



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2013.116ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/21/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/21/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	Unknown	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	NA		
If child is in DCS custody, list placement type and name:	NA					

Describe (in detail) circumstances surrounding death/near death:

911 was called to the residence with the report that ██████████ was not breathing. At the time at the time was ██████████ and the mother's boyfriend. Mother's boyfriend, said the child threw up and then stopped breathing. Child was non responsive, revived at ██████████ Hospital Emergency Room and airlifted to ██████████ Children's Hospital. ██████████ called and stated the child had to be revived 2 times already and was not expected to live. The child had anal tears, blood in his stomach, bruising on his back and head injuries. Child died before CPS Investigator ██████████ and ██████████ Police Dept Investigator arrived at the hospital. Hospital staff claims this occurred in the past 24 hours.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	██████████ Children's Hospital	Telephone #	() -
Street Address:		City/State/Zip:	██████████

Describe (in detail) interview with family:

██████████ (Mother's boyfriend) was interviewed at the hospital and he reports that ██████████ was watching cartoons at the end of the bed. He stated that ██████████ cried when his mother left the house for work. He stated that they were watching cartoons and he looked at ██████████ and his cheeks were puffed and he threw up what appeared to be phlegm. He stated that he grabbed ██████████ and held him in his arms and then ██████████ eyes rolled in the back of his head and that's when he called ██████████ and she told him to call 911.

██████████ (Mother) was interviewed at the hospital. She reports that when she left this morning that ██████████ was sitting on her bed drinking his sippy cup and watching cartoons. She stated that ██████████ called her at 10:02 AM and stated that ██████████ had threw up and that his eyes were rolling back in his head and he may not be breathing. She told him to call 911 and she was on her way.

The forensic interview for ██████████ (Brother) was held today at the ██████████ Center at 11:15AM. ██████████ made no disclosures of abuse or neglect. H didn't mention his brother's name during the interview or acknowledged that he had a brother. He stated that they were at the park last week with ██████████ (Mother's Boyfriend) and a child slide down the slide and kicked ██████████ in the stomach. He stated that he felt it was done on purpose and that they didn't know the child that kicked ██████████ ██████████ stated that he and ██████████ slept in the bed together and when they went to bed on Wednesday night ██████████ was fine. ██████████ stated that he doesn't remember if ██████████ was awake or asleep when he went to school on Thursday morning.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

911 was called at 10:10 AM and child taken to the ██████████ ER where he had to be revived and was then airlifted after 1 PM to ██████████ DCS was notified after 1 PM. ██████████ called and stated the child had to be revived 2 more times and prognosis was very poor. DCS and officer arrived at ██████████ and medical staff was consulted as well as the interviews with parents were completed. Child was sent for autopsy.

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

CS-0635, Rev. 08/13

RD A 2993

Page 1

Intake #:		Investigation #:		Date of Report: 7/22/13
-----------	--	------------------	--	-------------------------

Describe disposition of body (Death):				
Name of Medical Examiner/Coroner:			Was autopsy requested?	
			<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there DCS involvement at the time of Death/Near Death?			<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Type:	Open CPS Investigation	Case #:		

Describe law enforcement or court involvement, if applicable:
 No court involvement.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

Legal was contacted and TL and was told it was not exigent circumstances, there was not probable cause and that we could not do a safety placement given the information we have now.

RID [redacted] notified.

Approximately 4:15 PM TC was informed by legal there was NOT exigent circumstances, there was NOT probable cause and that we could not do a safety placement. Legal requested a timeline of access and injuries, location of the biological father and visitation/custody arrangements and we could not restrict the mother's rights by utilization of an IPA.

TC called legal again at 5:45 with information requested. IPA for the night for mother to leave [redacted] with great grandmother until tomorrow. Meeting needs to be held tomorrow to determine if ex parte order is needed.

RID [redacted] notified.

Name: [redacted]	Age: 8
Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
10/02/2013	[redacted]	SEE/PHA	[redacted]	unknown	unfounded
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:
---	--	------------------------------	--

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person: [redacted]	Telephone Number: [redacted]
Case Manager: [redacted]	Telephone Number: [redacted]
Team Leader: [redacted]	Telephone Number: [redacted]
Team Coordinator: [redacted]	Telephone Number: [redacted]

ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
---	-----------------------------	------------------------------

Intake #:

[REDACTED]

Investigation #:

[REDACTED]

Date of Report:

Case # 2013-116ph
7/23/13

Email to: [Child-Fatality-Notification EI-DCS](#)

within forty-eight (48) hours of notification

Include subject line (in RED): **CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]**



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 11/21/2013 01:01 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 11/21/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 11/21/2013 02:45 PM
First Team Leader Assigned: [REDACTED] Date/Time 11/21/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 11/21/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 9 Mos	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS: Yes
Family Case ID: # [REDACTED]
Open Court Custody/FSS/FCIP No
Closed Court Custody No
Open CPS # [REDACTED] / 10-3-13 / SEE/PHA /CM: [REDACTED] Supervisor: [REDACTED]
Indicated No
Fatality No
Screened out 0
History (not listed above): None



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

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

Reporters name/relationship: [REDACTED]

Reporter states:

An unknown child (name/age unknown) and [REDACTED] (2 yrs) reside with their mother, [REDACTED] and [REDACTED] paramour, [REDACTED] is [REDACTED] father, and his last known address was provided.

At 10:10am, LE was called to the home in reference to a "3 year old child" not breathing. When LE arrived at the home, [REDACTED] was at the door, holding [REDACTED] [REDACTED] was asked if [REDACTED] was breathing, and he stated that he was wasnt sure if [REDACTED] was breathing. [REDACTED] was observed gasping for air once in a while, but [REDACTED] was unresponsive.

There was bruising and marks to [REDACTED] abdominal area. [REDACTED] was asked if [REDACTED] had an medication issues at this time, and [REDACTED] stated that [REDACTED] was diagnosed with hand, mouth and foot. [REDACTED] was asked about the bruises and marks on [REDACTED] abdomen. [REDACTED] stated that a week ago (11-13-13), [REDACTED] was kicked in the stomach, by a child sliding down the slide. [REDACTED] was asked if [REDACTED] had any medical treatment, and [REDACTED] stated that [REDACTED] did not receive medication treatment.

[REDACTED] was at work today and the older unknown child was at school.

EMS arrived, and [REDACTED] was transported to [REDACTED] Hospital, and his pulse was lost at least one time. [REDACTED] regained pulse, and he was airlifted to [REDACTED]

The reporter has no information on what causes this incident.

DCS had an open case on this family.

The referent was unable to provide any additional information on the condition of the home, if there were any other concerns with the family or if the marks and bruises on the child's abdomen were related to today's incident.

