

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

Intake ID: [REDACTED]

Intake Taken By: [REDACTED]

Intake Date/Time: 06/25/2022 07:05 PM [REDACTED]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [REDACTED]

Date Screened: 06/25/2022

Investigation

Investigation ID: [REDACTED]

First County/Region [REDACTED]

Date/Time Assigned : 06/27/2022 12:00 AM

First Team Leader Assigned: [REDACTED] [REDACTED]

Date/Time 06/27/2022 12:00 AM

First Case Manager [REDACTED] [REDACTED]

Date/Time 06/27/2022 12:00 AM

Investigation

Investigation ID: [REDACTED]

First County/Region [REDACTED] Child Abuse Hotline

Date/Time Assigned : 06/27/2022 12:00 AM

First Team Leader Assigned: [REDACTED] [REDACTED]

Date/Time 06/27/2022 12:00 AM

First Case Manager [REDACTED] [REDACTED]

Date/Time 06/27/2022 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED] [REDACTED]	2 Yrs	Physical Abuse	Yes	Unknown Participant 13376107115, Unknown	

Preliminary Near Death: [REDACTED] [REDACTED]

Referent(s)

Referent Name: [REDACTED] [REDACTED]

Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: NON-CUSTODIAL CHILD PRELIMINARY NEAR DEATH

Family Case IDs: None

Associated Case IDs: None



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

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP None
Closed Court Custody None

Pending: [REDACTED] / PHA / 06-25-2022

Open CPS: None
Substantiated: None
Death: None
Screen Outs: None

History (not listed above): None

County of Jurisdiction: [REDACTED]
School/ Daycare: None
Active Military: No

Reporter's Name/Relationship: [REDACTED]
[REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (1 month old) resides with his parents [REDACTED] (20) and [REDACTED] (20) in [REDACTED] County. There are no other children in the home.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Hospital staff are requesting immediate assistance from DCS.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.

[REDACTED] was transferred to [REDACTED] from [REDACTED] Hospital. He was transferred to receive non-accidental trauma assessments as there are concerns for head trauma. The patient was left home with dad while mother left the home. The mother left this morning at around 10 and came back around 2. [REDACTED] was acting different. [REDACTED] is unresponsive and there is clear swelling in his brain. There is also bruising all over his body and the parents cannot explain where the bruising would be from. [REDACTED] was transported to [REDACTED] by ambulance. The prognosis is not good and they already have him in Pediatric Intensive Care. One of the nurses said that he was "almost decapitated" and "His head is barely hanging on". They are not expecting him to make it. They are calling it head trauma and the prognosis is poor. This is likely a nonrecoverable injury for [REDACTED]. Law enforcement has not been notified by [REDACTED]. That is one of the reasons that DCS is requested. They do not want either parent to take off. The parents are acting appropriately. They appear sad and concerned. There is a lot of injuries that they can not explain. There are no other children in the home. The father did not give any explanation of what happened. The attending doctor at this time is Dr. [REDACTED] in the PICU. There have been several doctors who have examined him. He has not been responsive at all since he has been at [REDACTED].

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?

No. Not at this time. If there is any kind of concern, the [REDACTED] PD will be ready to assist.

-Anything additional to add to this initial report for the responding worker to know prior to response?

No

CM Notation: None

Screeners Notation: Duplicate INV [REDACTED] (screen out) contains additional information regarding this incident.

Emailed/Paged CPSI On Call: [REDACTED] 06-25-2022 19:37:36 06-25-2022 19:38:22



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

Received

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

Region RA [REDACTED]

Per SDM: This intake was reviewed by CAH Director [REDACTED] and approved to be screened in and sent to the county to be investigated./ INV P1 / [REDACTED] TL 06-25-2022@8:35pm.



**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: White

Age: 2 Yrs

Address: [REDACTED], Tennessee [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Case #2022.072

**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:** [REDACTED] **Age:** 22 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Case #2022.072

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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 22 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Case #2022.072

**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: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2023-12-12 10:40:00.0

Contact Method:

Contact Time: 10:40 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 12/12/2023

Completed date: 12/12/2023

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: 12/12/2023 10:45 AM Entered By: [REDACTED] [REDACTED]

This case was reviewed by Executive Director [REDACTED] and approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2023-11-22 11:09:00.0

Contact Method:

Contact Time: 11:09 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/22/2023

Completed date: 12/12/2023

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: 11/22/2023 11:11 AM Entered By: [REDACTED] [REDACTED]

