



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 09/05/2013 07:21 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 09/05/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 09/06/2013 09:07 AM
First Team Leader Assigned: [REDACTED] Date/Time 09/05/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 09/05/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [REDACTED] Unknown	4 Yrs (Est)	Lack of Supervision	Yes	[REDACTED]	[REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address:
Referent Phone Number:
Type of Contact: I-3 Phone
Notification: None
Narrative: TFACTS:
Family Case ID: [REDACTED]
Open Court Custody/FSS/FCIP No
Closed Court Custody No
Open CPS - No
Indicated No
Fatality No



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

Screened out 0

History (not listed above):

11/2/10 -- [REDACTED] --DEI Services Recommended and Accepted

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School/ Daycare: N/A

Native American Descent: No

Directions: Unknown

Reporter's name/relationship: [REDACTED]

Reporter states:

A 3-year-old girl (name unknown) is in the [REDACTED] Hospital after a motor vehicle crash. Her mother, [REDACTED] (41) and her grandmother (name and age unknown) were in the car when this accident happened. It is unknown at this time if the child is in state custody. No demographic information is known about the child. The only name given was the mother's name.

The car accident occurred in [REDACTED] County, TN and the child was taken via life-flight to [REDACTED] Hospital in [REDACTED] County. The child was reportedly improperly restrained in the car, but specific details of the accident are unknown.

The child was believed to be in the back seat of the car behind the passenger seat when the accident occurred. She was reportedly only restrained with a lap belt. The child was found unresponsive by EMS and was intubated by an Airvac crew. It appears she has a C-spine injury per the x-ray and has a large seat belt injury on her abdomen, which probably resulted in internal organ damage. The child is having a CT scan of her head, neck, chest, and pelvis at the present time. The injuries to the child are life-threatening and she is not expected to live. If the child does survive, she will most definitely be paralyzed.

[REDACTED] is in the adult emergency department at the [REDACTED] Hospital. The grandmother died as a result of the accident.

Per TFACTS history search, the 3-year-old child is believed to be [REDACTED]. The child is not in custody.

Per SDM: Investigative Track, P1. [REDACTED] CM 3 @ 8:18pm on 9-5-13

Event [20]Alert Started (7516), Status: [20]Alert Started, [REDACTED] @ 8:21pm
[REDACTED] responded @ 8:23pm on 9/5/13 [REDACTED]

Child Death/Child Near Death notified @8 :48pm. [REDACTED]

Also CC the Commissioner ([REDACTED])
Also CC the RA of the Region ([REDACTED])



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



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

Participant(s)

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** White **Age:** 42 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: Unknown Participant [REDACTED] Unknown
Gender: **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: [REDACTED] **Race:** White **Age:** 4 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: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: White

Age:

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:
Referral Date: 09/05/2013
Street Address:
City/State/Zip:

Investigation ID:
Assignment Date: 09/05/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 4 rows of allegation data.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Investigation case was assigned to CM on 9/05/2013. The allegations on the referral are Neglect Death, Drug Exposed Child, Physical Abuse, and Lack of Supervision. The alleged victim is and the alleged perpetrator is. The case was classified on 09/09/2013 as Allegation Indicated Perpetrator Indicated for all allegations. Case was classified as such due to being under the influence while driving and causing a car crash that killed and paralyzed. DCS has filed a D&N petition against and have requested no contact between her and. had custody of prior to the case being assigned. Custody is to remain with her.

D. Case Workers

Case Worker:
Team Leader:

Date: 10/10/2013
Date: 10/11/2013

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.



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

Case Name : ██████████

Investigation ID: ██████████

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:

CM ██████ went to ██████ Hospital in order to make response on ██████. ██████ was in surgery and CM was unable to complete face to face.

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

CM interviewed State Trooper ██████ at the hospital. ST ██████ reported that a witness who was driving behind ██████ reported that she was driving recklessly all over the road. He stated that it was reported that ██████ was in the southbound lane going northbound and she hit a Jeep head on. ST ██████ reported that the driver and passengers in the Jeep did not sustain injuries. He stated that ██████ mother, ██████ died on the scene. ST ██████ reported that ██████ may be charged with Vehicular Homicide. He stated that ██████ had sustained injuries from the accident; her spine was fractured, her spinal column was damaged, and her intestines were cut. ST ██████ stated that ██████ car seat was on the passenger's side of the car. She was in a lap belt. ST ██████ reported that ██████ admitted to belting ██████ in a lap belt instead of her car seat. He stated that ██████ reported that she was prescribed Xanax and she may have taken Hydrocodone. She reported that she took some Tylenol but it may have been Hydrocodone because her mother put those in the Tylenol bottle. ST ██████ reported that ██████ had hydrocodones pinned to her bra in a vial.