Investigative Track - P1 - Child Near Death

[REDACTED] TC, on 11/21/13 @ 2:01pm

Notified Child Death/Child Near Death Notification Group via Email:

[REDACTED]
RA - [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 21 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 25 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 2 Yrs 9 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: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 27 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name:
Referral Date: 11/21/2013
Street Address:
City/State/Zip:

Investigation ID:
Assignment Date: 11/21/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 4 rows of allegations including Lack of Supervision, Physical Abuse, Sexual Abuse, and Abuse Death.

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: This case has been assessed and closed.

D. Case Workers

Case Worker:
Team Leader:
Date: 01/02/2014

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:

Due to the fatality of [redacted] he was not able to be interviewed. [redacted] was interviewed regarding [redacted] when he left for school. [redacted] stated that he didnt remember if [redacted] was up when he left. He stated that [redacted] was fine last night and that they slept in the bed together. He stated that they did go to the park last week and a child kicked [redacted] in the stomach sliding down the slide. He stated that he has never seen



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

Case Name : ██████████ ██████████

Investigation ID: ██████████

██████████ get spanked by his mother or ██████████ (AP).

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

Physical Examination General: The patient has expired. There are bruises noted to his forehead, which is erythematous. Multiple bruises on the chest area which are approximately 1 cm in diameter. There is a 2 cm reddish-blue bruise below the left chin. There are areas of bruising to his mid thoracic area, which is approximately 4 to 5 cm with irregular shape, as well as bruising to the right shoulder blade. There are scattered brown bruising on the extensor surfaces of the lower extremities. The patient has swelling to the scrotal area. There is symmetrical ecchymosis surrounding the anus as well as an area of abrasion noted at approximately 12 o'clock. There appears to be hypopigmented linear lesion on the right posterior scrotum which is approximately a cm in diameter. The patient also appears to have some dysmorphic nail beds noted on the left ring finger and on the left big toe. There is a mid sternal thoracotomy incision which has been sutured. The patient had been taken to surgery emergently and was no CT of the head or abdomen available for review. Operative findings during the exploratory laparotomy included mesenteric injury, liver laceration, small bowel avulsion, retroperitoneal and pelvic hematomas.

Assessment:

This is a 2-year-old who has sustained multiple traumatic intra-abdominal injuries, as well as suspected intracranial injury, with multiple areas of bruising, resulting in death.

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

██████████ stated that he had gotten up that morning to watch ██████████ while ██████████ went to work. He stated that ██████████ was sitting at the bottom of the bed with his sippy cup watching television. He stated that ██████████ started crying when his mother left the house like he always does. He stated that they continued to watch television. He stated that ██████████ cheeks had swollen up like he was about to vomit. He stated that his eyes started rolling in the back of his head but he stated that ██████████ was trying to talk to him. He stated that he was holding ██████████ in his arms and he kept calling ██████████ name. He stated that he called the mother and she told him to call 911 and he did. He stated the police and ambulance came out and took ██████████ to the hospital. ██████████ denies hitting ██████████ or causing any harm to ██████████ ██████████ collected ██████████ underwear and he was allowed to leave with his parents. He told Inv. ██████████ that he would be willing to submit to a polygraph.

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

██████████ was interviewed. She stated that ██████████ had been vomiting and that she seen him vomiting outside when ██████████ (Mother) was bringing him over her house and she seen him vomiting at her house. She figured that ██████████ had a virus and it was just a cold. She stated that ██████████ and ██████████ told her about ██████████ getting kicked in the stomach at the park. ██████████ stated that she has never suspected any abuse by ██████████ or ██████████. She stated that ██████████ always acted like a father to the children. She stated that she kept ██████████ and ██████████ every day. She stated that ██████████ is a good mother and would never allow anyone to hurt her children.

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

This case is closed and classified as AIPI. There is evidence the patient has expired. There are bruises noted to his forehead, which is erythematous. Multiple bruises on the chest area which are approximately 1 cm in diameter. There is a 2 cm reddish-blue bruise below the left chin. There are areas of bruising to his mid



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

thoracic area, which is approximately 4 to 5 cm with irregular shape, as well as bruising to the right shoulder blade. There are scattered brown bruising on the extensor surfaces of the lower extremities. The patient has swelling to the scrotal area. There is symmetrical ecchymosis surrounding the anus as well as an area of abrasion noted at approximately 12 o'clock. There appears to be hypopigmented linear lesion on the right posterior scrotum which is approximately a cm in diameter. The patient also appears to have some dysmorphic nail beds noted on the left ring finger and on the left big toe. There is a mid sternal thoracotomy incision which has been sutured. The patient had been taken to surgery emergently and was no CT of the head or abdomen available for review. Operative findings during the exploratory laparotomy included mesenteric injury, liver laceration, small bowel avulsion, retroperitoneal and pelvic hematomas. This is a 2-year-old who has sustained multiple traumatic intra-abdominal injuries, as well as suspected intracranial injury, with multiple areas of bruising, resulting in death. that supports the above allegations. Services were recommended to the family and they included grief and loss counseling. The CPS Formal File Review and Attachment were mailed to the alleged perpetrator; see copies attached to the file.

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/17/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2014

Completed date: 04/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2014 10:44 AM Entered By: [REDACTED]

This CPSI met with the District Attorney's office [REDACTED] and received the autopsy report, medical reports, incident report, statements from first officer on the scene, [REDACTED] and [REDACTED] Inv. [REDACTED] criminal background, fingerprints, and warrants. All items have been placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/30/2014

Contact Method:

Contact Time: 10:01 AM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/30/2014

Completed date: 01/30/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/30/2014 10:02 AM Entered By: [REDACTED] [REDACTED]

All reviews from RID and Central office have been completed and approved for closure. 740 has been sent to Juvenile Judge and District Attorney.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/24/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/08/2014

Completed date: 04/08/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 09:20 AM Entered By: [REDACTED] [REDACTED]

Closing Safety Assessment

This CPSI completed the Closing Safety Assessment and the child is Conditionally Safe. Copy attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/24/2014

Contact Method: Correspondence

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/24/2014

Completed date: 01/24/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notification of Classification

Contact Sub Type: Letter A - Notice of Indication to Perpetrator

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

Narrative Type: Original Entry Date/Time: 01/24/2014 02:33 PM Entered By: [REDACTED] [REDACTED]

This CPSI mailed certified letter to [REDACTED] [REDACTED] regarding the clasification of ASPS for lack of supervision, sexual abuse, physical abuse, and abuse death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 01/23/2014 Contact Method: Phone Call
Contact Time: 03:30 PM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: Created Date: 01/24/2014
Completed date: 01/24/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/24/2014 10:39 AM Entered By: [REDACTED]
Parent Interview