TL [REDACTED] requested LE interview, but this was unable to be released due to the pending criminal investigation with the AP. The case has been sent for approval for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 2023-07-11 14:38:00.0

Contact Method:

Contact Time: 02:38 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/11/2023

Completed date: 07/11/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2023 02:59 PM Entered By: [REDACTED] [REDACTED]

CM contact referent to address additional concerns referent wasn't on working at the time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2023-07-10 13:17:00.0

Contact Method:

Contact Time: 01:17 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2023

Completed date: 07/10/2023

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2023 01:18 PM Entered By: [REDACTED] [REDACTED]

TL and CM completed a case conference today. This referral was received due to an allegation of physical abuse. CM [REDACTED] will need to complete a checklist. This referral will be presented for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 2023-06-26 00:00:00.0

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/10/2023

Completed date: 07/11/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/11/2023 02:57 PM Entered By: [REDACTED] [REDACTED]

CM spoke with the doctor caring for [REDACTED] [REDACTED] the medical provider reported the family was asking about shaking baby syndrome.



Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-05-09 08:30:00.0	Contact Method:
Contact Time: 08:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 05/26/2023
Completed date: 05/26/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/26/2023 08:50 PM Entered By: [REDACTED] [REDACTED]

On June 25, 2022, the Department of Children's Services (DCS) received a referral for an allegation of Physical abuse severe regarding Alleged Child Victim (ACV) [REDACTED] (1 month). The Alleged Perpetrator (AP) was unknown at the time of the referral but was later identified as birth father, [REDACTED]. This investigation was assigned to Child Protective Services Case Manager (CPS-CM) [REDACTED] by Team Coordinator (TC) [REDACTED]. This case was worked in conjunction with [REDACTED] Police Department (PD) Officer, [REDACTED]. [REDACTED] (1 month), ACV lives with, [REDACTED] AP/Birth Father and [REDACTED] Birth Mother.

Today, June 25, 2022, [REDACTED] was brought to the emergency room unresponsive with bruises on his chest, arms, legs, two black eyes, and the top of his head was swollen. [REDACTED] had about ten to twelve bruises on his body, but it is unknown how big they are. The top of [REDACTED] head was puffy around the soft spot. The doctors think there is a possible brain bleed in that area. [REDACTED] was taken to [REDACTED] after he was examined at [REDACTED] Hospital, and they thought to be a shaken baby incident.

According to [REDACTED] they had went to a pride festival and they left [REDACTED] with someone (name unknown) and when they came home [REDACTED] was unresponsive and had bruises all over him. The father reported that [REDACTED] fell off the couch. It is unknown what happened to [REDACTED]. When hospital staff informed them that they would need to speak with the hospital social worker they left. [REDACTED] was transported to [REDACTED] hospital. It is unknown how long [REDACTED] will be hospitalized, and if [REDACTED] and the father will have access to [REDACTED] while he is in the hospital.

[REDACTED] was transferred to [REDACTED] from [REDACTED] Hospital. He was transferred to receive non-accidental trauma assessments as there are concerns for head trauma. The patient was left home with dad while mother left the home. The mother left this morning at around 10 and came back around 2. [REDACTED] was acting different. [REDACTED] is unresponsive and there is clear swelling in his brain. There is also bruising all over his body and the parents cannot explain where the bruising would be from. [REDACTED] was transported to [REDACTED] by ambulance. The prognosis is not good and they already have him in Pediatric Intensive Care. One of the nurses



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

said that he was almost decapitated and His head is barely hanging on. They are not expecting him to make it. They are calling it head trauma and the prognosis is poor. This is likely a nonrecoverable injury for [REDACTED]. Law enforcement has not been notified by [REDACTED]. That is one of the reasons that DCS is requested. They do not want either parent to take off. The parents are acting appropriately. They appear sad and concerned. There is a lot of injuries that they cannot explain. There are no other children in the home. The father did not give any explanation of what happened.

