



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 07/15/2013 02:02 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 07/15/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 07/16/2013 10:15 AM
 First Team Leader Assigned: [REDACTED] Date/Time 07/16/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 07/16/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 8 Mos	Lack of Supervision	Yes	[REDACTED], [REDACTED]	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: None
 Narrative: TFACTS: No History Found (based on the demographic information provided by the referent)

County: [REDACTED]
 Notification: None
 School/ Daycare: N/A
 Native American Descent: No
 Directions: None Provided

Note: Address and other viable demographics are listed under the child, [REDACTED]

Reporters name/relationship: [REDACTED] / [REDACTED]



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: White Age: 1 Yr 8 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:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 23 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:



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Tennessee Child Abuse Hotline Summary**

Name: [REDACTED], [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 24 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED], Unknown

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 1 Yr 8 Mos

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]
 Referral Date: 07/15/2013
 Street Address: [REDACTED]
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]
 Assignment Date: 07/16/2013

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]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 03/12/2014
2	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 03/12/2014
3	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 03/19/2014
4	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 03/12/2014
5	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 03/19/2014
6	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 03/25/2014
7	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 03/12/2014
8	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 03/12/2014



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

Case Name : ██████████

Investigation ID: ██████████

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case was assigned as an Investigation case to CM ██████████ on 7-16-13 for ██████████ County. The response priority was P1 and the allegations are LOS. The alleged victim is ██████████ and the alleged perpetrator is ██████████ [non-relative]. The District Attorney, ██████████, was notified by fax. Response was met on 7-15-13 at 7:00 PM. An IPA/Expedited was complete for ██████████ Twin of ██████████ with ██████████ due the the Dr. ██████████ eporting that ██████████ injuries were suspicious. On 7/17/13 ██████████ received a cerebral blood flow study and there was no blood flow and she was pronounced brain dead at 2:25 pm. An Autopsy was ordered by ██████████ County Judge. The Autopsy was received in February 2014 and it was determined that the cause of death was blunt force trauma to the head and neck and it was ruled a homicide. The grand jury issued indictments on the mother ██████████ and ██████████ Case will be classified as ASPS on Child Death and AUPU for LOS and DEI.

D. Case Workers

Case Worker: ██████████

Date: 05/12/2014

Team Leader: ██████████

Date: 05/15/2014

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:

On 7/15/13 CM ██████████ observed ██████████ in a bed in the ██████████ at ██████████ ██████████ observed ██████████ to appear to be sleeping but was told by hospital staff that she was in a coma. ██████████ observed ██████████ to be hooked to machines and have tubes going into her mouth and nose. ██████████ nurses stated the ██████████ CTs are bad and the doctor says her condition is dismal. ██████████ nurses stated ██████████ is in a very deep coma and they dont know exactly what caused it. ██████████ nurses stated ██████████ has some bleeding in her right eye but they dont think its shaken baby syndrome. The doctors stated ██████████ had a hypoxic-ischemic injury which meant there wasnt enough blood or oxygen and they dont know what caused it.

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

On 7/15/13 The doctors stated the claim was that ██████████ vomited and a dime came up but ██████████ was somewhat developmentally delayed and couldnt sit unsupported and had a delayed grasp. The doctors stated they didnt see any trauma in ██████████ retinas and she had slight bleeding that was inconclusive because it could be trauma or it could be from vomiting. The doctors stated ██████████ has a bleed in her brain but it was not classic shaken baby symptoms. The doctors stated ██████████ has a 70-80 % chance of being declared brain dead within the next 48 hours and the family will then be offered the opportunity to donate her organs and she will be taken off the ventilator. The doctors stated ██████████ was in shock this morning and had a potential lung injury of leakage from her right lung, but these conditions are not related to the incident and occurred after. ██████████ spoke to Dr. ██████████ from ██████████. Dr. ██████████ stated ██████████ has scattered hemorrhages in the brain and a lot of bleeding behind her eyes. Ms. ██████████ stated ██████████ had a fracture in her left wrist and it seems relatively new. Dr. ██████████ stated ██████████ has neurological issues and she failed her first brain death exam. Dr. ██████████ stated another exam will be repeated in 12 hours and if she fails that one then ██████████ will be pronounced brain dead. On 7/17/13 CM ██████████ spoke to Ms. ██████████ who stated ██████████ received her cerebral blood flow study and there is no blood flow and she was pronounced with brain death at 2:25 pm. Ms. ██████████ stated TDS and the DA are working out an agreement for the body because some of her organs will be donated before they perform the autopsy and they will talk to Ms. ██████████



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and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

On 7/15/13 CM [REDACTED] spoke to Ms. [REDACTED] in the [REDACTED] area of the hospital. Ms. [REDACTED] stated [REDACTED] and [REDACTED] had both eaten beef raman noodles earlier. Ms. [REDACTED] stated she had already started cooking dinner and had left the home to get butter and macaroni and cheese from her father [REDACTED] house. Ms. [REDACTED] stated Mr. [REDACTED] was feeding the children baby food when she left. Ms. [REDACTED] stated when she returned to the home Mr. [REDACTED] ran outside and yelled for her to come inside and he was crying. Ms. [REDACTED] stated Mr. [REDACTED] stated [REDACTED] coughed up a dime and she's limp. Ms. [REDACTED] stated she picked up [REDACTED] and she was limp and she grabbed the phone and called 911 and attempted CPR on [REDACTED]. Ms. [REDACTED] stated the ambulance took [REDACTED] gave her medicine, and transported her to [REDACTED] hospital. Ms. [REDACTED] stated they were at the hospital maybe 5-10 minutes and another ambulance showed up to transport [REDACTED] to [REDACTED]. Ms. [REDACTED] stated the doctor took x-rays and said something about her stomach being full of hair. Ms. [REDACTED] stated [REDACTED] was transported to [REDACTED] due to [REDACTED] didn't have the appropriate equipment to treat [REDACTED]. Ms. [REDACTED] stated the children's biological father was [REDACTED] who was in prison in [REDACTED]. [REDACTED] spoke to Mr. [REDACTED] who stated he was feeding the babies and he had already fed [REDACTED] and put him in the jumper and had put [REDACTED] in the walker and started feeding her. Mr. [REDACTED] stated Ms. [REDACTED] left the home to get butter and macaroni and cheese from her father's home. Mr. [REDACTED] stated [REDACTED] was spitting out her food like she was done eating and was crying like she was fussy. Mr. [REDACTED] stated he picked up [REDACTED] and layed her on the bed in the bedroom to clean her off with a diaper wipe. Mr. [REDACTED] stated [REDACTED] started crying in the other room and he turned around and walked a few steps away to get him. Mr. [REDACTED] stated he heard a gurgling/gagging/coughing noise from [REDACTED] and when he turned around [REDACTED] was on her stomach on the bed and the bed had vomit and a dime on it. Mr. [REDACTED] stated he picked up [REDACTED] who went really tense/rigid and then went limp. Mr. [REDACTED] stated he set [REDACTED] down on a blanket that was in the floor and began CPR. Mr. [REDACTED] stated he tried to call 911 but his phone was dead and then he heard Ms. [REDACTED] pull into the driveway. Mr. [REDACTED] stated he ran outside and yelled for Ms. [REDACTED] to come inside. Mr. [REDACTED] stated Ms. [REDACTED] picked up [REDACTED] and said oh no, call 911 then yanked the phone away from him and called herself. Mr. [REDACTED] stated Ms. [REDACTED] then called her dad and was screaming and crying and not making any sense so he had to take the phone from her and explain to Mr. [REDACTED] what was going on. Mr. [REDACTED] stated when Mr. [REDACTED] arrived at the home he ran up to the porch and attempted CPR as well and then jumped in the car with [REDACTED] and Ms. [REDACTED] to meet the ambulance.