This CPSI received a call from [REDACTED] asking if there had been any new information on the case. CPSI stated that she had not received any new information from Inv. [REDACTED] [REDACTED] stated that they are setting well in [REDACTED] and [REDACTED] likes his new school.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/09/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	01/16/2014
Completed date:	01/16/2014	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: 01/16/2014 12:10 PM Entered By: [REDACTED]
CPIT

This CPSI presented this case at CPIT and the team agreed with classification of ASPS. This case will be prosecuted.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/07/2014 Contact Method:
 Contact Time: 04:41 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/07/2014
 Completed date: 01/07/2014 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: 01/07/2014 04:42 PM Entered By: [REDACTED]

Case Closure 1/7/2014

DCS Policy defines that physical abuse occurs when non-accidental physical trauma or abuse inflicted by a parent or caretaker on a child. Physical abuse also includes but not limited to: a) A parent or caretakers failure to protect a child from another person who perpetrated physical abuse on a child; b) When an injury goes beyond temporary redness, e.g., a bruise, broken bone, cut, burn; c) When injuries are received due to parental behavior, e.g., domestic violence; or d) When a child is allegedly struck on parts of the body in such a way that could result in internal injuries. e) Munchausen Syndrome by Proxy could be considered physical abuse or psychological abuse.

DCS policy defines that lack of supervision occurs when failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that: The child has been placed in a situation that requires actions beyond the childs level of maturity, physical ability, and/or mental ability; or Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills). Any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

DCS Policy defines that sexual abuse occurs when the target is a child as children are presumed unable to give informed consent to sexual relationship with adults. This includes sexually motivated behavior and intentional acts that produce sexual arousal or gratification such as explicit sexual acts, sexual penetration, sexual touching, and intentional contact with genitals, buttocks or breasts; adolescents or adults instructing children to engage in such behavior with each other; indecent exposure/voyeurism; and intentionally exposing a child to sexual explicit material.

DCS Policy defines that child fatality/Near Fatality occurs when 1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. 2. Any child death caused by abuse resulting from direct action of the childs caretaker or the consequence of the childs caretakers failure to stop another persons direct action that resulted in the death of a child. Child fatalities are always treated as severe child abuse. 3. Any child death that is the result of the caretakers failure to meet childcare responsibilities. Neglect death is always treated as severe



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

 child abuse.

This case is closed and classified as AIPI. There is evidence the patient has expired. There are bruises noted to his forehead, which is erythematous. Multiple bruises on the chest area which are approximately 1 cm in diameter. There is a 2 cm reddish-blue bruise below the left chin. There are areas of bruising to his mid thoracic area, which is approximately 4 to 5 cm with irregular shape, as well as bruising to the right shoulder blade. There are scattered brown bruising on the extensor surfaces of the lower extremities. The patient has swelling to the scrotal area. There is symmetrical ecchymosis surrounding the anus as well as an area of abrasion noted at approximately 12 o'clock. There appears to be hypopigmented linear lesion on the right posterior scrotum which is approximately a cm in diameter. The patient also appears to have some dysmorphic nail beds noted on the left ring finger and on the left big toe. There is a mid sternal thoracotomy incision which has been sutured. The patient had been taken to surgery emergently and was no CT of the head or abdomen available for review. Operative findings during the exploratory laparotomy included mesenteric injury, liver laceration, small bowel avulsion, retroperitoneal and pelvic hematomas. This is a 2-year-old who has sustained multiple traumatic intra-abdominal injuries, as well as suspected intracranial injury, with multiple areas of bruising, resulting in death. that supports the above allegations. Services were recommended to the family and they included grief and loss counseling. The CPS Formal File Review and Attachment were mailed to the alleged perpetrator; see copies attached to the file.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/06/2014 Contact Method:
 Contact Time: 04:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/08/2014
 Completed date: 01/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2014 03:22 PM Entered By: [REDACTED]

CASE HISTORY

At the time the referral is received there is one prior investigation with the family. On 10/1/2013, a referral was received alleging physical abuse and sexual abuse. The alleged perpetrator was unknown.

[REDACTED] (Mother) stated that about 3 weeks ago she noticed an infection on the tips of [REDACTED] (ACV) fingers. She stated that his fingers were red and puffy so she took him to the doctor. She stated that he was given an antibiotic that he had to take for 4 months and was told that it was a fungal infection. She stated that some of his fingers got better and some did not. She stated that they were infected, swelled, and drained. She stated that he even lost a fingernail. She stated that on Monday she noticed that his feet looked like his hands and he was complaining that his feet were hurting so she took him back to the doctor. She stated that when she got to the doctor he told her to take the child to the ER. [REDACTED] stated that no one has been biting the child. She stated that he has an older brother, other siblings at his fathers home and a 1 year old cousin that do bite but no adults have been biting [REDACTED]. She stated that if someone had been she wanted to know. She asked if the bite marks could be scrapped and gets DNA off the bites.

ACV [REDACTED] is too young to provide a statement. He had a medical exam which had no findings for sexual abuse. The other child living in the home was interviewed and he made no disclosure and had no knowledge of any abuse.

[REDACTED] stated no acute findings for sexual abuse.

At that time there was no evidence to support the allegations of sexual abuse and physical abuse as defined by DCS policy. There was no disclosure of abuse by either child. The investigation was closed as allegations unsubstantiated/perpetrator unsubstantiated.

Narrative Type: Addendum 1 Entry Date/Time: 01/08/2014 03:38 PM Entered By: [REDACTED]

[REDACTED] stated no acute findings for physical abuse.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/03/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/08/2014
Completed date:	01/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2014 01:20 PM Entered By: [REDACTED]
LI and Inv. [REDACTED] reviewed classification. Classification approved. 740 sent to Juvenile Judge and District Attorney.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/03/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2014

Completed date: 04/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2014 11:27 AM Entered By: [REDACTED]

This CPSI contacted [REDACTED] (Counselor) regarding [REDACTED] and [REDACTED]. She stated that they have been coming for grief counseling. She stated that she did receive the release for records and would be mailing records to CPSI. She stated that the family was processing well in counseling. She stated that this is very traumatic for the family and will need continued services. She stated that she will be providing recommendations to family on counselors in the [REDACTED] area to continue services. CPSI asked if [REDACTED] had contacted her for services and she stated no. She stated that she and [REDACTED] had talked about him receiving services but he refused. CPSI thanked her for her time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/02/2014

Contact Method:

Contact Time: 03:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/03/2014

Completed date: 01/03/2014

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/03/2014 09:14 AM Entered By: [REDACTED] [REDACTED]

Criminal Background Check 1/2/2013

This CPSI completed or requested a criminal background check using [REDACTED] Clerk and Master on [REDACTED] [REDACTED] and it was negative/no results background history. Background check results attached to file.