The nurse in charge stated that ██████ had spinal shock currently and would definitely be paralyzed. She stated that ██████ had spinal fusion with the anterior and posterior parts of her spine. She stated that ██████ was on blood pressure medicines and was sedated. It is unknown if ██████ will ever be able to breathe on her own. She may need to have a GT breathing tube for the rest of her life and she may be bed dependent the rest of her life.

CM contacted the hospital staff on this date and they said ██████ is still critical. She has a C6 injury (severed spinal) cord. She will be paralyzed for life. She may be ventilator dependent for the rest of her life. ██████ will have to get surgery for her trachea and a tube in her stomach. She will not be able to eat on her own. ██████ is on life support. She will not live without life support for very long because she cannot breathe hard enough on her own. The next step is to send her to a rehabilitation facility in ██████ to teach the family how to care for her. She will require an at home nurse. She will stay in the hospital 3 more weeks and at the rehab for 8 weeks.

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

████████ reported that she did not mean to hurt ██████. ██████ reported that on the day of the accident, she drove her mother and ██████ to go shopping for her (████████) brother ██████ who was incarcerated. ██████ stated that she had gotten his items and was heading to the jail or ██████. She reported that the sun was in her eyes and the visor was not blocking it. ██████ stated that she was almost to the junction when the accident occurred. ██████ reported that her mother was not thrown from the car. ██████ reported that this was her first accident. ██████ reported that ██████ was in her car seat but she took herself out of it and put herself in the lap belt. ██████ stated that she was going to put ██████ back in her lap belt but then the accident happened. ██████ reported that she did not have custody of ██████. She stated that ██████ had custody of ██████ since 8/13/12. She stated that ██████ got custody because she ██████ and ██████ were not getting along. ██████ stated that she had supervised visits but they were extended last year. ██████ reported that she had ██████ at her home the past 2 nights before the accident. ██████ stated that she was prescribed Percocet and she used marijuana. ██████ reported that her physician was Dr. ██████. She stated that she did not use Pain Management. ██████ reported that she was diagnosed with Depression, Anxiety, and Fibromyalgia. ██████ husband ██████ and sister in law ██████ were present at the hospital with ██████. They reported that the accident occurred around 5 PM.

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



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]

CM interviewed [REDACTED], father. Other persons present were [REDACTED] sister and her son, [REDACTED] husband, [REDACTED], paternal grandmother, and [REDACTED] Hospital Chaplain. [REDACTED] reported that [REDACTED] was in critical condition currently due to a car accident. He stated that [REDACTED] was not in her car seat but rather a lap belt. He stated that the belt cut her intestines. [REDACTED] reported that [REDACTED] was driving her car. He stated that she was in the car with [REDACTED] and [REDACTED] mother [REDACTED] who died on the scene.

CM [REDACTED] interviewed [REDACTED] paternal grandmother in the visitors' room. [REDACTED] reported that the accident was head on and [REDACTED] had to be Life Lighted out after the Medical Evacuation. [REDACTED] reported that she had custody of [REDACTED] since 2012. She stated that [REDACTED] had supervised visits until July or August 2012 and then she was granted unsupervised visits. [REDACTED] stated that visits were supervised due to [REDACTED] substance abuse. She reported that [REDACTED] had a car accident a few months ago due to texting and driving. She stated that [REDACTED] had taken [REDACTED] on trips before and returned her prior to this accident. [REDACTED] stated that [REDACTED] picked up [REDACTED] for her visit around lunch time. She reported that when [REDACTED] left her home she was in her car seat. [REDACTED] stated that [REDACTED] and [REDACTED] were going to eat and to Wal-Mart. She stated that the accident happened around 6PM.

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

State Trooper [REDACTED] did report that [REDACTED] could be charged with Vehicular Homicide of [REDACTED]

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: 11/12/2013 Contact Method:
 Contact Time: 01:30 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/12/2013
 Completed date: 11/12/2013 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: 11/12/2013 02:27 PM Entered By: [REDACTED]