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

[REDACTED] spoke with the family and tried to explain that [REDACTED] needed to see [REDACTED]. [REDACTED] stated that her niece [REDACTED] had called her and asked her to meet her in [REDACTED] to get [REDACTED] because [REDACTED] had asked her too. [REDACTED] stated that she told her niece to go to GA and not bring [REDACTED] back to the hospital. She stated that y'all are not getting that baby. [REDACTED] explained that DCS was not trying to take [REDACTED] today we just needed to see him to make sure he was OK. [REDACTED] also explained that if [REDACTED] agreed to stay in [REDACTED] home in [REDACTED] and her background checked out [REDACTED] could stay with her. [REDACTED] stated she has her own home and she could take care of [REDACTED] there. [REDACTED] explained that he cannot go to [REDACTED] he has to stay in [REDACTED] because [REDACTED] DCS is involved. [REDACTED] stated that she would not agree to that. [REDACTED] gave [REDACTED] contact information for her father [REDACTED] to try as a possible placement. [REDACTED] called the number three times and did not get an answer. [REDACTED] gave CM her GPs number to try also. No one was able to get in touch with Mr. [REDACTED]. [REDACTED] gave CM her aunt [REDACTED] as a possible placement. CM called [REDACTED] and got all of her information so that CM could run a TIES/background check on her for a possible placement.

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

This case was assigned as an Investigation case to CM [REDACTED] on 7-16-13 for [REDACTED] County. The response priority was P1 and the allegations are LOS. The alleged victim is [REDACTED] and the alleged perpetrator is [REDACTED] [non-relative]. The District Attorney [REDACTED] was notified by fax. Response was met on 7-15-13 at 7:00 PM. An IPA/Expedited was complete for [REDACTED] Twin of [REDACTED] with Aunt [REDACTED] due to the Dr. [REDACTED] reporting that [REDACTED] injuries were suspicious. On 7/17/13 [REDACTED] received a



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

cerebral blood flow study and there was no blood flow and she was pronounced brain dead at 2:25 pm. An Autopsy was ordered by [REDACTED] County Judge. The Autopsy was received in February 2014 and it was determined that the cause of death was blunt force trauma to the head and neck and it was ruled a homicide. The grand jury issued indictments on the mother [REDACTED] and [REDACTED]. Case will be classified as ASPS on Child Death and AUPU for LOS and DEI.

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] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/15/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2014

Completed date: 05/15/2014

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: 05/15/2014 11:56 AM Entered By: [REDACTED]

TC read and reviewed case for approval and closure. 740 sent to Judge and DA and atty. Case is approved for closure.



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Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/10/2014

Completed date: 04/10/2014

Completed By: [REDACTED] [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/10/2014 08:58 AM Entered By: [REDACTED] [REDACTED] [REDACTED]

CM contacted the [REDACTED] County Jail to verify that [REDACTED] [REDACTED] and [REDACTED] were still incarcerated. The letter A's were sent to the [REDACTED] County Jail certified Mail on 4/10/14.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 04/08/2014

Completed date: 04/08/2014

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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/08/2014 01:29 PM Entered By: [REDACTED]

[REDACTED] presented this case before CPIT on this date. The team agreed with the indication of AIPI for child death for [REDACTED] and [REDACTED]



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Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/12/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/12/2014

Completed date: 03/12/2014

Completed By: [REDACTED] [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/12/2014 12:31 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

This case has been held open pending the receipt of the Autopsy. The Autopsy was recieved and it was determined that the cause of death was blunt force trauma to the head and neck and it was ruled a homicide. The grand jury issued indictments on the mother [REDACTED] [REDACTED] and [REDACTED] [REDACTED] Mr. [REDACTED] and Mrs. [REDACTED] are currently in jail.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/12/2014

Contact Method:

Contact Time: 12:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/12/2014

Completed date: 03/12/2014

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: 03/12/2014 01:03 PM Entered By: [REDACTED]

Classification Summary:

This case was assigned as an Investigation case to CM [REDACTED] on 7-16-13 for [REDACTED] County. All times are recorded in Eastern Standard Time. The response priority was P1 and the allegations are LOS. The alleged victim is [REDACTED] and the alleged perpetrator is [REDACTED] [non-relative]. Referent was contacted on 7-15-13 by phone. The Juvenile Judge, [REDACTED] was notified on 8-1-13 by letter. The District Attorney, [REDACTED] was notified by fax. Response was met on 7-15-13 at 7:00 PM. An IPA/Expedited was complete for [REDACTED] of [REDACTED] with Aunt [REDACTED] due the the Dr. [REDACTED] reporting that [REDACTED] injuries were suspicious. On 7/17/13 [REDACTED] received a cerebral blood flow study and there was no blood flow and she was pronounced brain dead at 2:25 pm. An Autopsy was ordered by [REDACTED] County Judge. The Autopsy was recieved in February 2014 and it was determined that the cause of death was blunt for trauma to the head and neck and it was ruled a homicide. The grand jury issued indictments on the mother [REDACTED] and [REDACTED]. They are currently being held in Jail. Case will be Classified as ASPS for Child Death and AUPU on the LOS and DEI.

Family Assessment:**Assessment of Well Being-**

Ms. [REDACTED] is diagnosed with Bipolar and receives medical care from Dr. [REDACTED] at [REDACTED] Medical. [REDACTED] and [REDACTED] were being medically treated by Dr. [REDACTED] at [REDACTED] Medical. Ms. [REDACTED] and Mr. [REDACTED] are both unemployed.

Assessment of Permanence-

The family lived at their [REDACTED] residence for a few weeks and moved back to [REDACTED]. The childrens father, [REDACTED] is in [REDACTED] state prison in [REDACTED].

Assessment of Resources-



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The family receives \$400 in food stamps, Peachcare, and WIC. The family receives support from maternal grandmother [REDACTED] maternal grandfather [REDACTED] and maternal great-aunt [REDACTED]

The Initial Safety Assessment was completed on 7-15-13 and rated conditionally safe.

A Final Safety assessment was completed on 3-12-14 and rated safe for [REDACTED]

FFA was completed on 7-20-13 and has been entered in the system.

Closing Summary:

This case has been held open pending the receipt of the Autopsy. The Autopsy was recieved and it was determined that the cause of death was blunt for trauma to the head and neck and it was ruled a homicide. The grand jury issued indictments on the mothe [REDACTED] and [REDACTED]. They are currently being held in Jail.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/25/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Court

Created Date: 10/24/2013

Completed date: 10/24/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/24/2013 09:55 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] was present for court on this day. The autopsy report had still not been received and court was reset for review on 10-30-13 at 1:00 pm. Visitation was brought up as an issue and it was recommended CASA become involved to supervise visitation.



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Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/21/2013

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/29/2013

Completed date: 08/29/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/29/2013 08:37 AM Entered By: [REDACTED] [REDACTED]

Date: 8-21-13

Time: 3:00 PM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: Detective [REDACTED]

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Detective [REDACTED] and discussed the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/21/2013	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	Court	Created Date:	08/29/2013
Completed date:	08/29/2013	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/29/2013 08:36 AM Entered By: [REDACTED] [REDACTED]

Date: 8-21-13

Time: 1:00 PM

Type of Contact: F2F

Location of Contact: [REDACTED] county courthouse

Primary person(s) to be interviewed and relationship: CPIT

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] staffed the case with CPIT.