Criminal Background Check 1/2/2013

This CPSI completed or requested a criminal background check using [REDACTED] Clerk and Master on [REDACTED] [REDACTED] and it was positive for worthless check to Cashsavers for \$117.86 and the case was dismissed 12/18/2012. He also has pending criminal charges of 1st degree murder. Background check results attached to 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: 12/30/2013 Contact Method: Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 01/02/2014
 Completed date: 01/02/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/02/2014 12:47 PM Entered By: [REDACTED]
 Parent Interview and Sibling Interview 12/30/2013 4:30 PM

This CPSI interviewed [REDACTED] (Brother) and [REDACTED] (Mother), at [REDACTED] [REDACTED] stated that they are making it. She stated that she has decided to move to [REDACTED] with her father. She stated that she felt they needed a fresh start. She stated that she dreaded moving because she feel like she is leaving [REDACTED] (ACV) behind but she has been processing that through counseling. She stated that once they move she will look for a counselor in the area to help her and [REDACTED]. She stated that [REDACTED] has been doing better and that she has been opening up and expressing his feeling more. She stated that he still rarely mentions [REDACTED] name. [REDACTED] stated that he was happy about the PlayStation 4 he received for Christmas. He stated that he was excited about moving but he didnt want to go to school on Monday. He stated that he wanted to stay out a few more days and play his game. [REDACTED] stated that he misses his brother but that he no longer wanted to live in the house because it bought back so many memories of [REDACTED]. He stated that he felt counseling was helping him and he wanted to continue counseling. [REDACTED] stated that she will still come here for the court hearings and she has already notified Inv. [REDACTED] (PD) that she was moving and stated that she would stay in contact. She stated that she has been going to the grave yard every day. She stated that she is hoping to transfer her job so she wouldnt have to start over. She stated that her father wants her to go back to school but she stated that it was too hard right now. She stated that she is trying to process but doesnt understand why her child had to die. She stated that she has asked the question over and over. She stated that she had a dream that her grandmother was holding [REDACTED] in her arms and taking care of him in heaven and she stated that it made her feel good to know someone is caring for him. She stated that it has really been hard during the holidays but her family and friends have been there to support her. She stated that things will get better. CPSI asked if any other services were needed for the family and [REDACTED] stated no. She thanked CPSI for helping the family and being supportive. She stated that even though she thought DCS was going to take her other child she knew DCS had a reason and she has to accept that there is a reason for everything. CPSI thanked the family for their time and wished them luck in their new city and fresh start.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2013

Contact Method:

Contact Time: 01:38 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/30/2013

Completed date: 12/30/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/30/2013 01:45 PM Entered By: [REDACTED] [REDACTED]

Case staffed with Inv. [REDACTED] on this date. Ms. [REDACTED] and her son are moving to [REDACTED] this week. They will be living with Ms. [REDACTED] father. She feels she and [REDACTED] need a fresh start. They have been attending grief counseling here and will find a new counselor.



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:	12/26/2013	Contact Method:	
Contact Time:	01:09 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/26/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/26/2013 01:10 PM Entered By: [REDACTED]

CAse reviewed for compliance on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/11/2013

Contact Method:

Contact Time: 01:09 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/12/2013

Completed date: 12/12/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/12/2013 02:50 PM Entered By: [REDACTED]

Medical Exam Results 12/11/2013

This CPSI received the results and it stated patient was examined in the ER by Dr. [REDACTED] and Dr. [REDACTED] who diagnosed patient large bruise and swelling on the lower back, bruising near rectum, extended abdomen. Neuro examine performed, patient was not moving extremities and was unresponsive. Diagnosed nonaccidental trauma. Copy of results attached to 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: 12/02/2013

Contact Method: Correspondence

Contact Time: 01:44 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/02/2013

Completed date: 12/02/2013

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/02/2013 01:44 PM Entered By: [REDACTED]

Notification letter was mailed to 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: 11/27/2013

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/21/2014

Completed date: 04/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/21/2014 09:03 AM Entered By: [REDACTED]

Parent Interview

This CPSI contacted [REDACTED] (father) regarding the FSTM held on yesterday. CPSI stated that grief counseling was suggested for the family members by [REDACTED] (mother). He stated that he has much anger about what happened to his child and will not settle until justice is done. He stated that he doesn't want counseling and wants to deal with the death on his own. CPSI stated that grief counseling would be good to help deal with those issues. He stated no thanks. CPSI provided him with the contact information for the counselor that was suggested. CPSI provided him with [REDACTED]. He thanked CPSI and stated that his break was over. CPSI thanked him for his time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/26/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 12/05/2013

Completed date: 12/05/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/05/2013 04:29 PM Entered By: [REDACTED]

Documentation of contact:

CPSI [REDACTED] met with [REDACTED] (OIC), [REDACTED] (Mother) and [REDACTED] (Great Grandmother) at the [REDACTED] Medical Clinic to complete the forensic medical exam of [REDACTED] stated that he was doing ok. He stated that he was not at school today due to the death of his brother. [REDACTED] made no disclosures of abuse. Dr. [REDACTED] MD completed the exam. Her assessment was no evidence of child physical abuse however a normal examination today does not completely rule out the possibility of previous episodes of inflicted injury. CPSI completed a FSTM with the family and a non-custodial permanency plan was developed with the family. CPSI stated that [REDACTED] was able to return to his mothers home. [REDACTED] was so happy. He stated that he wanted them to stay at his great grandmothers house and he wanted his mother to be able to stay all night with him. CPSI stated that his mother could stay all night with him and [REDACTED] was so happy. He hugged CPSI and thanked CPSI. He stated that he had missed his mother and that he needed this mother since his brother was not with them anymore. [REDACTED] cried and thanked CPSI.

Worker observations:

[REDACTED] was talkative and cooperative. He was dressed appropriate and didnt appear to be ill. [REDACTED] appears to have a bond with his mother and great grandmother. He held on and followed his mother.

Planning for next contact:

CPSI will continue to monitor the family.

