:** 30 Yrs

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:** White **Age:** 1 Yr 1 Mos

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: White Age: 26 Yrs

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: White Age: 3 Yrs

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: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED]

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Unable to

Age: 30 Yrs (Est)

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]

Investigation ID: [Redacted]

Referral Date: 03/14/2013

Assignment Date: 03/14/2013

Street Address: [Redacted]

City/State/Zip: [Redacted]

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 5 rows of allegation data.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Victim: [Redacted] Physical Abuse, Alleged: [Redacted] Allegation Indicated / Perpetrator Indicated delete
Victim: [Redacted] Physical Abuse, Alleged: [Redacted] Allegation Indicated / Perpetrator Indicated delete
Victim: [Redacted] Physical Abuse, Alleged: unkown, Participant, Allegation Unfounded / Perpetrator Unfounded
Victim: [Redacted] Physical Abuse, Alleged: [Redacted] Allegation Indicated / Perpetrator Indicated
Victim: [Redacted] Physical Abuse, Alleged: [Redacted] Allegation Indicated / Perpetrator Indicated

D. Case Workers

Case Worker: [Redacted]

Date: 05/31/2013

Team Leader: [Redacted]

Date: 06/03/2013



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]

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] reported in a polygraph screening on 04/05/13 that she witnessed [REDACTED] shake the child [REDACTED] she reported that she observed [REDACTED] on more than one occasion handle the child rough. [REDACTED] reported that she did not protect the child from any of these occurrence. [REDACTED] also reported that she observed and herd [REDACTED] be physically abusive to her son [REDACTED] and she also did nothing to stop or prevent the 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)?

[REDACTED] was polygraphed on 04/05/13 it was inconclusive, [REDACTED] was polygraphed on 04/05/13 and failed.

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

[REDACTED] reported in a polygraph screening on 04/05/13 that she witnessed [REDACTED] shake the child [REDACTED] she reported that she observed [REDACTED] on more than one occasion handle the child rough. [REDACTED] reported that she did not protect the child from any of these occurrence. [REDACTED] also reported that she observed and herd [REDACTED] be physically abusive to her son [REDACTED] and she also did nothing to stop or prevent the treatment.

[REDACTED] denied causing any injuries to his child [REDACTED] he denied knowing how any of the injuries ocured to [REDACTED]

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

Reporter states: [REDACTED] (1 month old) is being seen at [REDACTED] Hospital after she was transported from [REDACTED] Hospital. The child was non responsive at home with her father, [REDACTED] The child was stabilized at [REDACTED] and then transported to [REDACTED] in critical condition. The reporter states that the child is non responsive and is on a ventilator to help her breathe. The reporter was told that [REDACTED] was fed at 3 PM and put down for a nap. The child's father said he went to feed her again at 6 PM and found her unresponsive in her crib. He said she was making wheezing noises. Mr. [REDACTED] said she was very sleepy and he was concerned, so he called EMS. The reporter states that it is unlikely that the child will survive. [REDACTED] has a heart beat, but her neurological status is very poor. The reporter says that according to her electronic health records, [REDACTED] was born at 38 weeks' gestation and required some C-pap ventilation for a few minutes at birth. The child's father was present when [REDACTED] arrived at the hospital. He has left and the child's mother is now present. They have not seen the child at this time. The reporter says the child has several bruises on her head, she has bruising on the left temporal area of her head and bilateral retinal hemorrhages. She has questionable rib fractures. There was no explanation given for any of the bruises on the child's body. According to the child's mother, [REDACTED] has two birth marks, one on the back of her neck and one on the occipital midline part of her head. The reporter states that [REDACTED] is intubated and sedated. She had no corneal reflex, no gag reflex and her pupils were non-reactive upon her arrival at the hospital. This is still her current status. The child's head CT scan shows a sub-arachnoid hemorrhage and a complete white out of the cerebellum, that can represent anoxic brain injury. [REDACTED] has an extremely poor prognosis for survival. The child has an older half sibling, [REDACTED] (2), who is currently with [REDACTED] sister. DCS should contact Dr. [REDACTED] at [REDACTED] in the Pediatric Intensive Care Unit.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

[REDACTED] was admitted to the N.I.C.U. unresponsive and on a ventilator. Hospital staff report that [REDACTED] has minimal brain activity with bruising on the left temporal area of her head, epidural hematoma, subdural hematoma, retinal hemorrhage, and healing rib fractures. She had no cornea reflex, no gag reflex and her pupils were non-reactive upon her arrival at the hospital. Results of a CT scan of her head shows a sub-arachnoid hemorrhage and a complete white out of the cerebellum, that can represent anoxic brain injury, respiratory failure, subarachnoid hemorrhage, intraventricular hemorrhage, intraparenchymal hemorrhage, bilateral retinal hemorrhage with retinoschisis on the right, ligamentous injury from C-2 to C-5, subarachnoid hemorrhage, and subdural hemorrhage involving the lower thoracic and lumbar spine, a possible healing fracture of the left second posterior rib, and symptoms of brain damage due to inflicted injury. According to hospital staff the infants injuries have been diagnosed as non-accidental trauma.

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: 07/05/2013 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/05/2013
 Completed date: 07/05/2013 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: 07/05/2013 09:08 AM Entered By: [REDACTED]

TL [REDACTED] reviewed case for closure. The following tasks were completed:

Date of Referral: 3/14/13
 Initial Notification to Juvenile Court: 3/15/13
 Notification to DA: 3/15/13
 Law Enforcement Notification: 3/15/13
 CAC Notification: 3/15/13
 SDM Safety Assessment: 3/14/13
 FAST: 4/14/13
 Administrative Review(s): 7/5/13
 CS-0740 Sent to Juvenile Court: 7/5/13
 CS-0740 Sent to District Attorney: 7/5/13
 Case Closure Date: 7/5/13
 Case Closure Classification: Physical Abuse Allegations Indicated Perpetrators Indicated

7/5/13 approximately 10am, TL [REDACTED] forwarded a copy of the CPS Investigation Summary and Classification Decision of Child Abuse / Neglect Referral to the [REDACTED] Court and the [REDACTED] County District Attorneys Office via US mail.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/12/2013 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/12/2013
 Completed date: 06/12/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2013 03:30 PM Entered By: [REDACTED]

Case Summary:

CM [REDACTED] recieved this case as an on-call on 03/13/13, it was reported that a near fatality occurred, the child [REDACTED] was transported from home in [REDACTED] to [REDACTED] after being unresponsive while in her fathers [REDACTED] care. The child was then transported via [REDACTED] from [REDACTED] to [REDACTED] to the N.I.C.U. where she was treated for trauma related injuries. The child was then transferred via Lifeflight to [REDACTED] in [REDACTED] due to the severity of her injuries where it was reported the medical injuries were non accidental. On 03/28/13 a CFTM was held regarding the injuries and placement for both [REDACTED] and [REDACTED] on this date both children were placed in foster care, [REDACTED] was placed with his maternal grandmother [REDACTED] and [REDACTED] remained in childrens hospital. Child spent approximately 29 days in [REDACTED] and was released from childrens on 04/11/13 at that time she was placed in a medically fragile foster home. Child has limited brain functions, she has limited moter skills, a feeding tube, and may possibly be unable to see. On 04/05/13 both [REDACTED] and [REDACTED] completed polygraph examinations, [REDACTED] failed and [REDACTED] was inconclusive. During qestioning, [REDACTED] reported in a polygraph screening on 04/05/13 that she witnessed [REDACTED] shake the child [REDACTED] she reported that she observed [REDACTED] on more than one occasion handle the child rough. [REDACTED] reported that she did not protect the child from any of these occurrence. [REDACTED] also reported that she observed and herd [REDACTED] be physically abusive to her son [REDACTED] and she also did nothing to stop or prevent the treatment. Allegations of Physical Abuse on [REDACTED] and [REDACTED] will AIPI regarding [REDACTED] and both indications are sever, Allegations regarding [REDACTED] are Physical Abuse AIPI on both [REDACTED] and [REDACTED] non-severe.



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: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 05/20/2013

Completed date: 05/20/2013

Completed By: [REDACTED]

Purpose(s): Permanency, Service Planning

Contact Type(s): Court Hearing

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2013 11:07 AM Entered By: [REDACTED]

CM [REDACTED] attended a 3 day hearing in [REDACTED] County court to address the removal of [REDACTED] and [REDACTED]. The attorneys for the parents were present [REDACTED] (dad), [REDACTED] (mom), [REDACTED] (children). Mother asked for the no contact order for [REDACTED] to be removed and this was opposed by DCS, judge [REDACTED] denied the visitation. Both parents stipulated to the probable cause, and another hearing date was scheduled for 08/01/13



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: 04/17/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/01/2013

Completed date: 07/01/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/01/2013 12:15 PM Entered By: [REDACTED]

4/17/13 approximately 1pm, CM [REDACTED] presented the following case to the [REDACTED] County CPITeam with the following members present: [REDACTED] (CPS Team Leader), [REDACTED] (CAC), [REDACTED] (CAC), [REDACTED] (DAs Office), [REDACTED] Court), [REDACTED] County Sheriffs Office) and [REDACTED] Police Department). Final recommendation was for Allegation (Physical Abuse) to be Indicated and Perpetrator [REDACTED] to be Indicated. All members agreed with the presented classification and signed the appropriate form. Prosecution pending, grand jury meeting on 5/2/13. Forms have been placed in the hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 15

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): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2013 10:30 AM Entered By: [REDACTED]

The resource mother [REDACTED] brought [REDACTED] by the DCS office after purchasing her clothing allotment in town. [REDACTED] is wearing a neck brace and [REDACTED] said she can not take it off because the smallest move without it could break the child's neck. She had [REDACTED] to the ophthalmologist and he said that [REDACTED] is blind, he said it's one of the worst cases he had saw. [REDACTED] said the doctors informed her that [REDACTED] still has bleeding on the brain, and part of her brain is dying. This FSW [REDACTED] held [REDACTED] and she cried when she initially took her, but became ok. [REDACTED] soothed her head by rubbing it. She said that she cries when she is passed to another person. FSW noticed [REDACTED] eye switching back and forth, [REDACTED] said this is because she can not focus on a object. Ms. [REDACTED] stated she will be going back to work on Monday. We discussed the no contact order with the parents. CM [REDACTED] took a picture of [REDACTED] for the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/05/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/20/2013

Completed date: 05/20/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2013 03:08 PM Entered By: [REDACTED]

On this date [REDACTED] was released from [REDACTED] Hospital and placed in a medically fragile foster home with [REDACTED]. Foster parent traveled to [REDACTED] and stayed the night in the hospital to learn what special care the child needs.



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: 04/04/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 05/20/2013

Completed date: 05/20/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Court Hearing

Contact Sub Type:

Children Concerning**Participant(s)**

Callahan, [REDACTED] Walton, Judge John; Wyche, Jim

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2013 11:12 AM Entered By: [REDACTED]

CM [REDACTED] attended a 3 day hearing in [REDACTED] County court to address the removal of [REDACTED] and [REDACTED]. Parents asked the court attorneys and were approved for attorneys assigned to the parents were [REDACTED] (dad), [REDACTED] (mom), [REDACTED] (children). hearing was reset for 05/02/13.



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: 09:00 AM

Contact Duration: Less than 05

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2013 09:38 AM Entered By: [REDACTED]

CM [REDACTED] spoke [REDACTED] on this date, [REDACTED] was weaned from the ventlator on Saturday 03/30/13 and was transferred from the N.I.C.U. to the carefloor on Sunday. Child is breathing on her own, but still has voluntary movement at this time. She is opening her eyes but it is unsure if there is any control. Child will recieve a sucking test in the next few days to asses swallowing and feeding.

Ms. [REDACTED] faxed Cm notes



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: 03/29/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

Reese, Deanna; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2013 09:34 AM Entered By: [REDACTED]

CM [REDACTED] spoke with [REDACTED] (Social Worker) from [REDACTED] Hospital. Ms. [REDACTED] provided CM [REDACTED] with an update on [REDACTED] condition, child continues to have involuntary movement, not opening eyes. She will be weaning from pain meds over next days, and hopes to wean from ventalator in the next days. Ms. [REDACTED] reported that the parents are continually in and out of the room and had some arguments. there is still a sitter in the room with parents. Ms. [REDACTED] will fax CM [REDACTED] progress notes



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: 03/29/2013 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Detention/Jail Created Date: 05/20/2013
 Completed date: 05/20/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children ConcerningParticipant(s)Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2013 10:07 AM Entered By: [REDACTED]

CM [REDACTED] observed a lie detector analysis screen on both [REDACTED] and [REDACTED] on this date at the office of Det. [REDACTED]. [REDACTED] arrived first accompanied by [REDACTED] but she did not remain in the building. [REDACTED] was interviewed by the screener, screened built report and then reviewed the testing procedure. The screener reviewed all the questions with [REDACTED] and then screened him. [REDACTED] was inconclusive in his results regarding the injuries to [REDACTED]. [REDACTED] was confronted by the interviewer as to why the test was inconclusive. [REDACTED] reported that he was prescribed anxiety medication and did not take his medication this morning, he seemed to struggle with the question of who injured [REDACTED] and was border line failing this question on the polygraph. The interviewer ended his interview around 12:00 p.m.