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Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/16/2013

Contact Method:

Contact Time: 02:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/16/2013

Completed date: 08/16/2013

Completed By: [REDACTED] [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

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

Narrative Details

Narrative Type: Original Entry Date/Time: 08/16/2013 02:11 PM Entered By: [REDACTED] [REDACTED] [REDACTED]

CM and TL staffed case on this date. CM has been in contact with the ME and the reports may not be back for several months. Mrs. [REDACTED] recently suicidal ideations and is currently at [REDACTED] facility. This case will go to CPIT on 8/21 but will remain open until medical records are recieved.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/16/2013

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/29/2013

Completed date: 08/29/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/29/2013 08:36 AM Entered By: [REDACTED] [REDACTED]

Date: 8-16-13

Time: 9:30 AM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: [REDACTED] [REDACTED] (medical examiners office personnel)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Ms. [REDACTED] who stated it could be several more months before the medical examiners report comes back especially if a toxicology was completed because that has to be sent to the TBI.



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: 08/15/2013 Contact Method: Face To Face
 Contact Time: 10:10 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 08/29/2013
 Completed date: 08/29/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Collateral Contact,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/29/2013 08:35 AM Entered By: [REDACTED]

Date: 8-15-13

Time: 10:10 AM

Type of Contact: F2F

Location of Contact [REDACTED] home

Primary person(s) to be interviewed and relationship: [REDACTED] (maternal great-aunt), [REDACTED] (sibling)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] visited Ms [REDACTED] home and observed [REDACTED] asleep in the crib. CM [REDACTED] did not observe any marks or bruises on [REDACTED] and he appeared to be happy and healthy. CM [REDACTED] took pictures (see hard file). Ms. [REDACTED] stated Ms. [REDACTED] called her from [REDACTED] which is a treatment facility. Ms. [REDACTED] stated Ms. [REDACTED] has told her that she knew Mr. [REDACTED] was on drugs and she said he was going to go get some but we didnt have the money. Ms. [REDACTED] stated [REDACTED] used to hold the sides of her head and scream and the grandmother once brought her to church with blood on the front of her dress and said it was from teething.



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: 08/14/2013 Contact Method: Phone Call
 Contact Time: 03:50 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/29/2013
 Completed date: 08/29/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/29/2013 08:34 AM Entered By: [REDACTED]

Date: 8-14-13

Time: 3:50 PM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: [REDACTED] (maternal great-aunt), DA [REDACTED]

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Ms. [REDACTED] who stated Ms. [REDACTED] called her father and her cousin overhead the conversation. Ms. [REDACTED] stated Ms. [REDACTED] was transported by [REDACTED] Regional for a suicide attempt. Ms. [REDACTED] stated Ms. [REDACTED] father told the cousin not to tell Ms. [REDACTED] or other family members. Ms. [REDACTED] stated she got [REDACTED] signed up for WIC and TennCare. CM [REDACTED] scheduled a home visit for 8-15-13 to see [REDACTED]

3:58 PM- CM [REDACTED] spoke to DA [REDACTED] who stated they still havent received a report from the medical examiner.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/08/2013

Contact Method: Attempted Phone Call

Contact Time: 11:11 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/29/2013

Completed date: 08/29/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/29/2013 08:33 AM Entered By: [REDACTED] [REDACTED]

Date: 8-13-13

Time: 11:11 AM

Type of Contact: attempted PC

Location of Contact:

Primary person(s) to be interviewed and relationship: Detective [REDACTED]

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] called Detective [REDACTED] to inform him of the home visit and there was no answer.

5:45 PM- CM [REDACTED] called Detective [REDACTED] and there was no answer.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/05/2013

Contact Method: Attempted Phone Call

Contact Time: 04:55 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/29/2013

Completed date: 08/29/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/29/2013 08:32 AM Entered By: [REDACTED] [REDACTED]

Date: 8-5-13

Time: 4:55 PM

Type of Contact: attempted PC

Location of Contact:

Primary person(s) to be interviewed and relationship: Detective [REDACTED]

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] called Detective [REDACTED] and left a voicemail.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/05/2013 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/13/2013 03:45 PM Entered By: [REDACTED] [REDACTED]

Date: 8-5-13

Time: 1:00 PM

Type of Contact: F2F

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: [REDACTED] [REDACTED] (maternal great aunts paramour)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] met with Mr. [REDACTED] and filled out the fingerprint card.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/31/2013

Contact Method: Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Court

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:44 PM Entered By: [REDACTED] [REDACTED]

Date: 7-31-13

Time: 11:30 AM

Type of Contact: F2F

Location of Contact: court

Primary person(s) to be interviewed and relationship: [REDACTED] [REDACTED] (mother), [REDACTED] [REDACTED] (mothers paramour), [REDACTED] [REDACTED] (maternal great aunt)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] was present for the preliminary hearing. Ms. [REDACTED] requested an attorney and was issued [REDACTED] CM [REDACTED] provided Ms. [REDACTED] [REDACTED] with information for the Relative Caregiver Program. The adjudication was set for 9-11-13 at 11:30 AM. Visitation was scheduled for 1:00- 5:00 pm every Saturday and any other available times for Ms. [REDACTED] [REDACTED] Hair follicles were court ordered for both Ms. [REDACTED] and Mr. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/29/2013

Contact Method: Attempted Phone Call

Contact Time: 04:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:43 PM Entered By: [REDACTED] [REDACTED]

Date: 7-29-13

Time: 4:50 PM

Type of Contact: attempted PC

Location of Contact:

Primary person(s) to be interviewed and relationship: [REDACTED] [REDACTED] (mother)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

The court time changed to 11:30 AM and CM [REDACTED] left Ms. [REDACTED] a voicemail telling her of the change.

4:55 PM- CM [REDACTED] received a voicemail from Mr. [REDACTED] stating that Ms. [REDACTED] was nervous about her hair follicle and she lied about not having her ID that day.

5:00 PM- CM [REDACTED] mailed a certified copy of the court paperwork to [REDACTED] [REDACTED] the childrens father, in [REDACTED] Prison in [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/26/2013

Contact Method: Face To Face

Contact Time: 02:15 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:41 PM Entered By: [REDACTED] [REDACTED]

Date: 7-26-13

Time: 2:15 PM

Type of Contact: F2F

Location of Contact: DCS Office

Primary person(s) to be interviewed and relationship: [REDACTED] [REDACTED] (mother), [REDACTED] [REDACTED] (mothers paramour), [REDACTED] [REDACTED] (maternal grandfather), [REDACTED] [REDACTED] (maternal great aunt)

Other persons present at the contact and relationship: CM [REDACTED] [REDACTED] Facilitator [REDACTED]

Content and Observations:

A CFTM was held and it was discussed that custody would be transferred to Ms. [REDACTED] [REDACTED] Ms. [REDACTED] and Mr. [REDACTED] were asked to complete a hair follicle and Mr. [REDACTED] stated he didnt have an ID on him and would complete the hair follicle later. Ms. [REDACTED] stated she would complete the hair follicle that day. (Ms. [REDACTED] later called CM [REDACTED] and stated she also had forgotten her ID and was going to complete her hair follicle later). The family was informed that court would be 7-31-13 at 1:00 pm in [REDACTED] county.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/25/2013 Contact Method: Phone Call
 Contact Time: 11:34 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:41 PM Entered By: [REDACTED]

Date: 7-25-13

Time: 11:34 AM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: [REDACTED] (maternal great aunts paramour), [REDACTED] (maternal great aunt)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] called Mr. [REDACTED] to schedule a time for fingerprints and there was no answer.