Case file and TFACTS reviewed on this day. Case is being closed for closure as AIPI against [REDACTED] biological mother. On 9/05/2013, case was staffed with [REDACTED], [REDACTED] and attorney [REDACTED] (protocol was followed per policy 20.27-Child death/near-death rapid response and work-aid 2.) Decision was made that it was unsafe for the child to have any contact with her biological mother, [REDACTED] and a no contact order was filed. On 10/03/2013, a preliminary hearing was set; however, it was moved to December due to not able to locate the mother. The minor child is still in the custody of the paternal grandmother, [REDACTED] which she already had custody of the minor child and [REDACTED] only had visitation. Case and classification has been presented to [REDACTED] County CPIT with all members in agreement. Notification of Due Process has been sent to [REDACTED] using last known address within TFACTS and certified mail. Notification of case closure has been sent to [REDACTED] County Juvenile Court Judge [REDACTED] and [REDACTED] County District Attorney [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: 11/06/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/07/2013

Completed date: 11/07/2013

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: 11/07/2013 03:07 PM Entered By: [REDACTED]

Case was staffed with [REDACTED] on this date. CM is unable to make the home visit because the family is in [REDACTED] at a Rehabilitation Center for [REDACTED]. The child will be returning home with home health nurses after rehabilitation. [REDACTED] stated that the case could be closed without the home visit. CM called the family residence in order to schedule a visit but there was no answer. The family does not have a cell phone to contact them when they are not in the residence.



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: 11/01/2013

Contact Method:

Contact Time: 10:50 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/01/2013

Completed date: 11/01/2013

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: 11/01/2013 11:04 AM Entered By: [REDACTED]

CM [REDACTED] requested medical records for [REDACTED] on this date from [REDACTED] Hospital.

CM contacted State Trooper [REDACTED] on this date. He reported that [REDACTED] would be charged with Vehicular Homicide via the Grand Jury. He reported that the Grand Jury was going to convene later this month.



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: 10/30/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/30/2013

Completed date: 10/30/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/30/2013 03:18 PM Entered By: [REDACTED]

Case summary:

Safety Assessment Score:

Initial- safe

Ending- safe

FAST Assessment Score: High

Permanency: (state what the family looks like at the time of closing the case.) I.E. -The family lives in a safe and stable environment. [REDACTED] is in the custody of [REDACTED], paternal grandmother. [REDACTED] and [REDACTED] have unsupervised visits. DCS has filed D&N against [REDACTED] and have requested no contact between [REDACTED] and [REDACTED]

Family Support: [REDACTED] has custody of [REDACTED] The family receives government assistance.

Well Being:

Medical: [REDACTED] has a fractured spine and is paralyzed due to a car accident. [REDACTED] has Fibromyalgia.

Mental/Behavioral Health: [REDACTED] has anxiety and depression.

Substance Abuse: Both [REDACTED] and [REDACTED] have past substance abuse of methamphetamines. [REDACTED] admitted to using marijuana recently.

Education: [REDACTED] is not in school.

Developmental: No problems reported.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Closing Summary:

Investigation case was assigned to CM [REDACTED] on 9/05/2013. The allegations on the referral are Neglect Death, Drug Exposed Child, Physical Abuse, and Lack of Supervision. The alleged victim is [REDACTED] and the alleged perpetrator is [REDACTED]. The case was classified on 09/09/2013 as Allegation Indicated Perpetrator Indicated for all allegations. Case was classified as such due to [REDACTED] being under the influence while driving and causing a car crash that killed [REDACTED] and paralyzed [REDACTED]. DCS has filed a D&N petition against [REDACTED] and have requested no contact between her and [REDACTED]. [REDACTED] had custody of [REDACTED] prior to the case being assigned. Custody is to remain with her.



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: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview,Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 11:41 AM Entered By: [REDACTED]

Preliminary hearing was set for this date. CM along with paternal grandmother [REDACTED] and father [REDACTED] were present. CM was unable to locate Ms. [REDACTED]. The family reported that [REDACTED] was aware of court but she was on the run. [REDACTED] reported that the address listed on the car accident was not [REDACTED] address. He stated that he believed [REDACTED] was hiding somewhere in [REDACTED] County. The hearing has been moved to December. The family reported that they had to go to [REDACTED] to take [REDACTED] to the Rehabilitation Center for the next 6 weeks so that they could learn how to take care of her when she goes home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/11/2013

Contact Method: Phone Call

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/22/2013

Completed date: 10/22/2013

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/22/2013 08:54 AM Entered By: [REDACTED]

CM contacted the hospital staff on this date and they said [REDACTED] is still critical. She has a C6 injury (severed spinal) cord. She will be paralyzed for life. She may be ventilator dependent for the rest of her life. [REDACTED] will have to get surgery for her trachea and a tube in her stomach. She will not be able to eat on her own. [REDACTED] is on life support. She will not live without life support for very long because she cannot breathe hard enough on her own. The next step is to send her to a rehabilitation facility in [REDACTED] to teach the family how to care for her. She will require an at home nurse. She will stay in the hospital 3 more weeks and at the rehab for 8 weeks.