[REDACTED] was interviewed beginning around 1:00 p.m. for her lie detector analysis screen. [REDACTED] was interviewed by the screener, screened built report and then reviewed the testing procedure. The screener reviewed all the questions with [REDACTED] and then screened her. [REDACTED] results were consistent with her not telling the truth, regarding the injuries to [REDACTED]. After her interview [REDACTED] was confronted with the results of her lie detector analysis, she was interrogated by [REDACTED] and the screener regarding her results. [REDACTED] denied knowing anything reporting that she was at work and detailed the story had been giving, after continual attempts to extract the story she finally admitted that on 2 occasions she had seen [REDACTED] be rough with [REDACTED] she stated that the Saturday before the 14th she was asleep and [REDACTED] woke up with [REDACTED] she was very fussy and woke her up, when she woke up she observed [REDACTED] shaking [REDACTED] to quiet her, Det. [REDACTED] provided [REDACTED] with a doll to demonstrate the shaking. [REDACTED] reported shortly after this [REDACTED] began getting sick and vomiting. She also detailed that a few days before the events of the 13th of March that [REDACTED] was walking up the stairs with [REDACTED] and slipped she heard [REDACTED] scream like a hurt cry. She also stated she had seen [REDACTED] be rough putting [REDACTED] in her crib, and handling her rough. [REDACTED] detailed events were she has seen [REDACTED] discipline her son [REDACTED] excessive, and that he seemed mean to [REDACTED] at times. [REDACTED] reported that she was no longer residing with [REDACTED] that she had told him before the interview that he needed to move out pass or fail. [REDACTED] reported that she did not mention the events described before as she was scared of [REDACTED] but that she was no longer scared of him due everything and everyone being involved. Det. [REDACTED] reported he would be in touch with her and the interview was ended.



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: 01:00 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/20/2013
 Completed date: 05/20/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2013 09:23 AM Entered By: [REDACTED]

PC: (Purpose of Contact)

This case note is a reflection of the CFTM summary form written by: [REDACTED]

Situation that Prompted the CFTM: A CPS referral was received with allegations of Physical Abuse. Prior physical abuse allegations have also been reported.

C: (Content)

Strengths Discussed:

Both parents have agreed to work with services.
 Parents have an appointment for parenting assessments tomorrow.
 Parents have visited with [REDACTED] at [REDACTED]
 [REDACTED] is doing better at [REDACTED] recently.
 Family is supportive and helpful.
 Family is there for each other when needed, prayerful.

Needs or Concerns Discussed:

Prior physical abuse allegations with [REDACTED] through DCS.
 Unexplained injuries to [REDACTED] as described by [REDACTED] to be non-accidental trauma.
 [REDACTED] has extensive medical needs and treatments needs.
 [REDACTED] has orthopedic issues and will need follow up care and possible physical therapy.
 [REDACTED] also had speech concerns.

Meeting Summary:

A polycom was set up and started for other DCS members. Facilitator requested that the meeting be delayed until 930am for TC or DRA assistance. TC [REDACTED] attended the meeting by phone. Facilitator [REDACTED] began the meeting by explaining her role and asking everyone to introduce themselves. Facilitator [REDACTED] explained the confidentiality agreement and passed around the form for signatures. TL [REDACTED] will be typing today's meeting in summary form and all participants will be able to receive copies. Facilitator [REDACTED] explained court involvement and that they are entitled to have any of this information. Facilitator also asked if others had time constraints. CM [REDACTED] explained the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

reason for this meeting to include the incident in question around the 12th where [REDACTED] was taken to [REDACTED] hospital. [REDACTED] corrected that it was the 13th. CM [REDACTED] explained that he received a call regarding a near fatality and notified all DCS and law enforcement officials. [REDACTED] was unresponsive, on a respirator and doctors were concerned about brain damage and had injuries that were consistent with a trauma to her body. Doctors then had [REDACTED] air lifted to [REDACTED] Hospital due to her special conditions. [REDACTED] does have a trauma team and [REDACTED] remains there at this time. [REDACTED] explained that she's doing a lot better and breathing better. She is supposed to have a feeding tube tomorrow. DCS nurse, [REDACTED] also explained that [REDACTED] is doing much better than initially reported. She is off the ventilator and breathing on her own. She is not able to eat. She may have long term issues and there will be a tube in her stomach. She is doing some reflexes that she was not doing before (moving her arms and legs). The team still feels that she has a significant amount of brain damage and may have to be transferred to a rehab facility or be released to a home. DCS nurse, [REDACTED] explained that any child released to custody with her needs would have to have a medically fragile foster home. [REDACTED] will need lots of therapy in the months to come possibly years. Doctors will continue to evaluate if she is able to swallow, the reason for the feeding tube is that she hasn't been swallowing without it going into her lungs as of now. DCS nurse explained that a lot of work would need to be done if they wanted to be considered as a DCS foster home and then have support from a contract provider as a medically fragile foster home. A medically fragile home can take up to 3-4 weeks to be approved. Full payments are not received until the home is approved. The family is unaware of [REDACTED] time frames in the hospital. [REDACTED] explained that [REDACTED] will have to return to [REDACTED] for her neck brace to be removed. Facilitator asked about if the family had further questions about [REDACTED] brain movement. [REDACTED] explained developmentally they do not know about [REDACTED] cognitive and neurological issues. We do not have tracking with her eyes yet. [REDACTED] explained that there are definitely going to be developmental issues, but doctors are unsure at this time. Facilitator asked if there were further questions. Family explained that they are there for each other at any time and she was in [REDACTED] when this occurred and has tried to help as much as possible. [REDACTED] explained that [REDACTED] had surgery on his left foot at 1 yr. old (Nov 2011) where blood vessels were removed from his foot. [REDACTED] also had tubes put in his ears last July 2012. [REDACTED] went to his foot doctor in November and doctors say he will outgrow the leg issues. [REDACTED] has never been back to the doctor for the leg complaints but will need continued follow up. [REDACTED] has an appointment for the 9th of April with [REDACTED] Orthopedics. [REDACTED] explained that doctors have been following [REDACTED] speech but he has not been referred to speech therapy. DCS nurse asked if [REDACTED] had ever been evaluated by [REDACTED] DCS nurse stated that she would look at his records first. TL [REDACTED] explained that CPS is unable to let [REDACTED] and [REDACTED] return home with the parents. TL explained the specific details surrounding foster care placements and details surrounding those requirements. The family had some questions about parental support due to the information disclosed. TL [REDACTED] also explained the court process and getting approval for separating the siblings. The team took a short break. The team reconvened and discussed other options for [REDACTED] (medically fragile homes). Family was unable to continue [REDACTED] proposed placement due to not passing the Expedited home study checks. [REDACTED] and TL [REDACTED] joined the team to discuss foster care and placement expectations. [REDACTED] explained the foster care requirements for [REDACTED] placement (PATH classes, smoke and fire extinguishers, fingerprinting). [REDACTED] is very bonded to his grandmother but it may be that [REDACTED] would sleep in a toddler bed in grandma's room until a three bedroom unit becomes available due to her 11 yr. old's autistic nature and his space issues. TC [REDACTED] explained that if someone is identified as completing the process of medically fragile then their name would just be passed to a contract agency from DCS. [REDACTED] also had questions regarding if the children return to her or parents. TL [REDACTED] explained the foster care requirements and process. TL also talked about the perm plan meeting and that [REDACTED] will be the Foster Care Worker. There will be a dual goal to begin with and discussed the possible action steps to be included. Family visitation was discussed and TL [REDACTED] addressed other family members keeping [REDACTED] The team discussed the action steps developed. [REDACTED] (father) will have to be contacted as verified by DCS for court purposes. He has not had any contact with [REDACTED] since he was 3 months old.

