



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 09/02/2013 09:21 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 09/02/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 09/03/2013 04:07 PM
First Team Leader Assigned: [REDACTED] Date/Time 09/04/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 09/04/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 1 Mos	Lack of Supervision	Yes	[REDACTED]	Birth Mother
[REDACTED]	2 Yrs 1 Mos	Nutritional Neglect	No	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: [REDACTED]

Notification: None

Narrative: TFACTS: No history found based on information provided by the referent

County: [REDACTED]
Notification: None
School/ Daycare: None
Native American Descent: No
Directions: None Given

Reporter's name/relationship [REDACTED]

Reporter states: [REDACTED] (8 months) lives with his mother [REDACTED]

The child was born prematurely. The child is currently in [REDACTED] Hospital. The paramedics told the police that the child was in full cardiac arrest when they arrived this morning. The mother told the



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

paramedics that the child had fallen off of the bed last night. The mother told the police that the child whimpered a little but went right back to sleep and she thought he appeared to be fine so she didn't seek medical treatment for him. The paramedics told the police that the child appeared to be malnourished and dehydrated. The medical staff at the hospital weighed the child and he is 8 kilograms which is 17.6 pounds. The child is in critical condition in ICU, he is now stabilized after about an hour and a half. The child has a consistent heartbeat and he now has a pulse. The child arrived at the hospital without a pulse. There are no outward signs of injury to the child. The child has a two year old brother, an 8 year old brother and a six year old sister. The reporter does not have any other information about the siblings. The mother is currently at the hospital with the child. The mother woke up and heard the child gasp for breath and noticed that he was in a state of distress. The mother said she tried to clear his nose and give him CPR, when this wasn't working, she had someone call 911. The reporter has not seen the other children and is unaware of their appearance.

This is all the information that the referent had to report at this time. The referent was not asked if this is considered near death as the referent is not medical personnel.

Per SDM: Investigative Track: P1. This screening decision was made in consultation with [REDACTED], TC. 9/2/13 @ 10:23 AM. [REDACTED] TL.

Email Notification:

[REDACTED]

Child-Fatality-Notification [REDACTED]

[REDACTED]

[REDACTED] Time Issued Response Received Devices Responses
[REDACTED] 09-02-13 10:51:29 09-02-13 10:52:37 work cell phone Received
09-02-13 10:51:29 --- personal cell phone Disconnected
09-02-13 10:51:29 --- work email Email Sent



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



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 40 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 2 Yrs 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: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 3 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 7 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 9 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 09/02/2013

Assignment Date: 09/09/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			10/24/2013
2	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			10/24/2013
3	[REDACTED]	[REDACTED]	Nutritional Neglect	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			09/27/2013
4	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	*Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED]
		[REDACTED]			[REDACTED]			10/15/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: AIPI for MDM and NUN

D. Case Workers

Case Worker: [REDACTED]

Date: 10/24/2013

Team Leader: [REDACTED]

Date: 10/24/2013

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:

child is 8 months old and can not communicate.

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]

According to Dr. [REDACTED] consultation report: This is an 8 month old who present in full arrest without a history of trauma that now has severe anoxic brain injury and also appears to be malnourished. At this time we do not have a diagnosis; however, the history is very concerning for medical neglect. Although premature at the birth, the patient is severely growth-retarded. We are currently evaluating the etiology of his failure to thrive. It appears that the mother did not see any medical care regarding his serve failure to thrive. It was also noted that the records from the [REDACTED] clinic indicate that on January [REDACTED] the patient weighed 2.9kg which indicated a weight gain of 900 grams in one month. The patient has no physiological explanation for the malnutrition at this time. The hypoxic injury is also unclear, and maybe secondary to the full cardiac arrest which was the result of the patient's state of starvation. The patient's medical condition is severe, and he has suffered major neurological insults which will most likely result in him being neurologically devastated if he survives. The lack of medical care by the caregiver certainly contributed to the patient's condition because if the malnutrition had been identified and addressed, the patient may not have suffered the cardiac arrest.