Ms. [REDACTED] stated [REDACTED] primary care physician is at [REDACTED] Pediatrics. Ms. [REDACTED] stated [REDACTED] is insured through TNCARE. Ms. [REDACTED] denied [REDACTED] having any known disabilities. Ms. [REDACTED] stated [REDACTED] was taking an unknown medication for thrush. Ms. [REDACTED] reported [REDACTED] vitamin D drops in his first bottle of the day. Ms. [REDACTED] stated she suffers from anxiety and depression. Ms. [REDACTED] stated she was diagnosed in 8th grade. Ms. [REDACTED] denied having a history of mental illness, chronic illness, substance abuse, and domestic violence. Ms. [REDACTED] mentioned her father, stepmother, and best friend as family support. Ms. [REDACTED] reported she was a stay-at-home mom. Ms. [REDACTED] stated her father Mr. [REDACTED] has only babysat [REDACTED] once when she and Mr. [REDACTED] went to the store. Ms. [REDACTED] described Mr. [REDACTED] as an excellent father. Ms. [REDACTED] reported [REDACTED] has never hit his head. Ms. [REDACTED] stated she got up at 7 am fed [REDACTED] a bottle and burped him, changed his clothes, and went back to sleep. Ms. [REDACTED] stated she, [REDACTED] and Mr. [REDACTED] woke up at 9. Ms. [REDACTED] stated she left the home at 10 am and [REDACTED] was sitting in his bouncer. Ms. [REDACTED] reported she went to the Pride Parade. Ms. [REDACTED] stated Mr. [REDACTED] contacted her around her 11:30. Ms. [REDACTED] stated her friend Ms. [REDACTED] is a nurse, Mr. [REDACTED] was calling to see if [REDACTED] was okay. Ms. [REDACTED] stated she returned home around 2 pm. Ms. [REDACTED] stated [REDACTED] was in a deep deep sleep. Ms. [REDACTED] stated [REDACTED] has been fighting his sleep. Ms. [REDACTED] stated she assumed [REDACTED] body got tired. Ms. [REDACTED] stated Mr. [REDACTED] (maternal grandfather) and [REDACTED] (best friend) was trying to wake [REDACTED] up for 20 minutes. Ms. [REDACTED] stated [REDACTED] originally came to the hospital with her, but she got picked up because they were transferred from [REDACTED] to [REDACTED]. Ms. [REDACTED] stated she changed [REDACTED] clothes before they arrived at the hospital. Ms. [REDACTED] stated she changed [REDACTED] clothes because he had milk on them.

Ms. [REDACTED] stated she and Mr. [REDACTED] take turns with feeding [REDACTED]. Ms. [REDACTED] stated Mr. [REDACTED] is only left alone with baby while she showers. Ms. [REDACTED] stated Mr. [REDACTED] doesn't work. Ms. [REDACTED] stated she and Mr. [REDACTED] have been together since August of 2021. Ms. [REDACTED] starts crying when her baby cries because she does not really know what is wrong. Ms. [REDACTED] stated she will lay the baby on her bed or in his bassinet and pace back and forth.

Ms. [REDACTED] stated Mr. [REDACTED] told her he was leaning forward to lay baby on the couch and [REDACTED] fell. Mr. [REDACTED] freaked out and picked [REDACTED] up. Ms. [REDACTED] stated she has never seen Mr. [REDACTED] upset. Ms. [REDACTED] stated Mr. [REDACTED] called her and was concerned with [REDACTED] breathing. Ms. [REDACTED] stated Mr. [REDACTED] sent her a video on snapchat of [REDACTED]. Ms. [REDACTED] reported she no longer had the video. Ms. [REDACTED] never had concerns with Mr. [REDACTED] watching [REDACTED]. Ms. [REDACTED] stated the doctor told her that [REDACTED] could pass away.