Efforts Made for the Child and/or Family to Reduce Trauma: An IPA was developed with the family for [REDACTED] to have supervised contacts only with [REDACTED] and [REDACTED] was placed with a family friend temporarily.

Decisions Made: [REDACTED] and [REDACTED] will be placed in DCS custody.

Was the progress toward achieving permanency reviewed? Yes

Visitation plans for the next three months:

a.) Parent/Child visits: Both parents will receive supervised contacts with the children to be arranged by foster care.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

b.) Sibling visits: To be arranged by foster care.

O: (Observation)

This facilitator met with [REDACTED] following the CFTM held on 3-28-13 for an informal debriefing.

P: (Plan)

Action Steps:

DCS nurse, [REDACTED] will evaluate [REDACTED] medical records for possible referral to [REDACTED] CM [REDACTED] will send medical records of [REDACTED] and [REDACTED] to DCS nurse.

Person Responsible: DCS nurse, CM [REDACTED]

By When: 4/1/13

CM [REDACTED] and family will complete removal packets and petition the juvenile courts. Both parents will be available and attend all court hearings and meetings with DCS.

Person Responsible: CM [REDACTED] [REDACTED] and [REDACTED]

By When: 4/1/13

[REDACTED] will complete the Custodial Expedited Home Study requirements and acquire all necessary items within timeframes.

DCS will complete the home study.

Person Responsible: [REDACTED]

By When: 4/1/13

Parents will notify CM [REDACTED] of potential caregivers for [REDACTED] (medically fragile). CM [REDACTED] will discuss caregiving for [REDACTED] with [REDACTED] current caregiver, [REDACTED]

Person Responsible: [REDACTED], CM [REDACTED]

By When: 4/15/13

Did most members agree with the Teams decision(s)? Yes

a) If not, what are the concerns of those who disagreed?

Who are some of the other individuals that can be invited to join this Child and Family Team? No one noted

Date of next Child and Family Team meeting: to be arranged



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: 09:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/03/2013
 Completed date: 04/03/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Collateral Contact, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2013 08:43 AM Entered By: [REDACTED]

PC: (Purpose of Contact)

This case note is a reflection of the CFTM summary form written by: [REDACTED]

Situation that Prompted the CFTM: A CPS referral was received with allegations of Physical Abuse. Prior physical abuse allegations have also been reported.

C: (Content)

Strengths Discussed:

Both parents have agreed to work with services.
 Parents have an appointment for parenting assessments tomorrow.
 Parents have visited with [REDACTED] at [REDACTED]
 [REDACTED] is doing better at [REDACTED] recently.
 Family is supportive and helpful.
 Family is there for each other when needed, prayerful.

Needs or Concerns Discussed:

Prior physical abuse allegations with [REDACTED] through DCS.
 Unexplained injuries to [REDACTED] as described by [REDACTED] to be non-accidental trauma.
 [REDACTED] has extensive medical needs and treatments needs.
 [REDACTED] has orthopedic issues and will need follow up care and possible physical therapy.
 [REDACTED] also had speech concerns.

Meeting Summary:

A polycom was set up and started for other DCS members. Facilitator requested that the meeting be delayed until 930am for TC or DRA assistance. TC [REDACTED] attended the meeting by phone. Facilitator [REDACTED] began the meeting by explaining her role and asking everyone to introduce themselves. Facilitator [REDACTED] explained the confidentiality agreement and passed around the form for signatures. TL [REDACTED] will be typing today's meeting in summary form and all participants will be able to receive copies. Facilitator [REDACTED] explained court involvement and that they are