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

Mother reported that she did not take [REDACTED] to see the doctor because she felt that he was too young to get shots. Mother did not have reasoning for not taking [REDACTED] to doctors' appointments due to him being a premature baby and failure to thrive.

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

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

API for MDM and NUN due to Dr. [REDACTED] reported the hypoxic injury is also unclear, and maybe secondary to the full cardiac arrest which was the result of the patient's state of starvation. The patient's medical condition is severe, and he has suffered major neurological insults which will most likely result in him being neurologically devastated if he survives. The lack of medical care by the caregiver certainly contributed to the patient's condition because if the malnutrition had been identified and addressed, the patient may not have suffered the cardiac arrest.

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: 10/17/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/24/2013

Completed date: 10/24/2013

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: 10/24/2013 11:52 AM Entered By: [REDACTED]

CPSI re-submitted case to CPIT to informed that DCS would be indicating [REDACTED] for LOS and severe MDM, ENN and NUN. CPIT team agreed with all indicated allegations.

New allegations has been added to Classification.

New letter A was mailed to [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/15/2013

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: 10/15/2013

Completed date: 10/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/15/2013 11:42 AM Entered By: [REDACTED]

Adjudication hearing at Juvenile court was continued until January 7, 2014 @ 9: 00 a.m. In attendance was FSW [REDACTED]; maternal uncle and aunt, [REDACTED] and [REDACTED]; maternal grandmother, [REDACTED]; mother, [REDACTED]; children, [REDACTED]. [REDACTED] stated that he understood CPSI asked him to be prepared to keep the children until they are 18 years of age but did not think that CPSI really meant until 18 years of age. Mr. [REDACTED] complained that the State should provide services. CPSI reminded Mr. [REDACTED] of FSTM that was held on 10-10-13 at his home to place Family services in the home to assist with services needed for mother and children. Mr. [REDACTED] reported that he needs the State to assistance with DHS services. Mr. [REDACTED] complained that court document only states that children was recommended to be placed in his home and he can not get any DHS assistance. CPSI explained that DCS [REDACTED] could assist him with DHS. Mr. [REDACTED] reported that DHS is not very professional, because he has spoken with the worker and supervisor and can not get any services. [REDACTED] stated that Mr. [REDACTED] did have any interview at DHS. Mr. [REDACTED] stated that he made them give him an interview on the spot but they did not tell him how much he would get for the children. [REDACTED] reported that they were informed it would take 45 days to process. CPSI informed Mr. [REDACTED] that the 45 day process is DHS' policy and DCS would not be able to change their policy. Mr. [REDACTED] stated that he wants the State to pay him to keep the children. CPSI reminded Mr. [REDACTED] that he was given the option before the children were placed with him to obtain custody through custodian or non-custodian placement and he choice non-custodian. Mr. [REDACTED] stated that court has been continued until 1-7-2014; he didn't think CPSI was serious when he was asked if he was prepared to keep the children until their 18th birthday. CPSI informed Mr. [REDACTED] that if the children enter custody and he and wife complete classes to become foster parents the State would pay them as foster parents to care for the children. Mr. [REDACTED] stated that is what he wants to do. CPSI also informed Mr. [REDACTED] that he would not get the first payment until after completion of the classes and it may take 6 months before the first payment is received. Mr. [REDACTED] stated that he would prefer to become a foster parent and get assistance since he has to keep the children until court on 1-7-14. CPSI asked Mr. [REDACTED] if he was prepared to keep the children until their 18th birthday, and CPSI expressed the seriousness of the question. CPSI informed Mr. [REDACTED] that the court will make the determination if children can return home or not. Mr. [REDACTED] stated that he did not know and would have to think about it. CPSI informed Mr. [REDACTED] to let [REDACTED] know what type of assistance is required. CPSI informed Mr. [REDACTED] that the State can not go back and forth with these Children because the State always looks for premenancy for



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

children.