11:36 AM- CM [REDACTED] called Ms. [REDACTED] and there was no answer.

4:06 PM- CM [REDACTED] spoke to Ms. [REDACTED] and she stated Mr. [REDACTED] would probably be in town the following weekend and could have his fingerprints done.

4:14 PM- CM [REDACTED] spoke to Mr. [REDACTED] who stated he is a retired police officer and he can read between the lines with a lot of things. Mr. [REDACTED] stated the maternal grandparents went through a divorce and Ms. [REDACTED] decided to stay with her mother. Mr. [REDACTED] stated the maternal grandmothers house has horrible, deplorable living conditions and they didnt even have electricity at times. Mr. [REDACTED] described the house as a shithole. Mr. [REDACTED] stated Ms. [REDACTED] was leaving the babies with the maternal grandmother and bringing strange men into the home and possibly prostituting. Mr. [REDACTED] stated he heard this from Ms. [REDACTED] brother. Mr. [REDACTED] stated the maternal grandmothers boyfriend at the time was a sex offender and he told the maternal grandfather several times to step in and call DFCS. Mr. [REDACTED] stated the maternal grandmother is living in a shed somewhere. Mr. [REDACTED] stated Ms. [REDACTED] was using marijuana and methamphetamines and possibly shooting up. Mr. [REDACTED] stated Ms. [REDACTED] broke into his and Ms. [REDACTED] home one time. Mr. [REDACTED] stated Ms. [REDACTED] can barely take care of herself and she is currently staying with maternal grandfather because she was supposedly evicted from her [REDACTED] residence. Mr. [REDACTED] stated the maternal grandfather also has a history of using marijuana. Mr.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated Ms. [REDACTED] and Mr. [REDACTED] need parenting classes. Mr. [REDACTED] stated he would be in town late 8-3-13 until about 8-9-13 and could complete fingerprints.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/23/2013 Contact Method: Phone Call
 Contact Time: 10:41 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/13/2013 03:40 PM Entered By: [REDACTED]

Date: 7-23-13

Time: 10:41 AM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: Detective [REDACTED]

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Detective [REDACTED] who stated the medical examiner hasnt released an official report yet but he stated its probably going to be a result of death by brain injury. Detective [REDACTED] stated Ms. [REDACTED] and Mr. [REDACTED] admitted to prior drug use and stated they used synthetic drugs and pills such as roxies. Detective [REDACTED] stated they had a search warrant for the home and they found a hypodermic needle, synthetic drug spice bag, and scales. Detective [REDACTED] stated the home was nasty and the family was sleeping on an air mattress while the children were sharing a crib. Detective [REDACTED] stated Dr. [REDACTED] thinks there is possible abuse due to the hemorrhaging and the bleeding and the medical examiner is confirming it. Detective [REDACTED] stated Ms. [REDACTED] and Mr. [REDACTED] will probably be charged but he is waiting to get an official report from the medical examiner. Detective [REDACTED] stated the parents didnt have an explanation for the fractured wrist and neither would admit to shaking the baby. Detective [REDACTED] stated he spoke to the aunt and grandfather.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/19/2013

Contact Method: Phone Call

Contact Time: 05:29 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:39 PM Entered By: [REDACTED] [REDACTED]

Date: 7-19-13

Time: 5:29 PM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: [REDACTED] [REDACTED] (mother)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Ms. [REDACTED] who stated [REDACTED] heart went to a 4 month old baby, her pancreas, intestines, and liver went to a 2 year old child, and her kidneys went to a grandmother. Ms. [REDACTED] stated [REDACTED] is currently with the medical examiner. CM [REDACTED] explained the IPA change and scheduled a CFTM for 7-26-13 at 2:00 pm.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/18/2013

Contact Method: Phone Call

Contact Time: 03:26 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:39 PM Entered By: [REDACTED]

Date: 7-18-13

Time: 3:26 PM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: [REDACTED] (mother), [REDACTED] (maternal great aunt)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] called Ms. [REDACTED] to inform of the IPA change and was unable to leave a voicemail because the voicemail was not set up.

3:28 PM- CM [REDACTED] spoke to Ms. [REDACTED] who stated she spoke to Ms. [REDACTED] for a few minutes and was told she is staying in [REDACTED] for a few more days. Ms. [REDACTED] stated Ms. [REDACTED] may not have minutes on her phone. CM [REDACTED] requested that Ms. [REDACTED] tell Ms. [REDACTED] to call CM [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: 07/17/2013 Contact Method: Phone Call
 Contact Time: 09:09 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:37 PM Entered By: [REDACTED]

Date: 7-17-13

Time: 9:09 AM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: Detective [REDACTED] Dr. [REDACTED] [REDACTED] social worker), [REDACTED] (maternal great aunt),

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] discussed the case with Detective [REDACTED]

10:31 AM- CM [REDACTED] had received a voicemail from Dr. [REDACTED] and CM [REDACTED] called back and left a voicemail.

10:32 AM- CM [REDACTED] spoke to [REDACTED] social worker at [REDACTED] who stated [REDACTED] second brain death study was interrupted so she is receiving an EEG today to determine any brain activity. Ms. [REDACTED] stated depending on the results of the EEG they will know what to do and it takes several hours to complete.

10:46 AM- CM [REDACTED] spoke to [REDACTED] who stated the emergency room wasn't quite sure what the burn was and said to keep Neosporin on it. Ms. [REDACTED] stated her other niece told her that Ms. [REDACTED] picked [REDACTED] up from maternal grandmothers house and the grandmother told her [REDACTED] had touched a hot lamp with his arm.

10:38 AM- TL [REDACTED] spoke to [REDACTED] county DFCS worker [REDACTED] who stated there is no history with them on Ms. [REDACTED] as a parent but there is history with her as a child. Details of the history were not given.

2:46 PM- CM [REDACTED] spoke to Ms. [REDACTED] who stated [REDACTED] received her cerebral blood flow study and there is no blood flow and she was pronounced with brain death at 2:25 pm. Ms. [REDACTED] stated TDS and the DA are working out an agreement for the body because some of her organs will be donated before they perform the autopsy and they will talk to Ms. [REDACTED] Ms. [REDACTED] stated Ms. [REDACTED] is in complete denial and saying [REDACTED] is still moving and breathing and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

says she is taking her home.

CM [REDACTED] staffed the case with TL [REDACTED] [REDACTED] and Legal [REDACTED]. It was decided the IPA would be extended to 10 days given the circumstance of [REDACTED] death.