Mr. [REDACTED] stated he, [REDACTED] and Ms. [REDACTED] woke up around 7 am. Mr. [REDACTED] stated he fed [REDACTED] and Ms. [REDACTED] burped and changed [REDACTED]. Mr. [REDACTED] stated he and Ms. [REDACTED] and [REDACTED] laid back down until 8:30 or 9 o'clock. Mr. [REDACTED] stated Ms. [REDACTED] left the home at 10 am. Mr. [REDACTED] reported [REDACTED] was in his bouncer seat. Ms. [REDACTED] stated Mr. [REDACTED] told her he fed [REDACTED] 2 oz at 11:10am. Mr. [REDACTED] reported at 11:25 am he was rocking [REDACTED] on the couch. Mr. [REDACTED] stated [REDACTED] threw up. Mr. [REDACTED] stated he fed [REDACTED] again. Mr. [REDACTED] stated [REDACTED] fell on the couch. Mr. [REDACTED] implied that [REDACTED] didn't fall far from the couch. Mr. [REDACTED] reported at 11:36 am he contacted Ms. [REDACTED] because he was concerned with [REDACTED] breathing. Mr. [REDACTED] reported that he called [REDACTED] phone (Ms. [REDACTED] friend) and she said it was normal for [REDACTED] to breathe the way he was. Mr. [REDACTED] stated he sent Ms. [REDACTED] a video on Snapchat to see if [REDACTED] was normal. During the interview Mr. [REDACTED] was crying saying, I blame myself I knew something was wrong. Mr. [REDACTED] stated he knew something was wrong when he was taking [REDACTED] to bed. Mr. [REDACTED] stated [REDACTED] is normally calm but cries when he is being changed. Mr. [REDACTED] stated the doctor told him [REDACTED] had an infection or shaking baby. Mr. [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] stated [REDACTED] is everything to him. Mr. [REDACTED] stated he punishes himself by punching himself in the chest or head. Mr. [REDACTED] stated [REDACTED] and Ms. [REDACTED] are in different rooms when he is punching himself. Mr. [REDACTED] stated he has had suicidal ideation in the past. Mr. [REDACTED] stated he has self-hate towards himself. Mr. [REDACTED] stated he suffers from depression. Mr. [REDACTED] stated he used to take illegal substance such as molly, Xanax, Oxycodone four years ago. Mr. [REDACTED] stated he blames [REDACTED] baby formula for putting him in a deep sleep. Mr. [REDACTED] mentioned he blacked out in the past. Mr. [REDACTED] stated he was in a fight with some who wanted to harm his birth father (last name unknown). Mr. [REDACTED] stated he used to box to help with his mental illness. Mr. [REDACTED] is stated he must have blacked out when he was rocking [REDACTED] Mr. [REDACTED] stated he must have rocked [REDACTED] to hard. Mr. [REDACTED] stated he has never blacked out with [REDACTED] due him having control of his blackouts.

On September 27, 2022, CPS CM presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT). Those in attendance were Law Enforcement, Assistant District Attorney, Child Advocacy Center Director, the team agreed that there is a preponderance of evidence that supports the substantiation of the Severe Physical Abuse and Abuse Death. The Department of Children Services defines Physical Abuse as any non-accidental physical injury or trauma that could cause injury inflicted by a parent, caretaker, relative or any other person who is responsible for the care, supervision, or treatment of the 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) Injuries, marks and/or bruising that goes beyond temporary redness or is in excess of age-appropriate corporal punishment, e.g., a bruise, broken bone, cut, burn.
- c) Violent behavior by the parent or caretaker that demonstrates a disregard for the presence of a child and could reasonably result in serious injury (e.g., domestic violence). Striking (hitting, kicking, punching, slapping, etc.) a child in such a way that would result in internal injury. Munchausen by Proxy Syndrome could be considered physical abuse or psychological abuse. NOTE: Physical abuse should not be confused with developmentally appropriate, discipline-related marks and bruises on the buttocks or legs of children six (6) years of age and older when there are no developmental or physical delays, past history of abuse or recent (within the past year) screened-out reports.

NOTE: In its most severe form, physical abuse is likely to cause serious bodily injury or death.

Per DCS Policy Work Aid 1 Section E:

The Department of Children Services defines Child death as:

- Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.
- Any child death caused by abuse or neglect resulting from the parent or caretakers to stop another persons direct action that resulted in the death of the child.

There is a preponderance of evidence that supports the substantiation for all allegations against [REDACTED] [REDACTED]. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Severe Physical Abuse and Abuse Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2023-02-27 21:11:00.0

Contact Method:

Contact Time: 09:11 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/27/2023

Completed date: 02/27/2023

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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original

Entry Date/Time: 02/27/2023 09:13 PM

Entered By: [REDACTED] [REDACTED]

Administrative Review:

TC [REDACTED] reviewed this case. CM [REDACTED] to update case recordings and review/upload autopsy once received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	2022-10-11 13:43:00.0	Contact Method:	Phone Call
Contact Time:	01:43 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	04/06/2023
Completed date:	04/07/2023	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

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

Narrative Details

Narrative Type: Original Entry Date/Time: 04/06/2023 05:50 PM Entered By: [REDACTED] [REDACTED]

On 10/11/2022 Ms. [REDACTED] stated she is hanging in there, taking it one day at a time. Ms. [REDACTED] stated she has not started grief counseling, because she is trying to get school figured out. Ms. [REDACTED] stated she started school on 10/5 and now she will start looking for grief services. Ms. [REDACTED] stated she is enrolled in [REDACTED] College and majoring in Nursing.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-09-27 09:00:00.0

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For: [REDACTED] [REDACTED]

Location: Other Community Site

Created Date: 09/27/2022

Completed date: 09/27/2022

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/27/2022 07:12 PM Entered By: [REDACTED] [REDACTED]