Narrative Type: Addendum 1 Entry Date/Time: 10/15/2013 11:59 AM Entered By: [REDACTED]

CPSI hand delivered Letter A and the attachment to [REDACTED] signed and dated receipt of letter A and attachment



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: 10/10/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/14/2013

Completed date: 10/14/2013

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face,Notation,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/14/2013 03:49 PM Entered By: [REDACTED]

FSTM

[REDACTED]

Present at FSTM with this CPSI were: FSW, [REDACTED]. This CPSI was surprised to see [REDACTED] at home. It was reported that [REDACTED] was released from the hospital on September 30, 2013. It was also reported that [REDACTED] has many doctor's appointment and will need physical therapy. The team agreed to services being placed in the home. FSW will assist with TEIS services, mom with parenting, and grief counseling to address the loss of her father. Caregiver will keep all [REDACTED] doctors' appointment. Caregiver will also get EPSD&T and update FSW on the childrens' medical condition. [REDACTED] and [REDACTED] will schedule [REDACTED] eye appointment and follow up with FSW.

CPSi sent a copy of case file to [REDACTED] through inter-office mail.

A copy of FSTM was e-scan to FSW [REDACTED]

This case been transfered to [REDACTED] team.



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: 10/03/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/14/2013

Completed date: 10/14/2013

Completed By: [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: 10/14/2013 03:38 PM Entered By: [REDACTED]

This CPSI requested and scheduled a FSTM for October 10, 2013 to be held at the family home [REDACTED] at 3:00 p.m.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/06/2013

Completed date: 10/06/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/06/2013 09:23 PM Entered By: [REDACTED]

This case has been reviewed by Safety Director, [REDACTED]. This case has been reviewed and approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/27/2013 Contact Method:
 Contact Time: 02:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/29/2013
 Completed date: 09/29/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/29/2013 07:14 PM Entered By: [REDACTED]

On 9/2/13 Department of Children's and Services received a referral with allegation of Lack of Supervision, and Nutritional Neglect. The victim is listed as [REDACTED] (8months) and alleged perpetrator, birth mother, [REDACTED]. The reporter states the child was born prematurely. The child is currently in [REDACTED] Hospital. The paramedics told the police that the child was in full cardiac arrest when they arrived this morning. The mother told the paramedics that the child had fallen off of the bed last night. The mother told the police that the child whimpered a little but went right back to sleep and she thought he appeared to be fine so she didn't seek medical treatment for him. The paramedics told the police that the child appeared to be malnourished and dehydrated. The medical staff at the hospital weighed the child and he is 8 kilograms which is 17.6 pounds. The child is in critical condition in ICU, he is now stabilized after about an hour and a half. The child has a consistent heartbeat and he now has a pulse. The child arrived at the hospital without a pulse. There are no outward signs of injury to the child. The child has a three siblings, an 8 and 2 year old brothers and a six year old sister. The reporter does not have any other information about the siblings. The mother is currently at the hospital with the child. The mother woke up and heard the child gasp for breath and noticed that he was in a state of distress. The mother said she tried to clear his nose and give him CPR, when this wasn't working, she had someone call 911. The reporter has not seen the other children and is unaware of their appearance.

On 9/2/1, Ms. [REDACTED] reported that [REDACTED] was in his usual state of health on the evening prior to admission when the child fallen out of the bed. Mother reports that he cried out. She picked him, put him back to bed and he fell asleep. She did not notice anything unusual until the next morning when she woke up before he did. She reported she walked out of the room into living room where her friend, Mr [REDACTED] and [REDACTED] (2) were sleeping. She then went back into the bedroom to evaluate the patient and heard him breathing funny. When she picked him up she realized that he was limp and that he was having difficulty breathing, so she called 911. She reports that she was concerned about the amount of time it was going to take for the ambulance to get there, so she ran down the stairs to wait for Emergency Medical Services. She reports that she put him on the porch and attempted to administer cardiopulmonary resuscitation.