5:12 PM- CM [REDACTED] spoke to Detective [REDACTED] who stated the judge ordered an autopsy and they are talking about harvesting some of her organs such as the liver and kidneys and may autopsy the rest.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/16/2013 Contact Method: Phone Call
 Contact Time: 04:19 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:36 PM Entered By: [REDACTED]

Date: 7-16-13

Time: 4:19 PM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: [REDACTED] (maternal great aunt)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Ms. [REDACTED] who stated she bought a porta-crib, walker, clothes, and a stroller for [REDACTED] CM [REDACTED] explained to Ms. [REDACTED] that [REDACTED] needed to be evaluated at [REDACTED] and explained what procedures to ask for. Ms. [REDACTED] agreed to take [REDACTED] that evening.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/16/2013 Contact Method: Phone Call
 Contact Time: 01:18 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:36 PM Entered By: [REDACTED]

Date: 7-16-13

Time: 1:18 PM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: Dr. [REDACTED]

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Dr. [REDACTED] from [REDACTED]. Dr. [REDACTED] stated [REDACTED] has scattered hemorrhages in the brain and a lot of bleeding behind her eyes. Ms. [REDACTED] stated [REDACTED] had a fracture in her left wrist and it seems relatively new. Dr. [REDACTED] stated [REDACTED] has neurological issues and she failed her first brain death exam. Dr. [REDACTED] stated another exam will be repeated in 12 hours and if she fails that one then [REDACTED] will be pronounced brain dead. Dr. [REDACTED] stated the hospital staff observed Ms. [REDACTED] upset and crying on the floor and someone heard her say he hurt my baby. Dr. [REDACTED] stated [REDACTED] received regular check-ups at [REDACTED] hospital and Dr. [REDACTED]. Dr. [REDACTED] stated [REDACTED] had gone to the emergency room in February for blood on the gums and on June 24 for a viral rash. Dr. [REDACTED] stated they will be requesting an autopsy. Dr. [REDACTED] stated she thinks [REDACTED] also needs to be examined with a skeletal survey, detailed physical, and CT of the head. Dr. [REDACTED] stated severe wretching can cause the eye bleeds and lack of oxygen can cause the brain injuries but [REDACTED] injuries are still suspicious. Dr. [REDACTED] stated the previous doctor never mentioned any hair and they got a lot of formula out of [REDACTED] stomach.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/16/2013 Contact Method: Face To Face
 Contact Time: 02:12 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Collateral Contact,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/13/2013 03:35 PM Entered By: [REDACTED]

Date: 7-16-13

Time: 2:12 AM

Type of Contact: F2F

Location of Contact: Ms. [REDACTED] home

Primary person(s) to be interviewed and relationship: [REDACTED] (maternal great aunt), [REDACTED] (sibling)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] completed an expedited placement with Ms. [REDACTED] including an IPA signed by Ms. [REDACTED] and Ms. [REDACTED]. The IPA stated Ms. [REDACTED] and Mr. [REDACTED] will have supervised contact only pending the outcome of the investigation. Ms. [REDACTED] stated she thinks the children should have been removed previously but DCS was never called. Ms. [REDACTED] stated she knows twins are hard and a lot of work and Ms. [REDACTED] didnt have any family support except for the maternal grandfather who tries to help the family. Ms. [REDACTED] stated Ms. [REDACTED] mother didnt teach Ms. [REDACTED] how to be a mom. Ms. [REDACTED] stated she doesnt think the children were unsafe but Ms. [REDACTED] leaves the children with her father a lot. Ms. [REDACTED] stated the family has moved 3 times since December 2012 and she is unsure about the home. Ms. [REDACTED] stated Ms. [REDACTED] has a history of drug use but she is unsure of what. Ms. [REDACTED] stated she isnt around the family a lot and Ms. [REDACTED] mother is a negative role model because she committed adultery when Ms. [REDACTED] was growing up and curses a lot. Ms. [REDACTED] stated Ms. [REDACTED] is a good person but she doesnt have any common sense and something just isnt right about the home life.

CM [REDACTED] observed [REDACTED] in the home. [REDACTED] was in a car seat carrier drinking a bottle. CM [REDACTED] observed [REDACTED] to have some mosquito bites around his left eye, a circular burn on his left wrist, and a scab on the top of his head.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/16/2013	Contact Method:	Phone Call
Contact Time:	02:07 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED] [REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/13/2013
Completed date:	08/13/2013	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:33 PM Entered By: [REDACTED] [REDACTED]

Date: 07/16/13

Time: 12:07am

Person interviewed: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Place: phone

CM [REDACTED] spoke with Mr. [REDACTED] regarding his relationship with [REDACTED] [REDACTED] [REDACTED]. [REDACTED] reported that he is a long haul truck driver. He stated that he has not been home to [REDACTED] for the entire 2013 calendar year. He stated he is in the home maybe 10 days per year. He stated that [REDACTED] is also on his account and she has permission to transfer money out of his account into her account. He stated he did not have any concerns with [REDACTED] keeping [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2013 Contact Method:
 Contact Time: 10:25 PM Contact Duration: Less than 15
 Entered By: [REDACTED] [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:32 PM Entered By: [REDACTED] [REDACTED]

Date: 07/15/13

Time: 10:25pm

Person interviewed: TIES, TL [REDACTED]

Place: [REDACTED] phone

CM called TIES and gave them [REDACTED] information to run a check. TIES called back and reported that [REDACTED] had some misdemeanors on her record. She had 1984 shoplifting, 1998 conversion of lease or personal property, 1998 interference with Government property, 1999 obstruction of an officer, and 2002 account fraud. She was clear on all registries. CM reported these charges to TL [REDACTED] and she called [REDACTED] to see if they were allowable charges. [REDACTED] stated that she has a BF that pays all of her bills. He drives a truck cross country and he is only in the home maybe 10 days per year. She gave CM his contact information so CM could verify this.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2013 Contact Method: Face To Face
 Contact Time: 09:37 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:31 PM Entered By: [REDACTED]

Date: 07/15/13

Time: 9:37pm

Person interviewed: [REDACTED] (mother), [REDACTED] (maternal GM), [REDACTED] (GM boyfriend), [REDACTED] (aunt)

Place: [REDACTED]

CM spoke with the family and tried to explain that CM [REDACTED] needed to see [REDACTED] [REDACTED] stated that her niece [REDACTED] had called her and asked her to meet her in [REDACTED] to get [REDACTED] because CM [REDACTED] had asked her too. [REDACTED] stated that she told her niece to go to GA and not bring [REDACTED] back to the hospital. She stated that yall are not getting that baby. CM [REDACTED] explained that DCS was not trying to take [REDACTED] today we just needed to see him to make sure he was OK. CM also explained that if [REDACTED] agreed to stay in [REDACTED] home in TN and her background checked out [REDACTED] could stay with her. [REDACTED] stated she has her own home and she could take care of [REDACTED] there. CM explained that he cannot go to GA he has to stay in TN because TN DCS is involved. [REDACTED] stated that she would not agree to that. [REDACTED] gave CM [REDACTED] contact information for her father [REDACTED] [REDACTED] to try as a possible placement. CM called the number three times and did not get an answer. [REDACTED] gave CM her GPs number to try also. No one was able to get in touch with Mr. [REDACTED] [REDACTED] gave CM her aunt [REDACTED] as a possible placement. CM called [REDACTED] and got all of her information so that CM could run a TIES/background check on her for a possible placement.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2013

Contact Method: Phone Call

Contact Time: 09:19 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:30 PM Entered By: [REDACTED]

Date: 07/15/13

Time: 9:19pm

Person interviewed: [REDACTED] and [REDACTED]

Place: phone

CM [REDACTED] staffed with TL [REDACTED] while CM [REDACTED] was interviewing alleged perp. CM [REDACTED] reported that the other baby [REDACTED] was with a cousin and they were on their way to GA. TL [REDACTED] stated that CM [REDACTED] needed to call that cousin and inform her that she had to bring [REDACTED] back to [REDACTED] so that CM [REDACTED] could see the baby. CM called the cousin [REDACTED] and told her she needed to bring [REDACTED] back to [REDACTED] so that he could be seen by DCS [REDACTED] stated that she had to pick her daughter up in GA and she was in [REDACTED] if someone could meet her. She stated she would call her aunt [REDACTED] who was at [REDACTED] to see if she would come to [REDACTED] to get [REDACTED] CM called TL [REDACTED] back and let her know that [REDACTED] was going to see if her aunt would come to [REDACTED] to get [REDACTED] TL [REDACTED] stated that she had spoken with [REDACTED] and if the family members that were in the hospital would agree to stay with [REDACTED] in [REDACTED] house in [REDACTED] until DCS could finish their investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2013 Contact Method: Face To Face
 Contact Time: 08:37 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/13/2013 03:29 PM Entered By: [REDACTED]