Signature and Credentials: [REDACTED] BSSW, CPSI 3



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/25/2013 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Detention/Jail Created Date: 01/15/2014
 Completed date: 01/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,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: 01/15/2014 03:46 PM Entered By: [REDACTED]

[REDACTED] (Mother) went to the [REDACTED] Police Department for a polygraph with Inv. [REDACTED] and Inv. [REDACTED] (TBI). [REDACTED] showed no deception during her interview and is no longer considered a perpetrator. [REDACTED] cancelled his polygraph and was picked up by the [REDACTED] Police Department and when questioned he asked for an attorney. [REDACTED] was booked and charged with first degree murder and a bond of 1 million dollars. Inv. [REDACTED] stated that he felt it was safe for [REDACTED] to be returned to his mother.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/23/2013

Contact Method:

Contact Time: 05:02 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/15/2014

Completed date: 01/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/15/2014 12:44 PM Entered By: [REDACTED]

CPSI [REDACTED] received an email from Dr. [REDACTED] regarding the case.

Ms. [REDACTED]

I have discussed the preliminary autopsy results with Dr. [REDACTED] at the [REDACTED] Medical Examiner's office and with Dr. [REDACTED] the Pediatric Surgeon who performed the emergency surgery on [REDACTED]. It is my opinion that the injury was acute, and must have occurred within a very short period of time, within a few hours at most, prior to the patient's presentation due to the severe nature of the injury and the tremendous blood loss observed. The injury would not have been present in the morning when the patient was observed to be drinking Pedialyte which is what was reported by the mother to me during my interview. The injury would have had to occur between the time she saw him drinking and when he was found unresponsive.

If you have any additional questions, feel free to contact me at [REDACTED]

[REDACTED] M.D.



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:	System Completed
Contact Date:	11/23/2013	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/08/2014
Completed date:	01/09/2014	Completed By:	System Completed
Purpose(s):			
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: Entered By:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/23/2013	Contact Method:	
Contact Time:	11:18 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/12/2013
Completed date:	12/12/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/12/2013 02:39 PM Entered By: [REDACTED]

Fatality Report 11/23/2013

This CPSI completed and submitted the Notice of Child Fatality/Near Fatality; see form attached.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/23/2013 Contact Method:
 Contact Time: 09:29 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/25/2013
 Completed date: 12/09/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/09/2013 01:38 PM Entered By: [REDACTED]

CPSI [REDACTED] received the medical report from Dr. [REDACTED] regarding [REDACTED] (ACV).

Physical Examination General: The patient has expired. There are bruises noted to his forehead, which is erythematous. Multiple bruises on the chest area which are approximately 1 cm in diameter. There is a 2 cm reddish-blue bruise below the left chin. There are areas of bruising to his mid thoracic area, which is approximately 4 to 5 cm with irregular shape, as well as bruising to the right shoulder blade. There are scattered brown bruising on the extensor surfaces of the lower extremities. The patient has swelling to the scrotal area. There is symmetrical ecchymosis surrounding the anus as well as an area of abrasion noted at approximately 12 o'clock. There appears to be hypopigmented linear lesion on the right posterior scrotum which is approximately a cm in diameter. The patient also appears to have some dysmorphic nail beds noted on the left ring finger and on the left big toe. There is a mid sternal thoracotomy incision which has been sutured. The patient had been taken to surgery emergently and was no CT of the head or abdomen available for review. Operative findings during the exploratory laparotomy included mesenteric injury, liver laceration, small bowel avulsion, retroperitoneal and pelvic hematomas.

Assessment:

This is a 2-year-old who has sustained multiple traumatic intra-abdominal injuries, as well as suspected intracranial injury, with multiple areas of bruising, resulting in death.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/22/2013

Contact Method: Face To Face

Contact Time: 06:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 01/15/2014

Completed date: 01/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/15/2014 04:08 PM Entered By: [REDACTED]

Collateral Interview

This CPSI interviewed [REDACTED] M.D. at [REDACTED] Hospital [REDACTED] Dr. [REDACTED] stated that he seen [REDACTED] at the emergency room. He stated that the child was in critical condition and had to have several test completed. He stated that the child had acute injuries to his abdomen, liver, and spleen. He stated that he felt the child needed to be transferred to [REDACTED] and he made the call. He stated that he didn't update the mother on [REDACTED] situation. He stated that he observed the mother stating that she wanted to hold her child and was instructed that she could not. He stated that he observed [REDACTED] standing beside the door with his hand on his mouth and not looking at the child. He stated that the boyfriend appeared to be nervous.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/22/2013	Contact Method:	
Contact Time:	03:53 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/25/2013
Completed date:	11/25/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2013 11:00 AM Entered By: [REDACTED]

Inv. [REDACTED] received an email from Dr. [REDACTED] MD, MBA, FACHE Vice-President, Physician Services [REDACTED] will review the medical record from the [REDACTED] visit in October for the [REDACTED] child and will see his sibling at the [REDACTED] Clinic at 1pm on Tues, Nov 26.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/22/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2014

Completed date: 01/02/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/02/2014 12:18 PM Entered By: [REDACTED]

Immediate Protection Agreement 11/22/2013 3:00 PM

Immediate Harm Factor: Fatality of [REDACTED] and safety of the surviving child [REDACTED]

Plan/Services: [REDACTED] will remain at the home of [REDACTED] and [REDACTED]. [REDACTED] will contact [REDACTED] through his grandparents until the results of the polygraph and medical examiner reports are released. [REDACTED] and [REDACTED] will supervise all contact between [REDACTED] and [REDACTED].

Immediate Harm Factor: Grief and loss of family member

Plan/Services: [REDACTED] will seek and obtain a mental health intake for [REDACTED] and herself to address grief and loss of a family member.

Immediate Harm Factor: Safety of [REDACTED]

Plan/Services: If funeral services are held [REDACTED] is able to attend his brother's funeral if he wants to attend. All contact will be supervised by grandparents.

This CPSI completed internet checks, went to the safety placements home and completed the Expedited Placement Assessment. The IPA & Expedited Placement Assessment are attached to the file.

Narrative Type: Addendum 1 Entry Date/Time: 04/15/2014 10:06 AM Entered By: [REDACTED]

Legal and MSW were consulted regarding IPA and approved IPA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/22/2013 Contact Method: Face To Face
 Contact Time: 11:15 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 12/10/2013
 Completed date: 12/10/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,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: 12/10/2013 09:53 AM Entered By: [REDACTED]

Documentation of contact:

CPSI [REDACTED] Inv. [REDACTED] (Police Department), [REDACTED] (CAC), [REDACTED] (LI), [REDACTED] (CAC Director), [REDACTED] (Great Grandmother), [REDACTED] (Great Grandfather), and [REDACTED] (OIC) completed the forensic interview. [REDACTED] made no disclosures of abuse. [REDACTED] didnt mention his brother during the interview.