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: 09/09/2013

Contact Method: Correspondence

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/30/2013

Completed date: 10/30/2013

Completed By: [REDACTED]

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

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/30/2013 03:26 PM Entered By: [REDACTED]

CM [REDACTED] staffed case with TL [REDACTED] Case was determined to be Allegation Indicated Perpetrator Indicated on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/08/2013

Contact Method: Phone Call

Contact Time: 02:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/22/2013

Completed date: 10/22/2013

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/22/2013 08:50 AM Entered By: [REDACTED]

CM called the hospital and was given [REDACTED] Personal Code ([REDACTED]). The nurse in charge stated that [REDACTED] had spinal shock currently and would definitely be paralyzed. She stated that [REDACTED] had spinal fusion with the anterior and posterior parts of her spine. She stated that [REDACTED] was on blood pressure medicines and was sedated. It is unknown if [REDACTED] will ever be able to breathe on her own. She may need to have a GT breathing tube for the rest of her life and she may be bed dependent the rest of her life.



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: 09/07/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/22/2013

Completed date: 10/22/2013

Completed By: [REDACTED]

Purpose(s): Permanency, 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: 10/22/2013 08:45 AM Entered By: [REDACTED]

CM [REDACTED] talked to [REDACTED] on this date. She said that [REDACTED] doctor at the hospital is Dr. [REDACTED]. [REDACTED] reported that she did not have a cell phone but her home number is [REDACTED]. [REDACTED] said that [REDACTED] has had three surgeries so far to straighten her spine and that the doctor said they have to take it day by day.



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: Face To Face

Contact Time: 10:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/09/2013

Completed date: 09/09/2013

Completed By: [REDACTED]

Purpose(s): Permanency,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: 09/09/2013 12:06 PM Entered By: [REDACTED]

CM [REDACTED] interviewed [REDACTED], paternal grandmother in the visitors' room. [REDACTED] reported that the accident was head on and [REDACTED] had to be Life Lighted out after the Medical Evacuation. [REDACTED] reported that she had custody of [REDACTED] since 2012. She stated that [REDACTED] had supervised visits until July or August 2012 and then she was granted unsupervised visits. [REDACTED] stated that visits were supervised due to [REDACTED] substance abuse. She reported that [REDACTED] had a car accident a few months ago due to texting and driving. She stated that [REDACTED] had taken [REDACTED] on trips before and returned her prior to this accident. [REDACTED] stated that [REDACTED] picked up [REDACTED] for her visit around lunch time. She reported that when [REDACTED] left her home she was in her car seat. [REDACTED] stated that [REDACTED] and [REDACTED] were going to eat and to Wal-Mart. She stated that the accident happened around 6PM.

Narrative Type: Addendum 1 Entry Date/Time: 10/30/2013 01:10 PM Entered By: [REDACTED]

CM explained MRS, the Client's Rights Handbook to include the Parents' Bill of Rights and HIPPA and provided the family with copies of each and kept copies of signature pages for the HIPPA and Client's Rights Handbook. CM asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification. CM obtained demographic information and completed the pictorial tool. CM obtained all appropriate releases of information at that time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/05/2013

Contact Method: Attempted Face To Face

Contact Time: 10:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/08/2013

Completed date: 09/08/2013

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/08/2013 01:57 PM Entered By: [REDACTED]

On this date, CM [REDACTED] went to [REDACTED] Hospital in order to make response on [REDACTED] [REDACTED] was in surgery and CM was unable to complete face to face.



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: Face To Face

Contact Time: 10:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/09/2013

Completed date: 09/09/2013

Completed By: [REDACTED]

Purpose(s): Permanency, 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: 09/09/2013 12:04 PM Entered By: [REDACTED]

CM [REDACTED] and CM [REDACTED] went to [REDACTED] Hospital on this date in order to make response on [REDACTED]. She was in surgery when CM's arrived. CM interviewed [REDACTED] father. Other persons present were [REDACTED] sister and her son, [REDACTED] husband, [REDACTED] paternal grandmother, and [REDACTED] Hospital Chaplain. [REDACTED] reported that [REDACTED] was in critical condition currently due to a car accident. He stated that [REDACTED] was not in her car seat but rather a lap belt. He stated that the belt cut her intestines. [REDACTED] reported that [REDACTED] was driving her car. He stated that she was in the car with [REDACTED] and [REDACTED] mother [REDACTED] who died on the scene.



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: Face To Face
 Contact Time: 09:05 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 10/30/2013
 Completed date: 10/30/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Collateral Contact, Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/30/2013 01:08 PM Entered By: [REDACTED]

CPS/DCS History: Checked on 09/05/2013 The family has DCS History.