Date: 7-15-13

Time: 8:37 PM

Type of Contact: F2F

Location of Contact: [REDACTED]

Primary person(s) to be interviewed and relationship: [REDACTED] (mother), [REDACTED] (AP/mothers paramour)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Ms. [REDACTED] in the [REDACTED] area of the hospital. Ms. [REDACTED] stated [REDACTED] and [REDACTED] had both eaten beef raman noodles earlier. Ms. [REDACTED] stated she had already started cooking dinner and had left the home to get butter and macaroni and cheese from her father [REDACTED] house. Ms. [REDACTED] stated she was gone 10 minutes or 20 minutes at the most because Mr. [REDACTED] lives 2/3 of a mile down the road. Ms. [REDACTED] stated Mr. [REDACTED] was feeding the children baby food when she left. Ms. [REDACTED] stated she put [REDACTED] in the bouncer and handed [REDACTED] to Mr. [REDACTED] who put [REDACTED] in the walker to feed her. Ms. [REDACTED] stated when she returned to the home Mr. [REDACTED] ran outside and yelled for her to come inside and he was crying. Ms. [REDACTED] stated Mr. [REDACTED] stated [REDACTED] coughed up a dime and shes limp. Ms. [REDACTED] stated [REDACTED] was lying on a blanket on the floor unconscious and there was vomit and a dime on the bed. Ms. [REDACTED] stated she picked up [REDACTED] and she was limp and she grabbed the phone and called 911 and attempted CPR on [REDACTED] Ms. [REDACTED] stated she called her father who came to the home and said they didnt have time to wait for an ambulance and they left the home to meet the ambulance on the way. Ms. [REDACTED] stated the ambulance took [REDACTED] gave her medicine, and transported her to [REDACTED] hospital. Ms. [REDACTED] stated they were at the hospital maybe 5-10 minutes and another ambulance showed up to transport [REDACTED] to [REDACTED] Ms. [REDACTED] stated the doctor took x-rays and said something about her stomach being full of hair. Ms. [REDACTED] stated sometimes [REDACTED] pulls her hair but she always takes it out of her hands. Ms. [REDACTED] denied having any animals in the home and stated it could have been the raman noodles. Ms. [REDACTED] stated [REDACTED] was transported to [REDACTED] due to [REDACTED] didnt have the appropriate equipment to treat [REDACTED] Ms. [REDACTED] stated [REDACTED] was breathing by herself at [REDACTED] and her condition had improved some. Ms. [REDACTED] stated she called her mom to come get her and they followed the ambulance to [REDACTED] Ms. [REDACTED] stated the family had just moved to [REDACTED] and all of the rest of her family is in [REDACTED] Ms. [REDACTED] stated once her income based



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

apartments are approved in [REDACTED] she will be returning to live there. Ms. [REDACTED] stated the apartment complex is called [REDACTED] Ms. [REDACTED] stated the childrens biological father was [REDACTED] who was in prison in [REDACTED]

CM [REDACTED] followed Ms. [REDACTED] into the family room to meet [REDACTED] A family member stated that a cousin [REDACTED] had left the hospital with [REDACTED] about 45 minutes prior to care for him at home. Ms. [REDACTED] became visibly upset and crying because she didnt get to say good-bye to [REDACTED] before he left.

9:31 PM- CM [REDACTED] spoke to Mr. [REDACTED] who stated he was feeding the babies and he had already fed [REDACTED] and put him in the jumper and had put [REDACTED] in the walker and started feeding her. Mr. [REDACTED] stated Ms. [REDACTED] left the home to get butter and macaroni and cheese from her fathers home. Mr. [REDACTED] stated [REDACTED] was spitting out her food like she was done eating and was crying like she was fussy. Mr. [REDACTED] stated he picked up [REDACTED] and layed her on the bed in the bedroom to clean her off with a diaper wipe. Mr. [REDACTED] stated [REDACTED] started crying in the other room and he turned around and walked a few steps away to get him. Mr. [REDACTED] stated he heard a gurgling/gagging/coughing noise from [REDACTED] and when he turned around [REDACTED] was on her stomach on the bed and the bed had vomit and a dime on it. Mr. [REDACTED] stated he picked up [REDACTED] who went really tense/rigid and then went limp. Mr. [REDACTED] stated he set [REDACTED] down on a blanket that was in the floor and began CPR. Mr. [REDACTED] stated he tried to call 911 but his phone was dead and then he heard Ms. [REDACTED] pull into the driveway. Mr. [REDACTED] stated he ran outside and yelled for Ms. [REDACTED] to come inside. Mr. [REDACTED] stated Ms. [REDACTED] picked up [REDACTED] and said oh no, call 911 then yanked the phone away from him and called herself. Mr. [REDACTED] stated Ms. [REDACTED] then called her dad and was screaming and crying and not making any sense so he had to take the phone from her and explain to Mr. [REDACTED] what was going on. Mr. [REDACTED] stated when Mr. [REDACTED] arrived at the home he ran up to the porch and attempted CPR as well and then jumped in the car with [REDACTED] and Ms. [REDACTED] to meet the ambulance. Mr. [REDACTED] stated he stayed at home with [REDACTED] until Mr. [REDACTED] came back to the home to get [REDACTED] and then he followed Mr. [REDACTED] in his own vehicle to [REDACTED] hospital.

CM [REDACTED] staffed the case with TL [REDACTED] and [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: 07/15/2013 Contact Method: Phone Call
 Contact Time: 07:50 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/13/2013 03:28 PM Entered By: [REDACTED]

Date: 7-15-13

Time: 7:50 PM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: [REDACTED] (mother), Detective [REDACTED]

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] called the cell phone number provided for Ms. [REDACTED] and was told there was nobody there by that name.

CM [REDACTED] called the [REDACTED] and spoke to Ms. [REDACTED]. Ms. [REDACTED] stated she would meet with CM [REDACTED] at the [REDACTED]. Ms. [REDACTED] stated she spoke to a Detective at [REDACTED] Medical but she was unsure who it was.

CM [REDACTED] went to the [REDACTED] and nobody in [REDACTED] answered the door. CM [REDACTED] spoke to the [REDACTED] staff who stated the family said they were going back to the hospital.