[REDACTED] was interviewed regarding [REDACTED] when he left for school. [REDACTED] stated that he didnt remember if [REDACTED] was up when he left. He stated that [REDACTED] was fine last night and that they slept in the bed together. He stated that they did go to the park last week and a child kicked [REDACTED] in the stomach sliding down the slide. He stated that he has never seen [REDACTED] get spanked by his mother or [REDACTED] (AP).

[REDACTED] was interviewed. She stated that [REDACTED] had been vomiting and that she seen him vomiting outside when [REDACTED] (Mother) was bringing him over her house and she seen him vomiting at her house. She figured that [REDACTED] had a virus and it was just a cold. She stated that [REDACTED] and [REDACTED] told her about [REDACTED] getting kicked in the stomach at the park. [REDACTED] stated that she has never suspected any abuse by [REDACTED] or [REDACTED]. She stated that [REDACTED] always acted like a father to the children. She stated that she kept [REDACTED] and [REDACTED] every day. She stated that [REDACTED] is a good mother and would never allow anyone to hurt her children.

Worker observations:

[REDACTED] was talkative and cooperative. He was dressed appropriate. He cried after the interview when asked about his brother. He leaned on his great grandparents for support. They were all supportive of each other.

Planning for next contact:

CPSI will continue to monitor the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Signature and Credentials: [REDACTED] BSSW, CPSI 3



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/22/2013 Contact Method:
 Contact Time: 11:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/25/2013
 Completed date: 11/25/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2013 12:25 PM Entered By: [REDACTED]

This investigation was staffed on this date several different times between INV [REDACTED], LI [REDACTED], IC [REDACTED] and RAI [REDACTED]. LI consulted legal, [REDACTED] as advised by IC [REDACTED] for the purpose of receiving approval to remove the [REDACTED]. LI [REDACTED] would not approve removal. IPA was completed on this date. [REDACTED] will remain with maternal grandparents all contacts with mother will be supervised until TBI completes Polygraph tests on both mother and the boyfriend on 11/25/13. At that time the IPA will be reviewed and the placement of [REDACTED] will be staffed again.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	11/22/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	██████████ ██████████	Recorded For:	
Location:		Created Date:	12/10/2013
Completed date:	12/10/2013	Completed By:	██████████ ██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/10/2013 09:29 AM Entered By: ██████████ ██████████

CPSI ██████████ ██████████ contacted ██████████ ██████████ (CAC) to schedule a forensic interview of ██████████ (OIC). ██████████ stated that forensic will be today at 11:15 AM at the CAC in ██████████ CPSI will notify LE and great grandparents.



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: Created In Error

Contact Date: 11/21/2013

Contact Method: Face To Face

Contact Time: 09:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/14/2014

Completed date: 04/15/2014

Completed By: TFACTS, Person Merge

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/14/2014 04:18 PM Entered By: [REDACTED]

This CPSI, Inv. [REDACTED] ([REDACTED] Police Department), and Inv. [REDACTED] ([REDACTED] Police Department) went to the family home at [REDACTED]

Narrative Type: Created In Error Entry Date/Time: 04/15/2014 10:07 AM Entered By: [REDACTED]

System completed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	11/21/2013	Contact Method:	Face To Face
Contact Time:	09:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/15/2014
Completed date:	04/16/2014	Completed By:	TFACTS, Person Merge
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 10:39 AM Entered By: [REDACTED]

This CPSI, Inv. [REDACTED] ([REDACTED] Police Department), and Inv. [REDACTED] ([REDACTED] Police Department) went to the family home at [REDACTED] Inv. [REDACTED] and Inv. [REDACTED] gather clothing belonging to [REDACTED] and [REDACTED] They also gather towels

Narrative Type: Created In Error Entry Date/Time: 04/16/2014 03:22 PM Entered By: [REDACTED]

System completed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 11/21/2013 Contact Method: Face To Face
 Contact Time: 09:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/16/2014
 Completed date: 04/17/2014 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/16/2014 03:29 PM Entered By: [REDACTED]

This CPSI, Inv. [REDACTED] ([REDACTED] Police Department), and Inv. [REDACTED] ([REDACTED] Police Department) went to the family home at [REDACTED] Inv. [REDACTED] and Inv. [REDACTED] gather clothing belonging to [REDACTED] and [REDACTED]. They also gather towels

Narrative Type: Addendum 1 Entry Date/Time: 04/21/2014 10:35 AM Entered By: [REDACTED]

and took pictures of how the house was left after the incident. CPSI observed at the home a bottle of pedialyte that was opened. Some was poured in a top and some was in a medicine dropped. CPSI felt that was suspicious and it was collected for evidence. Listed into evidence and collected for DNA testing is (1) black towel (2) blue underwear belonging to [REDACTED] (3) clothing belonging to [REDACTED] (4) sash (5) yellow towel (6) [REDACTED] pull-up. The living room had been changed since CPSI was at the home on Tuesday. The bedroom was sprayed with a substance to make any secretions show up under blacklight. Items will be sent off and results will be sent to Inv. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/21/2013

Contact Method:

Contact Time: 07:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/02/2014

Completed date: 01/02/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/02/2014 12:14 PM Entered By: [REDACTED]

Immediate Protection Agreement 11/21/2013 7:00 PM

Immediate Harm Factor: Fatality of a 2-year-old child

Plan/Services to be implemented to mitigate the immediate harm factor: [REDACTED] will be placed in the home of [REDACTED] and [REDACTED] until a stable permanent placement can be decided. All contact will be supervised between [REDACTED] and [REDACTED]

This CPSI completed internet checks, went to the safety placements home and completed the Expedited Placement Assessment. The IPA & Expedited Placement Assessment are attached to the file.

Narrative Type: Addendum 1 Entry Date/Time: 04/15/2014 10:05 AM Entered By: [REDACTED]

Legal and MSW were consulted regarding IPA and approved IPA.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/21/2013 Contact Method: Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 04 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 11/22/2013
 Completed date: 11/22/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact, Other Child Living in the Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/22/2013 02:48 PM Entered By: [REDACTED]

Officer [REDACTED] with [REDACTED] PD talked to [REDACTED] at the home of the great grandmother, [REDACTED] on this date. [REDACTED] brother passed away due to numerous injuries that is expected to be abuse. We talked with [REDACTED] outside on the porch of the home in private. [REDACTED] was crying very hard and had not yet been told about the death of his brother and did not know what was going on. [REDACTED] advised that he was eight years old and that he lives with his mother and her boyfriend, [REDACTED]. He advised that he likes Mr. [REDACTED] okay and that he was nice to him and his brother. [REDACTED] stated that he has been at school all day and that his great grandmother picked him up today because his brother was sick. He advised that his brother was still asleep when he left for school that morning. [REDACTED] advised that he usually did not get in trouble at home, but when he does that his mother will spank his hand. He stated that Mr. [REDACTED] has never spanked him nor has he ever seen him harm his brother. He advised that his mother never spans his brother. [REDACTED] was crying so hard that I decided it was best to stop the interview at this point and advised CM [REDACTED] that a FI needed to be set up at a later date. [REDACTED] was very well dressed and appeared to be very healthy on this date.