9-9-13, DCS received an update consultation from Dr. [REDACTED]. It was reported that the patient has no physiological explanation for the malnutrition at this time. The hypoxic injury is also unclear, and may be secondary for the full cardiac arrest which was the result of the patient's state of starvation. The patient's medical condition is severe, and he has suffered a major neurological insult which will most likely result in him being neurological devastated if he survives. The lack of medical care by the caregiver certainly contributed to the patient's condition.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

In light of this information, on 9-16 an expedited summary was completed, submitted and approved to place [REDACTED], [REDACTED] and [REDACTED] in the custody of Maternal uncle and aunt, [REDACTED] and [REDACTED]. A Legal referral was submitted on 9-16-13 to the legal department and filed a juvenile court. A preliminary hearing was held on 9-13-13 and DCS petition was grant to place [REDACTED] and [REDACTED] in the custody of Maternal uncle and aunt, [REDACTED] and [REDACTED]. The adjudication was scheduled for 10-25-13. CPSI is submittiing this case for closure review to TL, [REDACTED]. This Case will be tranfered for services.

Narrative Type: Addendum 1 Entry Date/Time: 10/01/2013 09:48 AM Entered By: [REDACTED]

An indication letter has been completed and mailed to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/19/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 10/01/2013

Completed date: 10/01/2013

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: 10/01/2013 09:50 AM Entered By: [REDACTED]

CPSI present case to CPIT and the team agreed to indicate the mother, [REDACTED] for MDM and NUN. AIPI

Narrative Type: Addendum 1 Entry Date/Time: 10/15/2013 12:10 PM Entered By: [REDACTED]

correction: CPIT agreed to indication the mother, [REDACTED] for MDM, NUN, and [REDACTED] was the victim.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/19/2013 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 09/29/2013
 Completed date: 09/29/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation,Alleged Perpetrator Interview,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/29/2013 08:29 PM Entered By: [REDACTED]

CPSI attend preliminary hearing at juvenile court. present was [REDACTED]
 [REDACTED] Teh court was continued untoi 10-19-13 at 9am.

CPSi went to [REDACTED] to [REDACTED] in his new room [REDACTED]. CPSI was informed that [REDACTED] was doingmuch better but he has a long road ahead of himi.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/18/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 09/29/2013

Completed date: 09/29/2013

Completed By: [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: 09/29/2013 08:22 PM Entered By: [REDACTED]

CPSI submitted PCO to juvenile court and pco was granted and Preliminary was scheduled for 9-19-13 at 9am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/16/2013	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/29/2013
Completed date:	09/29/2013	Completed By:	[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: 09/29/2013 08:18 PM Entered By: [REDACTED]

CPSI completed expedited placement assessment summary and submitted for approval.

Expedited was approved and legal referral will be completed



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/13/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	09/29/2013
Completed date:	09/29/2013	Completed By:	[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: 09/29/2013 08:09 PM Entered By: [REDACTED]

CPSI complete Code X and background checks on

[REDACTED]

2001 Theft of property; 1999 violation of light law, driving while license suspended, possession of controlled substance; 197 forgery and 1996 failure to pay fine.

[REDACTED]

no records were found

[REDACTED]

no records were found



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/12/2013 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 09/29/2013
 Completed date: 09/29/2013 Completed By: [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: 09/29/2013 08:14 PM Entered By: [REDACTED]

CPSI completed home study on [REDACTED] and [REDACTED] an at [REDACTED]
 CPSI observed a 3 bedroom, bonus room, living room, dining room, kitchen 2 bath home full finished with electricity and running water. CPSI also observed a fire extinguisher and smoke detector.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/10/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/29/2013

Completed date: 09/29/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/29/2013 07:57 PM Entered By: [REDACTED]