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

entitled to have any of this information. Facilitator also asked if others had time constraints. CM [REDACTED] explained the reason for this meeting to include the incident in question around the 12th where [REDACTED] was taken to [REDACTED] hospital. [REDACTED] corrected that it was the 13th. CM [REDACTED] explained that he received a call regarding a near fatality and notified all DCS and law enforcement officials. [REDACTED] was unresponsive, on a respirator and doctors were concerned about brain damage and had injuries that were consistent with a trauma to her body. Doctors then had [REDACTED] air lifted to [REDACTED] Hospital due to her special conditions. [REDACTED] does have a trauma team and [REDACTED] remains there at this time. [REDACTED] explained that she's doing a lot better and breathing better. She is supposed to have a feeding tube tomorrow. DCS nurse, [REDACTED] also explained that [REDACTED] is doing much better than initially reported. She is off the ventilator and breathing on her own. She is not able to eat. She may have long term issues and there will be a tube in her stomach. She is doing some reflexes that she was not doing before (moving her arms and legs). The team still feels that she has a significant amount of brain damage and may have to be transferred to a rehab facility or be released to a home. DCS nurse, [REDACTED] explained that any child released to custody with her needs would have to have a medically fragile foster home. [REDACTED] will need lots of therapy in the months to come possibly years. Doctors will continue to evaluate if she is able to swallow, the reason for the feeding tube is that she hasn't been swallowing without it going into her lungs as of now. DCS nurse explained that a lot of work would need to be done if they wanted to be considered as a DCS foster home and then have support from a contract provider as a medically fragile foster home. A medically fragile home can take up to 3-4 weeks to be approved. Full payments are not received until the home is approved. The family is unaware of [REDACTED] time frames in the hospital. [REDACTED] explained that [REDACTED] will have to return to [REDACTED] for her neck brace to be removed. Facilitator asked about if the family had further questions about [REDACTED] brain movement. Susan explained developmentally they do not know about [REDACTED] cognitive and neurological issues. We do not have tracking with her eyes yet. [REDACTED] explained that there are definitely going to be developmental issues, but doctors are unsure at this time. Facilitator asked if there were further questions. Family explained that they are there for each other at any time and she was in [REDACTED] when this occurred and has tried to help as much as possible. [REDACTED] explained that [REDACTED] had surgery on his left foot at 1 yr. old (Nov 2011) where blood vessels were removed from his foot. [REDACTED] also had tubes put in his ears last July 2012. [REDACTED] went to his foot doctor in November and doctors say he will outgrow the leg issues. [REDACTED] has never been back to the doctor for the leg complaints but will need continued follow up. [REDACTED] has an appointment for the 9th of April with [REDACTED] Orthopedics. [REDACTED] explained that doctors have been following [REDACTED] speech but he has not been referred to speech therapy. DCS nurse asked if [REDACTED] had ever been evaluated by [REDACTED] DCS nurse stated that she would look at his records first. TL [REDACTED] explained that CPS is unable to let [REDACTED] and [REDACTED] return home with the parents. TL explained the specific details surrounding foster care placements and details surrounding those requirements. The family had some questions about parental support due to the information disclosed. TL [REDACTED] also explained the court process and getting approval for separating the siblings. The team took a short break. The team reconvened and discussed other options for [REDACTED] (medically fragile homes). Family was unable to continue [REDACTED] proposed placement due to not passing the Expedited home study checks. [REDACTED] and TL [REDACTED] joined the team to discuss foster care and placement expectations. [REDACTED] explained the foster care requirements for [REDACTED] placement (PATH classes, smoke and fire extinguishers, fingerprinting). [REDACTED] is very bonded to his grandmother but it may be that [REDACTED] would sleep in a toddler bed in grandma's room until a three bedroom unit becomes available due to her 11 yr. old's autistic nature and his space issues. TC [REDACTED] explained that if someone is identified as completing the process of medically fragile then their name would just be passed to a contract agency from DCS. [REDACTED] also had questions regarding if the children return to her or parents. TL [REDACTED] explained the foster care requirements and process. TL also talked about the perm plan meeting and that [REDACTED] will be the Foster Care Worker. There will be a dual goal to begin with and discussed the possible action steps to be included. Family visitation was discussed and TL [REDACTED] addressed other family members keeping [REDACTED] The team discussed the action steps developed. [REDACTED] (father) will have to be contacted as verified by DCS for court purposes. He has not had any contact with [REDACTED] since he was 3 months old.

Efforts Made for the Child and/or Family to Reduce Trauma: An IPA was developed with the family for [REDACTED] to have supervised contacts only with [REDACTED] and [REDACTED] was placed with a family friend temporarily.

Decisions Made: [REDACTED] and [REDACTED] will be placed in DCS custody.

Was the progress toward achieving permanency reviewed? Yes

Visitation plans for the next three months:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

- a.) Parent/Child visits: Both parents will receive supervised contacts with the children to be arranged by foster care.
 b.) Sibling visits: To be arranged by foster care.

O: (Observation)

This facilitator met with [REDACTED] following the CFTM held on 3-28-13 for an informal debriefing.

P: (Plan)

Action Steps:

DCS nurse, [REDACTED] will evaluate [REDACTED] medical records for possible referral to Shriner's. CM [REDACTED] will send medical records of [REDACTED] and [REDACTED] to DCS nurse.

Person Responsible: DCS nurse, CM [REDACTED]

By When: 4/1/13

CM [REDACTED] and family will complete removal packets and petition the juvenile courts. Both parents will be available and attend all court hearings and meetings with DCS.

Person Responsible: CM [REDACTED] [REDACTED] and [REDACTED]

By When: 4/1/13

[REDACTED] will complete the Custodial Expedited Home Study requirements and acquire all necessary items within timeframes. DCS will complete the home study.

Person Responsible: [REDACTED]

By When: 4/1/13

Parents will notify CM [REDACTED] of potential caregivers for [REDACTED] (medically fragile). CM [REDACTED] will discuss caregiving for [REDACTED] with [REDACTED] current caregiver, [REDACTED]

Person Responsible: [REDACTED] [REDACTED] CM [REDACTED]

By When: 4/15/13

Did most members agree with the Teams decision(s)? Yes

a) If not, what are the concerns of those who disagreed?

Who are some of the other individuals that can be invited to join this Child and Family Team? No one noted

Date of next Child and Family Team meeting: to be arranged by FSW



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

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	03/27/2013	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	████████████████████	Recorded For:	
Location:	Other Caretaker Home	Created Date:	05/20/2013
Completed date:	05/20/2013	Completed By:	████████████████████
Purpose(s):	Service Planning		
Contact Type(s):	ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

██████████ ██████████ ██████████

Participant(s)

██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2013 10:44 AM Entered By: ██████████

CM ██████████ supervised a visit between ██████████ ██████████ and ██████████ ██████████ at the home of ██████████ who is caring for ██████████ an IPA at his time. ██████████ and ██████████ reported they just returned from ██████████ and that ██████████ was doing really well. CM ██████████ discussed the meeting on Thursday and they discussed the polygraph on Friday. CM observed the visit between the family with ██████████ and supervised the visit for an hour or so, mathew interacted with ██████████ and continued to tell him I love you, ██████████ would speak soe words but not much and ██████████ would interpret. ██████████ did not interact with him as much as ██████████ and ██████████ remained the entire visit and were appropriate with ██████████ ██████████ would ask questions and state what ██████████ had been doing regarding habits and eating and bathing, ██████████ would always answer the questions and give her advice on his care more so than ██████████ appeared clean, safe, and healthy, he did seem to be favoring his left leg a little but did not complain of it hurting. CM ██████████ ended the visit around 6:00 p.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

Reese, Deanna; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2013 10:09 AM Entered By: [REDACTED]

CM [REDACTED] recieved progress notes from the medical social worker at [REDACTED] regarding [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: 03/18/2013

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/18/2013

Completed date: 03/18/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2013 03:26 PM Entered By: [REDACTED]

3/18/13 approximately 1030am, TL [REDACTED] received phone call information from TL [REDACTED] via DCS nurse [REDACTED]. Nurse [REDACTED] reported that she has talked with [REDACTED] Hospital staff and this infant's condition is basically the same as Friday. Doctors have increased her sodium intake and will begin weaning her from life support drugs and iv's today. Doctors also state that she will not have a spontaneous death likely. There is a sitter still supervising all contacts between parents and this infant. Parents are allowed to have 8 hours visitation per day at this time.