Mrs. [REDACTED] advised that they have been told that her grandson passed away but knows nothing about how this happened. She advised that she cares for [REDACTED] often and has him about every day after school. I advised Ms. [REDACTED] that I was told by my TL [REDACTED] to do a home study and that we were going to allow [REDACTED] to stay there for the night. Mrs. [REDACTED] advised that she will do what every is necessary to keep her grandson. I did complete a home study on the great grandparents and the home was appropriate. I also completed local background checks on the family. The mother and her adult granddaughter have no criminal history. The grandfather had a DUI and possession of marijuana charge in 1999.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/21/2013 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 12/02/2013
 Completed date: 12/10/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Collateral Contact,Medical Exam,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/10/2013 09:23 AM Entered By: [REDACTED]

Documentation of contact:

CPSI [REDACTED] and Inv. [REDACTED] (Police Department) went to [REDACTED] Childrens Hospital in [REDACTED] to interview [REDACTED] (ACV), [REDACTED] (Mother), [REDACTED] (AP/Paramour), and [REDACTED] (Father). CPSI and Inv. [REDACTED] were notified before arriving at the hospital that [REDACTED] had expired. CPSI and Inv. [REDACTED] went into the operating room to observe [REDACTED] body. Inv. [REDACTED] took pictures. Dr. [REDACTED] stated that this injury was acute. She stated that she would be writing a report and will send report to CPSI. She stated that [REDACTED] had expired. There are bruises noted to his forehead, which is erythematous. Multiple bruises on the chest area which are approximately 1 cm in diameter. There is a 2 cm reddish-blue bruise below the left chin. There are areas of bruising to his mid thoracic area, which is approximately 4 to 5 cm with irregular shape, as well as bruising to the right shoulder blade. There are scattered brown bruising on the extensor surfaces of the lower extremities. The patient has swelling to the scrotal area. There is symmetrical ecchymosis surrounding the anus as well as an area of abrasion noted at approximately 12 o'clock. There appears to be hypopigmented linear lesion on the right posterior scrotum which is approximately a cm in diameter. The patient also appears to have some dysmorphic nail beds noted on the left ring finger and on the left big toe. There is a mid-sternal thoracotomy incision which has been sutured. The patient had been taken to surgery emergently and was no CT of the head or abdomen available for review. Operative findings during the exploratory laparotomy included mesenteric injury, liver laceration, small bowel avulsion, retroperitoneal and pelvic hematomas. This is a 2-year-old who has sustained multiple traumatic intra-abdominal injuries, as well as suspected intracranial injury, with multiple areas of bruising, resulting in death.

[REDACTED] stated that she woke up around 6:00 am and then she woke [REDACTED] (OIC) up so he could start getting dressed for school. She stated that [REDACTED] had got up a few minutes after she woke [REDACTED] up and he came into her room drinking his sippy cup. She stated that she left for work and to drop [REDACTED] off at school around 7:00 am. She stated that [REDACTED] was in her room sitting on the bed watching cartoons when she left. She stated that he started to cry when she left. [REDACTED] stated that at 10:02 am [REDACTED] called her and stated that [REDACTED] had vomited and his eyes were rolling back in his head. She stated that she instructed [REDACTED] to call 911 and that she was leaving work. She stated that she was working in [REDACTED] in the office when [REDACTED] called her. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

stated that she has never suspected that [REDACTED] was doing anything bad to [REDACTED] but something has happened to her baby and she wants to know what happened. She stated that [REDACTED] was left in [REDACTED] care. She stated that yesterday [REDACTED] had been complaining about his stomach hurting and had vomited a couple of times. She stated that he had eaten a raw hotdog and she thought it made him sick. She stated that he stayed with [REDACTED] until 1:30 Pm and then he took [REDACTED] to her grandmothers house. She stated that she got to her grandmothers house around 5:30 pm and [REDACTED] still wasn't feeling well. She stated that her grandmother and cousin had been calling her saying [REDACTED] was still vomiting. She stated that she took him home and later he told her that his stomach was feeling better. She stated that he went to bed around 10:30pm and he was watching television with his brother until he fell asleep. She stated that about a week ago [REDACTED] and [REDACTED] went to the north park in [REDACTED] [REDACTED] was sliding down the slid and when he stood up he didn't move and another child came down the slid and kicked him in the stomach. She stated that he didn't complain about his stomach and she didn't take him to the doctor. She told Inv. [REDACTED] that he would be willing to submit to a polygraph.

[REDACTED] stated that he doesn't know what happened. He stated that he hasn't had [REDACTED] in a couple of weeks but planned on getting him the weekend. He stated that he wants to know what happened. He stated that he didn't think [REDACTED] had done anything because she is a good mother. He stated that he felt [REDACTED] had done something bad to his child and he wants to know.

[REDACTED] stated that he had gotten up that morning to watch [REDACTED] while [REDACTED] went to work. He stated that [REDACTED] was sitting at the bottom of the bed with his sippy cup watching television. He stated that [REDACTED] started crying when his mother left the house like he always does. He stated that they continued to watch television. He stated that [REDACTED] cheeks had swollen up like he was about to vomit. He stated that his eyes started rolling in the back of his head but he stated that [REDACTED] was trying to talk to him. He stated that he was holding [REDACTED] in his arms and he kept calling [REDACTED] name. He stated that he called the mother and she told him to call 911 and he did. He stated the police and ambulance came out and took [REDACTED] to the hospital. [REDACTED] denies hitting [REDACTED] or causing any harm to [REDACTED]. [REDACTED] collected [REDACTED] underwear and he was allowed to leave with his parents. He told Inv. [REDACTED] that he would be willing to submit to a polygraph.

Worker observations:

[REDACTED] was deceased. He has bruising on his body. [REDACTED] was very upset during the interview. She cried and stated that she wanted to know what happened.

Planning for next contact:

CPSI will continue to monitor the family. [REDACTED] body will be taken to the medical examiners office.