8:42 PM- CM [REDACTED] spoke to Detective [REDACTED] and filled him in on the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED]
Case Status: Close Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 07/15/2013 Contact Method: Face To Face
Contact Time: 07:06 PM Contact Duration: Less than 30
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 08/13/2013
Completed date: 08/13/2013 Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being
Contact Type(s): Collateral Contact
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:27 PM Entered By: [REDACTED]

Date: 7-15-13

Time: 7:06 PM

Type of Contact: F2F

Location of Contact: [REDACTED]

Primary person(s) to be interviewed and relationship: Dr. [REDACTED] Dr. [REDACTED]

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Dr. [REDACTED] and Dr. [REDACTED]. The doctors stated that the skeletal survey has not been read yet and Dr. [REDACTED] who evaluates children anytime there is a suspicion on child abuse has not seen [REDACTED] yet. The doctors stated [REDACTED] had a hypoxic-ischemic injury which meant there wasn't enough blood or oxygen and they don't know what caused it. The doctors stated the claim was that [REDACTED] vomited and a dime came up but [REDACTED] was somewhat developmentally delayed and couldn't sit unsupported and had a delayed grasp. The doctors stated they didn't see any trauma in [REDACTED] retinas and she had slight bleeding that was inconclusive because it could be trauma or it could be from vomiting. The doctors stated [REDACTED] has a bleed in her brain but it was not classic shaken baby symptoms. The doctors stated Ms. [REDACTED] said [REDACTED] vomited blood in February and was taken to a [REDACTED] county hospital. The doctors stated the family had moved from [REDACTED] to [REDACTED]. The doctors stated Ms. [REDACTED] is questioning her boyfriend and he didn't want to come to the hospital with them. The doctors denied that any Detectives have come to the hospital and nobody has called. The doctors stated [REDACTED] was at [REDACTED] for about 45 minutes then she was transported by ambulance for 1 hour. The doctors stated the family arrived shortly after [REDACTED] arrived and it was Ms. [REDACTED] Mr. [REDACTED] and maternal grandmother. The doctors stated they don't know if anyone has called to check on [REDACTED] and her twin brother was at the hospital with the family. The doctors stated there are no external signs of trauma such as bruising, cuts, or burns. The doctors stated [REDACTED] has a 70-80 % chance of being declared brain dead within the next 48 hours and the family will then be offered the opportunity to donate her organs and she will be taken off the ventilator. The doctors stated that [REDACTED] will probably have an autopsy in [REDACTED] or [REDACTED]. The doctors stated it is quite likely [REDACTED] will pass away. The doctors stated [REDACTED] was in shock this morning and had a potential lung injury of leakage from her right lung, but these conditions are not related to the incident and occurred after.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

CM [REDACTED] staffed with TL [REDACTED] and [REDACTED]

CM [REDACTED] called [REDACTED] county dispatch and they stated they dont have an on call detective but they will have Detective [REDACTED] return CM [REDACTED] call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2013 Contact Method: Face To Face
 Contact Time: 07:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/05/2013
 Completed date: 08/05/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, 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: 08/05/2013 03:53 PM Entered By: [REDACTED]

Date: 7-15-13

Time: 7:00 PM

Type of Contact: F2F

Location of Contact: [REDACTED]

Primary person(s) to be interviewed and relationship: [REDACTED] (ACV)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] observed [REDACTED] in a bed in the [REDACTED] at [REDACTED]. CM [REDACTED] observed [REDACTED] to appear to be sleeping but was told by hospital staff that she was in a coma. CM [REDACTED] observed [REDACTED] to be hooked to machines and have tubes going into her mouth and nose. CM [REDACTED] took a picture (see hard file).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2013 Contact Method: Face To Face
 Contact Time: 06:45 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:26 PM Entered By: [REDACTED]

Date: 7-15-13

Time: 6:45 PM

Type of Contact: F2F

Location of Contact: [REDACTED]

Primary person(s) to be interviewed and relationship: [REDACTED] personnel

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to the nurses in [REDACTED] who stated the family was staying at the [REDACTED] and they were not currently at the hospital because they may be getting food. [REDACTED] nurses stated that Ms. [REDACTED] said [REDACTED] and her twin were born early at 29 weeks and [REDACTED] was a little slower than her brother in development. [REDACTED] nurses stated the [REDACTED] CTs are bad and the doctor says her condition is dismal. [REDACTED] nurses stated [REDACTED] is in a very deep coma and they dont know exactly what caused it. [REDACTED] nurses stated [REDACTED] has some bleeding in her right eye but they dont think its shaken baby syndrome. [REDACTED] nurses stated they have not seen a Detective at the hospital and [REDACTED] came from [REDACTED] the previous night around 11:00 pm.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2013

Contact Method: Phone Call

Contact Time: 05:04 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:25 PM Entered By: [REDACTED] [REDACTED]

Date: 7-15-13

Time: 5:04 PM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: Referent

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] called the referent and left a voicemail. CM [REDACTED] was later able to obtain additional information from the referent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2013 Contact Method: Phone Call
 Contact Time: 04:58 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/13/2013
 Completed date: 08/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:24 PM Entered By: [REDACTED]

Date: 7-15-13

Time: 4:58 PM

Type of Contact: PC

Location of Contact:

Primary person(s) to be interviewed and relationship: Detective [REDACTED]

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Detective [REDACTED] who stated he spoke to Ms. [REDACTED] Mr. [REDACTED] and the ER doctor at [REDACTED] Medical. Detective [REDACTED] stated Ms. [REDACTED] said she went to her fathers house to get something and was gone when the incident occurred. Detective [REDACTED] stated Mr. [REDACTED] said he fed the baby and finished then layed her on the bed and walked away and [REDACTED] vomited up a dime and had trouble breathing. Mr. [REDACTED] stated Ms. [REDACTED] came home and called 911. Detective [REDACTED] stated medics told him the baby was blue and lifeless and they performed CPR on the way to the hospital. Detective [REDACTED] stated the emergency room doctor said the baby appeared to be in good health, well nourished, and had no signs of trauma and nothing was suspicious. Detective [REDACTED] stated he has called [REDACTED] and not received a call back yet. Detective [REDACTED] stated his deputies have told him that both retinas of the baby were detached and the baby is currently in critical condition at [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: 07/15/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:23 PM Entered By: [REDACTED]

CASE NAME: [REDACTED]

This case was assigned as an Investigation case to CM [REDACTED] on 7-16-13 for [REDACTED] County. All times are recorded in Eastern Standard Time. The response priority was P1 and the allegations are LOS. The alleged victim is [REDACTED] and the alleged perpetrator is [REDACTED] [non-relative]. Referent was contacted on 7-15-13 by phone. The Juvenile Judge, [REDACTED] was notified on 8-1-13 by letter. The District Attorney, [REDACTED] was notified by fax. Response was met on 7-15-13 at 7:00 PM.

FAMILY COMPOSITION**VICTIM (S):**

CHILD: [REDACTED]

ADDRESS: [REDACTED]

SIBLING: [REDACTED]

ADDRESS: [REDACTED]

PARENT: [REDACTED]

ADDRESS: [REDACTED]

HOME PHONE:

CELL PHONE: [REDACTED]

PARENT: [REDACTED]

ADDRESS: [REDACTED] Prison in [REDACTED]

HOME PHONE:

CELL PHONE:

OTHER:

NAME: [REDACTED] (referral stated [REDACTED])



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

ADDRESS: [REDACTED]
 HOME PHONE: [REDACTED]
 CELL PHONE: [REDACTED]
 RELATIONSHIP TO VICTIM: mothers paramour

Allegations and Presenting Problems:

CPS/DCS History:

CM [REDACTED] reviewed case history of the family on 7-15-13.

Criminal Background Check:

CURRENT REFERRAL:

Reporter states:

[REDACTED] age 8 months is in the care of her mother, [REDACTED]. The mothers boyfriend, [REDACTED] is in the home. [REDACTED] has an unknown twin brother, age 8 months in the home. The father of [REDACTED] is in jail. Currently, [REDACTED] is at [REDACTED] Hospital. This address is [REDACTED]

The family lives at [REDACTED] Their home phone number is [REDACTED]

On 07/14/2013, the mother stepped out of the home for a few minutes. She left her boyfriend, [REDACTED] babysitting the children. When the mother returned back home, her boyfriend stated, [REDACTED] was acting funny. He stated [REDACTED] coughed up a dime, and vomited. The mother found [REDACTED] on the floor, and she was not responsive. The mother called 911. EMS stated that [REDACTED] did not have a pulse, and she had stopped breathing. Currently, [REDACTED] is on the ventilator, and not responding. It is unknown what has happened to [REDACTED]. No one thinks she has swallowed a dime. Some type of abuse or neglect is suspected. The child will have major neurological problems if she lives. There is a concern that [REDACTED] will not make survive.