Narrative Type: Addendum 1 Entry Date/Time: 03/18/2013 03:27 PM Entered By: [REDACTED]

3/18/13 approximately 3pm, TL [REDACTED] talked with Detective [REDACTED] to give updates regarding this child's condition. TL [REDACTED] stated that she would be sending the preliminary reports from [REDACTED] CARE team via email today.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/15/2013

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/05/2013

Completed date: 07/05/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/05/2013 09:09 AM Entered By: [REDACTED] [REDACTED]

3/15/13 approximately 5pm, TL [REDACTED] forwarded the Confidential Notification Letter for Reporter to the referent as listed. A copy has been placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/15/2013

Contact Method: Correspondence

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/05/2013

Completed date: 07/05/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/05/2013 09:09 AM Entered By: [REDACTED]

3/15/13 approximately 5pm, TL [REDACTED] forwarded a copy of this report to the [REDACTED] County Child Protective Investigative Team, including: [REDACTED] County Juvenile Court, [REDACTED] County District Attorneys Office, [REDACTED] County Sheriffs Dept, [REDACTED] Police Dept, and the [REDACTED] Center via US mail and 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: 03/15/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/03/2013

Completed date: 04/03/2013

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: 04/03/2013 08:48 AM Entered By: [REDACTED]

On this date CM [REDACTED] spoke with [REDACTED] to arrange a sitter service for [REDACTED] while she is staying at [REDACTED] in [REDACTED]. The sitter service will also supervise any contact that the parents are to have with the family and the child. [REDACTED] approved for a sitter Service ([REDACTED]) to provide services for [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: 03/14/2013

Contact Method: Face To Face

Contact Time: 05:45 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/03/2013

Completed date: 04/03/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] Peters, Investigator David; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2013 08:33 AM Entered By: [REDACTED]

Father, [REDACTED] was interviewed by Investigator [REDACTED], and CM [REDACTED] on 03/14/13 at approximately 5:45 a.m. at [REDACTED] Hospital. [REDACTED] explained he and [REDACTED] went shopping and returned home around 3:00 p.m. and feed the baby while mom got ready for work, [REDACTED] left the house about 3:15 p.m. and [REDACTED] put [REDACTED] back in her bassonett to sleep while he went to bath, feed, and dress the 2 year old sibling [REDACTED]. After caring for [REDACTED] returned to [REDACTED] around 5:45 and 6:00 p.m. he was trying to wake her up to feed her but she was unresponsive, she would'nt open her eyes or take the bottle. [REDACTED] stated he then called 911 and his mother and they both arrived about the same time. He reported that EMS took [REDACTED] to [REDACTED] Hospital in [REDACTED] and then she was transported via [REDACTED] to [REDACTED] Hospital. [REDACTED] stated after he feed [REDACTED] at 3:00 p.m. he burped her by patting her on the back and then cradled [REDACTED] in his arms and then placed her in her bassonett. [REDACTED] denied ever getting ruff with [REDACTED] dropping her or shaking her. He reported he had not lost his patience with her gotten angry while caring for here. He reported he had not seen [REDACTED] get ruff with her or drop, shake or get angry with [REDACTED]. [REDACTED] showed no remorse or emotion for the childs condition and offered no explanation of how the child received any injury. [REDACTED] did discuss an incident that he reported occurred about 3 to 4 days ago while going up the stairs in his apartment he stumbled and almost fell jarring him and [REDACTED] but he did not fall and [REDACTED] did not hit anything, [REDACTED] reported [REDACTED] wa not effected afterwards. the interview wa ended after this



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: 03/14/2013 Contact Method: Attempted Face To Face
 Contact Time: 03:00 AM Contact Duration: Less than 05 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 03/15/2013
 Completed date: 04/03/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Alleged Perpetrator Interview, Initial ACV Face To Face, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/03/2013 08:23 AM Entered By: [REDACTED]

[REDACTED] was transported from [REDACTED] Hospital in [REDACTED] to [REDACTED] Hospital in [REDACTED] by [REDACTED]. CM [REDACTED] met with [REDACTED] and her parents [REDACTED] and [REDACTED] at [REDACTED] Hospital at approximately 3:30 a.m. on 03/14/13. [REDACTED] was in the N.I.C.U. and unresponsive, she was on a ventalator and showed no signs of being alert or motor functions. CM [REDACTED] met with officer Joe Holsclaw with [REDACTED] Police Dept. CM [REDACTED] and Officer [REDACTED] conversed with Dr. [REDACTED] regarding the condition of [REDACTED] a 5 week old female child. Dr. [REDACTED] reported that [REDACTED] is non responsive and is on a ventilator to help her breathe. Child has no brain activity (sucking, swallowing, blinking, touch, and pain) she also stated that it is unlikely that the child will survive. [REDACTED] has a heart beat, but her neurological status is very poor. She has bruising on the left temporal area of her head and bilateral retinal hemorrhages. She has questionable rib fractures. There was no explanation given for any of the bruises on the child's body. Dr. [REDACTED] stated that [REDACTED] is intubated and sedated. She had no corneal reflex, no gag reflex and her pupils were non-reactive upon her arrival at the hospital. The child's head CT scan shows a sub-arachnoid hemorrhage and a complete white out of the cerebellum, that can represent anoxic brain injury. [REDACTED] has an extremely poor prognosis for survival. Around 4:15 a.m. Investigator [REDACTED] arrived also from [REDACTED] Police Dept to assit in the investigation. At approximately 5:00 a.m. CM [REDACTED] and Investigator [REDACTED] interviewed [REDACTED] and at approximately 5:45 a.m. interviewed [REDACTED]. CM [REDACTED] then began working on insuring the safety of the child's older half sibling, [REDACTED] (2), who was staying with [REDACTED] sister and mother, CM completed required paperwork with Ms. [REDACTED]. CM [REDACTED] explained the Parents Bill of Rights, Client Rights Handbook, Native American Heritage Veto Verification, HIPAA Notice of Rights Privacy Practice, MRS pamphlet with how DCS cases are investigated, and the Equal access to programs and services forms. Family signed all needed forms and they are located in the case file. CM gathered information from the family to initiate/ update the Genogram, and FFA (if needed). Family signed Authorization of Release of Information and this is located in the case file. CM discussed a kindship or relative placement for [REDACTED] due to the physical abuse allegations, [REDACTED] elimanated all of her relatives, and CM explored relatives for [REDACTED] his mother was unable due to emotional stress and background, and his sister had health issues that prevented the care. [REDACTED] identified a friend [REDACTED] and [REDACTED]. CM completed the expedited process on thses caregivers and was able to approve the IPA and expedited placement. [REDACTED] signed the IPA on [REDACTED] and [REDACTED] both signed the IPA on [REDACTED]. CM [REDACTED] placed