CPSI made a visit with [REDACTED] at [REDACTED] in the NICU the charge nurse is [REDACTED] and the nurse is [REDACTED] and Dr. is [REDACTED] and child life is [REDACTED] [REDACTED] was observed in the incubator with tubes in his nose. The nurse lift [REDACTED] arm to show this CPSI that his skin was hanging loose. [REDACTED] attempted to wake up by crying but then went back to sleep. CPSI was able to take pictures on [REDACTED] Mgm, [REDACTED] entered the room. She informed CPSI that she would be willing to obtain custody of her grand children to keep them out of state custody. She reported her [REDACTED] and [REDACTED] and address is [REDACTED] and [REDACTED] and [REDACTED] stated that she lives with her son, [REDACTED] and his wife [REDACTED] [REDACTED] reported that if [REDACTED] could not get custody, she wants her brother, [REDACTED] and his wife [REDACTED] get custody. CPSI asked [REDACTED] to speak with [REDACTED] and [REDACTED] and informed this CPSI if they are interested in obtaining temporary custody.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/05/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2013

Completed date: 09/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original

Entry Date/Time: 09/05/2013 12:34 PM

Entered By: [REDACTED]

Family Household

[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: 09/05/2013

Contact Method: Phone Call

Contact Time: 09:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2013

Completed date: 09/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2013 12:33 PM Entered By: [REDACTED]

On 9/5/13 Case Manager, [REDACTED] spoke with Ms. [REDACTED] who stated she has appointment schedule for [REDACTED] for 9/10/13 @ 12:00 p.m. and [REDACTED] for 9/17/13 @ 12:00 p.m. at [REDACTED] Clinic for well child check up. [REDACTED] completed a well child check up at school. However, the results are for her to see an eye doctor which is schedule for 9/19/13 @ 11:00 a [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: 09/04/2013

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/05/2013

Completed date: 09/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2013 12:32 PM Entered By: [REDACTED]

On 9/4/13 A CFTM was held at [REDACTED] in attends of the meeting was friend of family, [REDACTED]. The decision of the meeting is all of the children should remain in the care of their birth mother, [REDACTED], with agreement to continued services. For any reason



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2013

Completed date: 09/05/2013

Completed By: [REDACTED]

Purpose(s): 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: 09/05/2013 12:31 PM Entered By: [REDACTED]

On 9/4/13 Case Manager, [REDACTED] received a confirmation back stating the meeting will be held at [REDACTED] at 2:30 p.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/04/2013	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/04/2013
Completed date:	09/04/2013	Completed By:	[REDACTED]
Purpose(s):	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: 09/04/2013 02:18 PM Entered By: [REDACTED]

CPIT was convened on 9/4/13. It was reviewed by [REDACTED] [REDACTED] at the [REDACTED] and determines the case will be coordinate with [REDACTED] PD, Sgt. [REDACTED] Presents to evening CPIT review 9/19/13.



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: 09/03/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2013

Completed date: 09/05/2013

Completed By: [REDACTED]

Purpose(s): 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: 09/05/2013 12:30 PM Entered By: [REDACTED]

On 9/3/13 Case Manager, [REDACTED] requested a CFTM for 9/3/13 or 9/4/13.



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: 09/02/2013

Contact Method: Face To Face

Contact Time: 11:35 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/05/2013

Completed date: 09/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2013 12:25 PM Entered By: [REDACTED]

On 9/2/13 Case Manager, [REDACTED] spoke with maternal grandmother [REDACTED], who informed CM she has not been visiting the mother as much as she used to however, the last month when she seen [REDACTED] she tried to tell the mother [REDACTED] was small for his weight, even though he is a premature child. The mother, Ms. [REDACTED] told her she was going to take him to the doctor for a well child check up and allow him to get his shot. Ms. [REDACTED] did [REDACTED] is at her home with her brother.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2013

Contact Method:

Contact Time: 12:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/05/2013

Completed date: 09/05/2013

Completed By: [REDACTED]

Purpose(s): 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: 09/05/2013 12:29 PM Entered By: [REDACTED]