Signature and Credentials: [REDACTED] BSSW, CPSI 3

Narrative Type: Addendum 1 Entry Date/Time: 12/10/2013 09:26 AM Entered By: [REDACTED]

CPSI [REDACTED] completed an Immediate Protective Agreement with [REDACTED] regarding [REDACTED]. [REDACTED] agreed to allow [REDACTED] to stay with her great grandparents [REDACTED] and [REDACTED] until a stable permanent placement can be decided. She agreed to have only supervised contact with [REDACTED] with her great grandparents being present. She agreed not to stay at the great grandparent's home with [REDACTED]. IPA will be re-evaluated tomorrow.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	11/21/2013	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	██████████ ██████████	Recorded For:	
Location:	Hospital	Created Date:	04/21/2014
Completed date:	04/21/2014	Completed By:	██████████ ██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

██████████ ██████████ ██████████

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 04/21/2014 08:27 AM Entered By: ██████████ ██████████

CPSI ██████████ and Inv. ██████████ (██████████ Police Department) went to ██████████ Childrens Hospital in ██████████ to interview ██████████ (ACV), ██████████ (Mother), ██████████ (AP/Paramour), and ██████████ (Father). CPSI and Inv. ██████████ were notified before arriving at the hospital that ██████████ had expired. CPSI and Inv. ██████████ went into the operating room to observe ██████████ body. Inv. ██████████ took pictures. Dr. ██████████ stated that this injury was acute. She stated that she would be writing a report and will send report to CPSI. She stated that ██████████ had expired. There are bruises noted to his forehead, which is erythematous. Multiple bruises on the chest area which are approximately 1 cm in diameter. There is a 2 cm reddish-blue bruise below the left chin. There are areas of bruising to his mid thoracic area, which is approximately 4 to 5 cm with irregular shape, as well as bruising to the right shoulder blade. There are scattered brown bruising on the extensor surfaces of the lower extremities. The patient has swelling to the scrotal area. There is summertical ecchymosis surrounding the anus as well as an area of abrasion noted at approximately 12 o'clock. There appears to be hypopigmented linear lesion on the right posterior scrotum which is approximately a cm in diameter. The patient also appears to have some dysmorphic nail beds noted on the left ring finger and on the left big toe. There is a mid-sternal thoracotomy incision which has been sutured. The patient had been taken to surgery emergently and was no CT of the head or abdomen available for review. Operative findings during the exploratory laparotomy included mesenteric injury, liver laceration, small bowel avulsion, retroperitoneal and pelvic hematomas. This is a 2-year-old who has sustained multiple traumatic intra-abdominal injuries, as well as suspected introcranial injury, with multiple areas of bruising, resulting in death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/21/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/25/2013
Completed date:	11/25/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2013 12:19 PM Entered By: [REDACTED]

Case staffed on this date with IC [REDACTED] and [REDACTED] Directions on next steps were reviewed and agreed on.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/21/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/25/2013
Completed date:	11/25/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2013 12:27 PM Entered By: [REDACTED]

Notification of Report was made to District Attorney and Juvenile Judge.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/21/2013

Contact Method: Phone Call

Contact Time: 02:06 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/08/2014

Completed date: 01/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2014 01:55 PM Entered By: [REDACTED]

Collateral Interview

This CPSI received a phone call from [REDACTED] (Social Worker) regarding [REDACTED] (ACV). [REDACTED] stated that [REDACTED] was in critical condition and wanted to know if CPSI was coming to the hospital. CPSI stated that they were scheduled to come in the morning and she stated that she didn't think he would make it until the morning. CPSI stated that she would be leaving the office and heading to the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/21/2013	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/25/2013
Completed date:	11/25/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2013 10:57 AM Entered By: [REDACTED]

Investigator [REDACTED] contacted Inv. [REDACTED] ([REDACTED] Police Department) regarding the case. Inv. [REDACTED] and Inv. [REDACTED] will be going to [REDACTED] to investigate 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: 11/21/2013

Contact Method:

Contact Time: 01:01 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/25/2013

Completed date: 11/25/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/25/2013 10:40 AM Entered By: [REDACTED]

INITIAL CASE SUMMARY

Investigator [REDACTED] is assigned the following P1 referral by LI [REDACTED]

Alleged victim: [REDACTED] DOB: [REDACTED]

Alleged Perpetrator: Unknown other non-relative

Open CPS # [REDACTED] / 10-3-13 / SEE/PHA /CM: [REDACTED] Supervisor: [REDACTED]

TFACTS: Yes

Family Case ID: # [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Indicated No

Fatality No

Screened out 0

History (not listed above): None

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: No

Directions: None given

Reporter states:

An unknown child (name/age unknown) and [REDACTED] (2 yrs) reside with their mother, [REDACTED] and [REDACTED] paramour, [REDACTED] is [REDACTED] father, and his last known address was provided.

At 10:10am, LE was called to the home in reference to a "3 year old child" not breathing. When LE arrived at the home, [REDACTED] was at the door, holding [REDACTED] [REDACTED] was asked if [REDACTED] was breathing, and he stated that he was wasnt sure if [REDACTED] was breathing. [REDACTED] was observed gasping for air once in a while, but [REDACTED] was unresponsive.

There was bruising and marks to [REDACTED] abdominal area. [REDACTED] was asked if [REDACTED] had an medication



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

issues at this time, and [REDACTED] stated that [REDACTED] was diagnosed with hand, mouth and foot. [REDACTED] was asked about the bruises and marks on [REDACTED] abdomen. [REDACTED] stated that a week ago (11-13-13), [REDACTED] was kicked in the stomach, by a child sliding down the slide. [REDACTED] was asked if [REDACTED] had any medical treatment, and [REDACTED] stated that [REDACTED] did not receive medication treatment.

[REDACTED] was at work today and the older unknown child was at school.

EMS arrived, and [REDACTED] was transported to [REDACTED] Hospital, and his pulse was lost at least one time. [REDACTED] regained pulse, and he was airlifted to [REDACTED]

The reporter has no information on what causes this incident.

DCS had an open case on this family.

The referent was unable to provide any additional information on the condition of the home, if there were any other concerns with the family or if the marks and bruises on the child's abdomen were related to today's incident.

Investigative Track - P1 - Child Near Death

[REDACTED] TC, on 11/21/13 @ 2:01pm

Notified Child Death/Child Near Death Notification Group via Email:

[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: Created In Error

Contact Date: 10/21/2013

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/25/2013

Completed date: 11/25/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/25/2013 10:46 AM Entered By: [REDACTED]

Investigator [REDACTED] contacted Inv. [REDACTED] ([REDACTED] Police Department) regarding the case. Inv. [REDACTED] and Inv. [REDACTED] will be going to [REDACTED] to investigate the case.

Narrative Type: Created In Error Entry Date/Time: 11/25/2013 10:47 AM Entered By: [REDACTED]

Wrong date



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 10/2/13 4:22 PM

Date of Assessment: 10/2/13 12:00 AM

Assessment Type: [X] Initial [] Closing [] Other

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____