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

[REDACTED] [REDACTED] on an IPA with [REDACTED] and [REDACTED] [REDACTED] was transferred to [REDACTED] Hospital in [REDACTED] for her care and treatment.



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: 03/14/2013 Contact Method: Face To Face
 Contact Time: 03:00 AM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 05/31/2013
 Completed date: 05/31/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Alleged Perpetrator Interview, Initial ACV Face To Face, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/31/2013 02:01 PM Entered By: [REDACTED]

Narrative Type: Original Entry Date/Time: 04/03/2013 08:23:25 Entered By: [REDACTED]

[REDACTED] was transported from [REDACTED] Hospital in [REDACTED] to [REDACTED] Hospital in [REDACTED] by [REDACTED]. CM [REDACTED] met with [REDACTED] and her parents [REDACTED] and [REDACTED] at [REDACTED] Hospital at approximately 3:30 a.m. on 03/14/13. [REDACTED] was in the N.I.C.U. and unresponsive, she was on a ventelator and showed no signs of being alert or motor functions. CM [REDACTED] met with officer [REDACTED] with [REDACTED] Police Dept. CM [REDACTED] and Officer [REDACTED] conversed with Dr. [REDACTED] regarding the condition of [REDACTED] a 5 week old female child. Dr. [REDACTED] reported that [REDACTED] is non responsive and is on a ventilator to help her breathe. Child has no brain activity (sucking, swallowing, blinking, touch, and pain) she also stated that it is unlikely that the child will survive. [REDACTED] has a heart beat, but her neurological status is very poor. She has bruising on the left temporal area of her head and bilateral retinal hemorrhages. She has questionable rib fractures. There was no explanation given for any of the bruises on the child's body. Dr. [REDACTED] stated that [REDACTED] is intubated and sedated. She had no corneal reflex, no gag reflex and her pupils were non-reactive upon her arrival at the hospital. The child's head CT scan shows a sub-arachnoid hemorrhage and a complete white out of the cerebellum, that can represent anoxic brain injury. [REDACTED] has an extremely poor prognosis for survival. Around 4:15 a.m. Investigator [REDACTED] arrived also from [REDACTED] Police Dept to assit in the investigation. At approximately 5:00 a.m. CM [REDACTED] and Investigator [REDACTED] interviewed [REDACTED] and at approximately 5:45 a.m. interviewed [REDACTED] CM [REDACTED] then began working on insuring the safety of the child's older half sibling, [REDACTED] (2), who was staying with [REDACTED] sister and mother, CM completed required paperwork with Ms. [REDACTED] CM [REDACTED] explained the Parents Bill of Rights, Client Rights Handbook, Native American Heritage Veto Verification, HIPAA Notice of Rights Privacy Practice, MRS pamphlet with how DCS cases are investigated, and the Equal access to programs and services forms. Family signed all needed forms and they are located in the case file. CM gathered information from the family to initiate/ update the Genogram, and FFA (if needed). Family signed Authorization of Release of Information and this is located in the case file. CM discussed a kindship or relative placement for [REDACTED] due to the physical abuse allegations, [REDACTED] elimanated all of her relatives, and CM explored relatives for [REDACTED] his mother was unable due to emotional stress and background, and his sister had health issues that prevented the care. [REDACTED] identified a friend [REDACTED] and [REDACTED] CM completed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

the expedited process on thses caregivers and was able to approve the IPA and expedited placement. [REDACTED] signed the IPA on [REDACTED] and [REDACTED] both signed the IPA on [REDACTED] CM [REDACTED] placed [REDACTED] on an IPA with [REDACTED] and [REDACTED] was transferred to [REDACTED] Hospital in [REDACTED] for her care and treatment.



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: 03/13/2013

Contact Method: Face To Face

Contact Time: 05:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/03/2013

Completed date: 04/03/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/03/2013 08:30 AM Entered By: [REDACTED]

Mother, [REDACTED] was interviewed by Investigator [REDACTED] and CM [REDACTED] on 03/14/13 at approximately 5:15 a.m. at [REDACTED] Hospital. [REDACTED] explained that the child was feed around 9:00 a.m. and then the family went out to run errands that lasted until around 3:00 p.m. [REDACTED] slept the whole time they were gone not waking up for the 12:00 p.m. feeding, [REDACTED] stated they did not wake the child up to eat as the pediatrician had told them to not, When they arrived home around 3:00 p.m. the child woke and was feed a bottle by the father and put back in her bassonett to sleep, [REDACTED] reported she left the home for work about 3:15 p.m. and the child was fine. [REDACTED] stated she was at work and went on break around 7:00 p.m. and was told that the father and [REDACTED] were at the hospital. [REDACTED] reported that she had never seen [REDACTED] (father) be ruff with [REDACTED] or loose his patience with her, she reported that she had never been ruff with [REDACTED] or lost her patience with [REDACTED] [REDACTED] was asked how the childs injuries could be explained and she did not have an answer. [REDACTED] reported that [REDACTED] was sick last week and was taken to her pediatrician [REDACTED] and was referred to [REDACTED] and diagnosed with a stomach bug, [REDACTED] reported that [REDACTED] had just started holding her formula down this weekend [REDACTED] denied seeing the child ever being dropped or hit with anything that would cause these injuries. [REDACTED] reported that [REDACTED] (father) mixed the childs bottles and did most of the caregiving as she worked [REDACTED] lacked emotion in the interview and [REDACTED] was unable to provide any insight into the injuries to his child and the interview was ended. [REDACTED] only became emotional towards the end of the interview.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 03/15/2013
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