On 9/2/13 Case Manager, [REDACTED] staffed the case with Ms. [REDACTED] Directive was to schedule a meeting for the family when return to work.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/02/2013 Contact Method: Face To Face
 Contact Time: 12:15 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 09/05/2013
 Completed date: 09/05/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2013 12:27 PM Entered By: [REDACTED]

On 9/2/13 @ 12:15 p.m. Case Manager, [REDACTED] completed a face to face visit to the home. CM observed the home to need cleaning. Case Manager, [REDACTED] observed clothes on the floor, which Mr. [REDACTED] alleged the mother was in the process of washing. Ms [REDACTED] stated he was home the night of the incident with [REDACTED] falling on the floor, however he was sleep on the couch up front with [REDACTED] (2). The mother woke him up saying that [REDACTED] was not breathing. Mr. [REDACTED] stated he did not witness anything happening to [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 09/05/2013 12:27 PM Entered By: [REDACTED]

On 9/2/13 at 12:00 PM, this FSW observed the alleged victim [REDACTED], at the home of his mother, [REDACTED]. This FSW did not observe any dog fecies in the home. This FSW did not observe any roaches in the home during this visit. This FSW observed the child being held by mother boyfriend, [REDACTED]. Mr. [REDACTED] was holding [REDACTED] due to he was acting afraid of CM. Case Manager, [REDACTED] observed food, and baby food, such as Goodstart Formula, was observed in the home. Baby clothes and diapers were observed in the home and diapers were observed in the home. This FSW did not observe any marks or bruises on the child. The child was well dressed and clean.

Worker observations: This FSW observed the home environment to be in good condition with no safety hazards such as exposed wiring in the home or any other safety hazards.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/05/2013

Completed date: 09/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/05/2013 12:19 PM Entered By: [REDACTED]

On 9/2/13 Case Manager, [REDACTED] observed [REDACTED] lying with tubes in his side of his head, nose, neck and arms. [REDACTED] had marks on his left side of his eye. Case Manager, [REDACTED] was unable to speak with him due to age.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2013

Contact Method: Face To Face

Contact Time: 10:50 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/04/2013

Completed date: 09/04/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2013 02:19 PM Entered By: [REDACTED]

On 9/2/13 @ 10:15 a.m. Case Manager, [REDACTED] spoke with social worker, [REDACTED] who disclosed she is the morning shift worker, however, [REDACTED] was the social worker who worked this child in. However, with speak with [REDACTED] she informed her that she been with the mother since they arrival and they feel that is was nothing that DCS needed to be informed on at his time. The mother is alleging the child fell out of the bed in the middle of the night, she pick the child back up place her in the bed. Emergency Medical Services arrived and he was in full cardiac arrest. He was resuscitated and transported to the Emergency department where hwas found to have his pupils fixed and dilated. His temperature was originally recorded at 30.5 degrees and he was transferred to the pediatric intensive care unti. Initial computed tomorgraphy findings indicated diffuse anoxic injury to the brain but no



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2013

Contact Method: Face To Face

Contact Time: 10:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/05/2013

Completed date: 09/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/05/2013 12:18 PM Entered By: [REDACTED]

On 9/2/13 @ 10:45 a.m. Case Manager, [REDACTED] spoke with birth mother, Ms. [REDACTED] regarding the allegations. Ms. [REDACTED] reported that [REDACTED] was in his usual state of health on the evening prior to admission when the child fallen out of the bed. Mother reports that he cried out. She picked him, put him back to bed and he fell asleep. She did not notice anything unusual until the next morning when she woke up before he did. She reported she walked out of the room into living room where her friend, Mr. [REDACTED] and [REDACTED] (2) were sleeping. She then went back into the bedroom to evaluate the patient and heard him breathing funny. When she picked him up she realized that he was limp and that he was having difficultly breathing, so she called 911. She reports that she was concerned about the amount of time it was going to take for the ambulance to get there, so she ran down the stairs to wait for Emergency Medical Services. She reports that she put him on the porch and attempted to administer cardiopulmonary resuscitation. Ms. [REDACTED] stated [REDACTED] is not up to date on his shots. However, she felt he was too young. Case Manager, [REDACTED] asked about the baby milk, Ms. [REDACTED] stated she do not received wic, she purchase the milk with her EBT card.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/02/2013 Contact Method: Face To Face
 Contact Time: 10:35 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 09/04/2013
 Completed date: 09/04/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2013 02:20 PM Entered By: [REDACTED]