An eye exam to detect for retinal hemorrhages has been ordered. A bone scan has been ordered to detect for any broken bones. [REDACTED] did not have any medical conditions known. A brain scan has not been done to detect if [REDACTED] has any brain activity. Donor Service has been notified. The police have not been notified. Medical staff is saying that [REDACTED] condition is declining fast.

The mother is bipolar. Her boyfriend has a flat affect. He is not talking, but he cried a little. The mother is very emotional at this time.

The maternal grandfather (unknown) has [REDACTED] twin brother at the hospital.

Investigation Narrative/Family Story:

CM [REDACTED] explained MRS, the Clients 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 Clients 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 signatures on the Consent to Enter. 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] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2013

Contact Method: Face To Face

Contact Time: 10:27 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 03:32 PM Entered By: [REDACTED] [REDACTED]

Date: 7-15-13

Time: 10:27 PM

Type of Contact: F2F

Location of Contact: [REDACTED] [REDACTED]

Primary person(s) to be interviewed and relationship: [REDACTED] (maternal grandmothers paramour)

Other persons present at the contact and relationship: CM [REDACTED]

Content and Observations:

CM [REDACTED] spoke to Mr. [REDACTED] who stated Ms. [REDACTED] and Mr. [REDACTED] are good parents and they wouldnt hurt their children. Mr. [REDACTED] stated the parents always watch the children and Mr. [REDACTED] loves the children like his own. Mr. [REDACTED] stated Mr. [REDACTED] takes very good care of the children. Mr. [REDACTED] stated the family home is average and somewhat cluttered. Mr. Fair stated he has no concerns for the childrens safety and both parents are doing very well.



Family Functional Assessment

Case Name: [REDACTED]

Case ID: [REDACTED]

Primary Case Worker: [REDACTED]

Begin Date: 07/20/2013

Last Review By: _____

Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

04/08/2014 - [REDACTED] - FFA - Family - This case was assigned as an Investigation case to CM [REDACTED] on 7-16-13 for [REDACTED] County. All times are recorded in Eastern Standard Time. The response priority was P1 and the allegations are LOS. The alleged victim is [REDACTED] and the alleged perpetrator is [REDACTED] [non-relative]. Referent was contacted on 7-15-13 by phone. The Juvenile Judge, [REDACTED] was notified on 8-1-13 by letter. The District Attorney, [REDACTED] was notified by fax. Response was met on 7-15-13 at 7:00 PM.

FAMILY COMPOSITION

VICTIM (S):

CHILD: [REDACTED]

ADDRESS: [REDACTED]

SIBLING: [REDACTED]

ADDRESS: [REDACTED]

PARENT: [REDACTED]

ADDRESS: [REDACTED]

HOME PHONE:

CELL PHONE: [REDACTED]

PARENT: [REDACTED]

ADDRESS: [REDACTED] Prison in [REDACTED]

HOME PHONE:

CELL PHONE:

OTHER:

NAME: [REDACTED] (referral stated [REDACTED])

ADDRESS: [REDACTED]

HOME PHONE:

CELL PHONE:

RELATIONSHIP TO VICTIM: mother s paramour

Allegations and Presenting Problems:

CPS/DCS History:

CM [REDACTED] reviewed case history of the family on 7-15-13.

Criminal Background Check:

CURRENT REFERRAL:

Reporter states:

[REDACTED] age 8 months is in the care of her mother, [REDACTED]. The mother s boyfriend, [REDACTED] is in the home. [REDACTED] has an unknown twin brother, age 8 months in the home. The father of [REDACTED] is in jail. Currently, [REDACTED] is at [REDACTED] Hospital. This address is [REDACTED]

The family lives at [REDACTED] Their home phone number is [REDACTED]

On 07/14/2013, the mother stepped out of the home for a few minutes. She left her boyfriend, [REDACTED] babysitting the children. When the mother returned back home, her boyfriend stated, [REDACTED] was acting funny. [REDACTED] He stated [REDACTED] coughed up a dime, and vomited. The mother found [REDACTED] on the floor, and she was not responsive. The mother called 911. EMS stated that [REDACTED] did not have a pulse, and she had stopped breathing. Currently, [REDACTED] is on the ventilator, and not responding. It is unknown what has happened to [REDACTED] No one thinks she has swallowed a dime.

Some type of abuse or neglect is suspected. The child will have major neurological problems if she lives. There is a concern that [REDACTED] will not make survive.

An eye exam to detect for retinal hemorrhages has been ordered. A bone scan has been ordered to detect for any broken bones. [REDACTED] did not have any medical conditions known. A brain scan has not been done to detect if [REDACTED] has any brain activity. Donor Service has been notified. The police have not been notified. Medical staff is saying that [REDACTED]'s condition is declining fast.

The mother is bipolar. Her boyfriend has a flat affect. He is not talking, but he cried a little. The mother is very emotional at this time.

The maternal grandfather (unknown) has [REDACTED]'s twin brother at the hospital.

B. Family Story:

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

B. Family Significant Needs/Risks/Concerns:

III. Person Information:

A. Children:

B. Adults:

C. Family Together History:

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID		Decision Date / Time		Intake Type		Investigation ID/ Assessment ID	
[REDACTED]				CPS		[REDACTED]	
Action Date	Action Category	Action Type	Court Docket #	Action Concerning		Additional Info	

IV. Assessment of Safety:

07/20/2013 - [REDACTED] - Safety - [REDACTED] is currently in the [REDACTED] in critical condition at [REDACTED] and is most likely not going to survive. An investigation is underway to determine if any abuse or neglect occurred. [REDACTED] twin [REDACTED] is currently still in the home. [REDACTED] is currently in a deep coma and seems to not have any brain activity.

03/12/2014 - [REDACTED] - Safety - [REDACTED]

V. Assessment of Well Being:

VI. Assessment of Permanence:

06/01/2014 - ██████████ - FFA - Family - This case was assigned as an Investigation case to CM ██████████ on 7-16-13 for ██████████ County. All times are recorded in Eastern Standard Time. The response priority was P1 and the allegations are LOS. The alleged victim is ██████████ and the alleged perpetrator is ██████████ [non-relative]. Referent was contacted on 7-15-13 by phone. The Juvenile Judge, ██████████ was notified on 8-1-13 by letter. The District Attorney, ██████████ was notified by fax. Response was met on 7-15-13 at 7:00 PM. An IPA/Expedited was complete for ██████████ Twin of ██████████ with Aunt ██████████ due the the Dr. ██████████ reporting that ██████████ injuries were suspicious. On 7/17/13 ██████████ received a cerebral blood flow study and there was no blood flow and she was pronounced brain dead at 2:25 pm. An Autopsy was ordered by ██████████ County Judge. The Autopsy was recieved in February 2014 and it was determined that the cause of death was blunt for trauma to the head and neck and it was ruled a homicide. The grand jury issued indictments on the mother ██████████ and ██████████. They are currently being held in Jail. Case will be Classified as ASPS for Child Death and AUPU on the LOS and DEI.

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
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Worker's Signature

Date

Supervisor's Signature

Date



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SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 7/15/13 2:02 PM

Date of Assessment: 7/15/13 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____