10/01/2013 - _____ - FFA - Family - _____ five week old infant of _____ and _____ was transported unresponsive to _____ Hospital and on to _____ Hospital by _____ after being recessed more than twenty times by medical personnel. _____ was admitted to the N.I.C.U. unresponsive and on a ventilator. Hospital staff report that _____ has minimal brain activity with bruising on the left temporal area of her head, epidural hematoma, subdural hematoma, retinal hemorrhage, and healing rib fractures. She had no cornea reflex, no gag reflex and her pupils were non-reactive upon her arrival at the hospital. Results of a CT scan of her head shows a sub-arachnoid hemorrhage and a complete white out of the cerebellum, that can represent anoxic brain injury, respiratory failure, subarachnoid hemorrhage, intraventricular hemorrhage, intraparenchymal hemorrhage, bilateral retinal hemorrhage with retinoschisis on the right, ligamentous injury from C-2 to C-5, subarachnoid hemorrhage, and subdural hemorrhage involving the lower thoracic and lumbar spine, a possible healing fracture of the left second posterior rib, and symptoms of brain damage due to inflicted injury. According to hospital staff the infant's injuries have been diagnosed as non-accidental trauma. This CM found that there is an open CPS case on the infant's half sibling, _____ alleging physical abuse due to the child having a broken leg. Initially an IPA was completed with supervised contact only between the children and the parents. But, due to all of the above, the parents having no explanation for the bruises or injuries; the diagnosis of non-accidental trauma and with no other relative resource available the children have now been placed in the custody of the State of Tennessee, Department of Children's Services pending further Order of the Court." CPS

B. Family Story:

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

B. Family Significant Needs/Risks/Concerns:

III. Person Information:

A. Children:

05/21/2013 - _____ - FAST - _____ - N/A

05/21/2013 - _____ - FAST - _____ appears to be developmentally behind for his current age of 2.

B. Adults:

05/21/2013 - _____ - FAST - _____ did not appear upset at the time she interacted with CM. She appeared to be preoccupied with electronic gadgets. Mother reported that she had concerns with _____ caregiving but did nothing to protect the child.

05/21/2013 - _____ - FAST - _____ did not appear concerned with the condition of his child, he appeared more eager to sleep, and play with computer or electronics.

C. Family Together History:

05/21/2013 - [REDACTED] - FAST - [REDACTED] [REDACTED] - Both parents were currently working with a CPS worker at the time of the incident, they were offered services and asked if they needed any assistance.

05/21/2013 - [REDACTED] - FAST - [REDACTED] [REDACTED] - Parents in the home struggle with communication, they have heated arguments that can turn physical.

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]		CPS	[REDACTED]
[REDACTED]		CPS	[REDACTED]
[REDACTED]		All Other Intakes	

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
03/28/2013	Court Order	Custody Removal (Initial)	[REDACTED]	[REDACTED]	[REDACTED]
	Hearing	TPR	[REDACTED]	[REDACTED]	[REDACTED]
	Hearing	Permanency Plan Ratification	[REDACTED]	[REDACTED]	[REDACTED]
	Hearing	Foster Care Review Board	[REDACTED]	[REDACTED]	[REDACTED]
	Hearing	Foster Care Review Board	[REDACTED]	[REDACTED]	[REDACTED]
	Hearing	Adjudicatory	[REDACTED]	[REDACTED]	[REDACTED]
	Hearing	Permanency Plan Ratification	[REDACTED]	[REDACTED]	[REDACTED]
	Hearing	Adjudicatory	[REDACTED]	[REDACTED]	[REDACTED]
03/28/2013	Court Order	Custody Removal (Initial)	[REDACTED]	[REDACTED]	[REDACTED]
	Hearing	Permanency Plan Ratification	[REDACTED]	[REDACTED]	[REDACTED]
	Hearing	Foster Care Review Board	[REDACTED]	[REDACTED]	[REDACTED]
	Hearing	Adjudicatory/ Dispositional	[REDACTED]	[REDACTED]	[REDACTED]

Hearing	Foster Care Review Board	[REDACTED]
Hearing	Adjudicatory	[REDACTED]
Hearing	Permanency Plan Ratification	[REDACTED]
Hearing	Adjudicatory	[REDACTED]

IV. Assessment of Safety:

02/22/2013 - [REDACTED] - Safety - [REDACTED]

05/21/2013 - [REDACTED] - Safety - [REDACTED]
 [REDACTED] was admitted to the N.I.C.U. unresponsive and on a ventilator. Hospital staff report that [REDACTED] has minimal brain activity with bruising on the left temporal area of her head, epidural hematoma, subdural hematoma, retinal hemorrhage, and healing rib fractures. She had no cornea reflex, no gag reflex and her pupils were non-reactive upon her arrival at the hospital. Results of a CT scan of her head shows a sub-arachnoid hemorrhage and a complete white out of the cerebellum, that can represent anoxic brain injury, respiratory failure, subarachnoid hemorrhage, intraventricular hemorrhage, intraparenchymal hemorrhage, bilateral retinal hemorrhage with retinoschisis on the right, ligamentous injury from C-2 to C-5, subarachnoid hemorrhage, and subdural hemorrhage involving the lower thoracic and lumbar spine, a possible healing fracture of the left second posterior rib, and symptoms of brain damage due to inflicted injury. According to hospital staff the infant's injuries have been diagnosed as non-accidental trauma.

V. Assessment of Well Being:

VI. Assessment of Permanence:

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Support Services/ Domestic violence counseling	Approved	[REDACTED]	03/01/2013	03/31/2013
[REDACTED]	Support Services/ Domestic violence counseling	Approved	[REDACTED]	02/22/2013	02/28/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	03/01/2013	04/15/2013
[REDACTED]	Support Services/ Sitter Services	Approved	[REDACTED]	03/14/2013	03/31/2013
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	10/17/2013	10/31/2013
[REDACTED]	Behavioral Services/ Non tennicare eligible Psychological Services	Approved	[REDACTED]	05/01/2013	05/31/2013

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Behavioral Services/ Non tennicare eligible Psychological Services	Approved	[REDACTED]	07/01/2013	07/31/2013
[REDACTED]	Support Services/ Family Support Services	Approved	[REDACTED]	04/05/2013	04/28/2013
[REDACTED]	Support Services/ Family Support Services	Approved	[REDACTED]	04/06/2013	04/28/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	08/01/2013	08/31/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	07/01/2013	07/31/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	06/01/2013	06/30/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	09/01/2013	09/30/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	11/01/2013	11/30/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	10/01/2013	10/31/2013

Worker's Signature

Date

Supervisor's Signature

Date



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Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 2/19/13 12:57 PM

Date of Assessment: 2/20/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____