On 9/2/13 @ 10:45 a.m. Case Manager, [REDACTED] spoke with birth mother, Ms. [REDACTED] regarding the allegations. Ms. [REDACTED] reported that [REDACTED] was in his usual state of health on the evening prior to admission when the child fallen out of the bed. Mother reports that he cried out. She picked him, put him back to bed and he fell asleep. She did not notice anything unusual until the next morning when she woke up before he did. She reported she walked out of the room into living room where her friend, Mr. [REDACTED] and [REDACTED] (2) were sleeping. She then went back into the bedroom to evaluate the patient and heard him breathing funny. When she picked him up she realized that he was limp and that he was having difficulty breathing, so she called 911. She reports that she was concerned about the amount of time it was going to take for the ambulance to get there, so she ran down the stairs to wait for Emergency Medical Services. She reports that she put him on the porch and attempted to administer cardiopulmonary resuscitation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2013

Contact Method:

Contact Time: 10:15 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/05/2013

Completed date: 09/05/2013

Completed By: [REDACTED]

Purpose(s): 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: 09/05/2013 11:49 AM Entered By: [REDACTED]

On 9/2/13 @ 10:15 a.m. Case Manager, [REDACTED] spoke with social worker, [REDACTED] who disclosed she is the morning shift worker, however, [REDACTED] was the social worker who worked this child in. However, with speak with [REDACTED] she informed her that she been with the mother since they arrival and they feel that is was nothing that DCS needed to be informed on at his time. The mother is alleging the child fell out of the bed in the middle of the night, she pick the child back up place her in the bed. Emergency Medical Services arrived and he was in full cardiac arrest. He was resuscitated and transported to the Emergency department where hwas found to have his pupils fixed and dilated. His temperature was originally recorded at 30.5 degrees and he was transferred to the pediatric intensive care unti. Initial computed tomography findings indicated diffuse anoxic injury to the brain but no



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/04/2013

Completed date: 09/04/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2013 02:17 PM Entered By: [REDACTED]

On 9/2/13 Case Manager, [REDACTED] received a referral with allegation of Lack of Supervision, and Nutritional Neglect. The victim is listed as [REDACTED] (8months) and alleged perpetrator, birth mother [REDACTED]. The reporter states the child was born prematurely. The child is currently in [REDACTED] Hospital. The paramedics told the police that the child was in full cardiac arrest when they arrived this morning. The mother told the paramedics that the child had fallen off of the bed last night. The mother told the police that the child whimpered a little but went right back to sleep and she thought he appeared to be fine so she didn't seek medical treatment for him. The paramedics told the police that the child appeared to be malnourished and dehydrated. The medical staff at the hospital weighed the child and he is 8 kilograms which is 17.6 pounds. The child is in critical condition in ICU, he is now stabilized after about an hour and a half. The child has a consistent heartbeat and he now has a pulse. The child arrived at the hospital without a pulse. There are no outward signs of injury to the child. The child has a two year old brother, an 8 year old brother and a six year old sister. The reporter does not have any other information about the siblings. The mother is currently at the hospital with the child. The mother woke up and heard the child gasp for breath and noticed that he was in a state of distress. The mother said she tried to clear his nose and give him CPR, when this wasn't working, she had someone call 911. The reporter has not seen the other children and is unaware of their appearance. The response time is a P-1.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 9/2/13 9:21 AM

Date of Assessment: 9/2/13 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 4

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.



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed (4)



Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____