Criminal Background Checks: Checked on 09/05/2013. No criminal charges were found in [REDACTED] County. State Trooper [REDACTED] did report that [REDACTED] would be charged with Vehicular Homicide of [REDACTED].

Family Composition: (list household members) [REDACTED] resides with her paternal grandmother, [REDACTED].

CM interviewed State Trooper [REDACTED] at the hospital. ST [REDACTED] reported that a witness who was driving behind [REDACTED] reported that she was driving recklessly all over the road. He stated that it was reported that [REDACTED] was in the southbound lane going northbound and she hit a Jeep head on. ST [REDACTED] reported that the driver and passengers in the Jeep did not sustain injuries. He stated that [REDACTED] mother, [REDACTED] died on the scene. ST [REDACTED] reported that [REDACTED] may be charged with Vehicular Homicide. He stated that [REDACTED] had sustained injuries from the accident; her spine was fractured, her spinal column was damaged, and her intestines were cut. ST [REDACTED] stated that [REDACTED] car seat was on the passenger's side of the car. She was in a lap belt. ST [REDACTED] reported that [REDACTED] admitted to belting [REDACTED] in a lap belt instead of her car seat. He stated that [REDACTED] reported that she was prescribed Xanax and she may have taken Hydrocodone. She reported that she took some Tylenol but it may have been Hydrocodone because her mother put those in the Tylenol bottle. ST [REDACTED] reported that [REDACTED] had hydrocodones pinned to her bra in a vial.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/05/2013 Contact Method:
 Contact Time: 08:30 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/25/2013
 Completed date: 10/25/2013 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: 10/25/2013 12:19 PM Entered By: [REDACTED]

Allegations and Presenting Problems: [REDACTED] states:

A 3-year-old girl (name unknown) is in the [REDACTED] Hospital after a motor vehicle crash. Her mother, [REDACTED] (41) and her grandmother (name and age unknown) were in the car when this accident happened. It is unknown at this time if the child is in state custody. No demographic information is known about the child. The only name given was the mother's name.

The car accident occurred in [REDACTED] County, TN and the child was taken via life-flight to [REDACTED] Hospital in [REDACTED] County. The child was reportedly improperly restrained in the car, but specific details of the accident are unknown.

The child was believed to be in the back seat of the car behind the passenger seat when the accident occurred. She was reportedly only restrained with a lap belt. The child was found unresponsive by EMS and was intubated by an Airvac crew. It appears she has a C-spine injury per the x-ray and has a large seat belt injury on her abdomen, which probably resulted in internal organ damage. The child is having a CT scan of her head, neck, chest, and pelvis at the present time. The injuries to the child are life-threatening and she is not expected to live. If the child does survive, she will most definitely be paralyzed.

[REDACTED] is in the adult emergency department at the [REDACTED] Hospital. The grandmother died as a result of the accident.

Per TFACTS history search, the 3-year-old child is believed to be [REDACTED] The child is not in custody.

Per SDM: Investigative Track, P1. [REDACTED] CM 3 @ 8:18pm on 9-5-13

Event [20]Alert Started (7516), Status: [20]Alert Started, [REDACTED] @ 8:21pm
 [REDACTED] responded @ 8:23pm on 9/5/13 [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Child Death/Child Near Death notified @8 :48pm. [REDACTED] Child-Fatality-Notification [REDACTED]

[REDACTED]

Also CC the Commissioner [REDACTED]
Also CC the RA of the Region [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:

Contact Time: 08:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/09/2013

Completed date: 09/09/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/09/2013 11:39 AM Entered By: [REDACTED]

Date of Referral: 09/05/2013

This case was assigned as an Investigation case to CM [REDACTED] on 09/05/2013 for [REDACTED] County. All times are recorded in [REDACTED] Standard Time. The response priority was P1 and the allegations are Neglect Death, Physical Abuse, Drug Exposed Child, and Lack of Supervision. The alleged victim is [REDACTED] and the alleged perpetrator is [REDACTED] (Birth Mother). Referent was contacted on 09/05/2013 by phone. The Juvenile Judge, [REDACTED] was notified on 09/05/2013 by mail. The District Attorney, [REDACTED] was notified by mail. CPIT was convened on 09/05/2013 @ 10:35PM with State Trooper [REDACTED]. Good Faith Efforts were made to make response.

Victim (s): [REDACTED]

Victim's Mother: [REDACTED]

Victim's Father: [REDACTED]

Caretaker (if applicable): [REDACTED]