The case was presented to the CPIT team on this date. The team agreed to classify the abuse death allegation as allegation substantiated, perpetrator substantiated against the AP [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	2022-08-31 14:46:00.0	Contact Method:	Phone Call
Contact Time:	02:46 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	04/06/2023
Completed date:	04/07/2023	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

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

Narrative Details

Narrative Type: Original Entry Date/Time: 04/06/2023 05:49 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] contacted Ms. [REDACTED] on 08/31 via phone. Ms. [REDACTED] stated she is having a rough time and wants to check herself in into a psych hospital. Ms. [REDACTED] stated she wanted to start some grief counseling. Ms. [REDACTED] stated she moved home with her father and stepfather. CM sent Ms. [REDACTED] some grief counseling.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-06-29 15:45:00.0	Contact Method:
Contact Time: 03:45 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/08/2022
Completed date: 08/08/2022	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: 08/08/2022 02:26 PM [REDACTED] [REDACTED]

[REDACTED]
[REDACTED]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] was debriefed with Case Manager (CM) [REDACTED] [REDACTED] and Team Leader (TL) [REDACTED] [REDACTED]. Also present was Team Coordinator (TC) [REDACTED], CPS Deputy Director (CPSDD) [REDACTED], CPS Director (CPSD) [REDACTED], and Director of Critical Incident Support (DCIS) [REDACTED].

The CPS investigation was assigned on 6/27/22 initially as a Preliminary Near Death (PND) concerning allegations of PHA for ACV [REDACTED] [REDACTED] (1mo). [REDACTED] died as a result of the PND incident on 6/28/22 at which time a notification was made to Child Abuse Hotline and the allegation of Abuse Death was added to the open PND investigation. It was reported [REDACTED] resided with his birth mother [REDACTED] [REDACTED] and birth father [REDACTED] [REDACTED] in [REDACTED] County. No other children/minors resided in the home or are in the care of the parents.

On 6/25/22 at approximately 4:16pm the parents drove [REDACTED] to [REDACTED] Hospital for emergency care upon the child becoming unresponsive at home. [REDACTED] was transported to [REDACTED] Childrens Hospital where assessed and treated for head trauma and what presented as non-accidental injuries. [REDACTED] had brain swelling and bruising on the body, with medical personnel stating the parents were unable to explain how the injuries might have occurred. [REDACTED] was dependent on life support until the decision was made to withdraw support by the parents on 6/28/22.

The mother reported on 6/25/22 she was out of the home between 10am-2pm, and when she left [REDACTED] was acting normally. [REDACTED] was left in the care of the father during this time. It was reported the father send video to the mother during this time regarding [REDACTED] breathing and questioning if it was ok. When the mother returned home, she was unable to wake the baby, so they took him directly to the hospital. The father stated he has blackouts that usually last 5-10 minutes and he reported blacking out during this time period, when the mother was away from the home, and believing he might have swung [REDACTED]. The father reported having his



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

appendix removed on 6/16/22 and that his incision was hurting on his stomach from the surgery, alluding the pain triggered the blackout and he rocked and squeezed the baby too hard resulting in him researching shaken baby on the internet. The father reported [REDACTED] may have also fallen 2-3 feet from holding him to the couch. The father stated he knew something was wrong with [REDACTED] but chose to wait for the mother to arrive home before seeking outside help for the baby.

There are no on other children in the home. [REDACTED] was born full term with no concerns. At 24 days old the mother stated care for [REDACTED] was sought over concern he may have contracted genital herpes, stating she was born with it. The father reported he has severe mental health issues triggered by stress during which he harms and punches himself in the head. The father reported during his blackout spells he is able to recall what happened. It is unknown how aware the mother was of the fathers mental health, as she reported no concerns and felt he was an excellent father; however, this was the first time he had watched the baby by himself, and she was not home. The father reported being custody from age 14 to 18. The father reported he does not want to take MH medication, but knows he is need of a MH assessment. The father has been charged with 1st degree felony murder and is incarcerated at this time. [REDACTED] had not been to the PCP since birth but the mother had talked to the PCP over the phone. The mother has checked herself into inpatient psych at [REDACTED] A NCPP had been completed with the mother prior to this before [REDACTED] had passed away.

Next Steps:

- CM will request birth and medical treatment records for the ACV. Records will be reviewed and uploaded to TFACTS.
- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
- CM will follow-up with the mother regarding grief counseling.
- CM will attempt to interview maternal grandfather and mothers friend who is a nurse regarding any previous concerns with the parents and care and safety of the ACV.
- CM will document and upload autopsy into TFACTS once received.
- CM will complete Closing FAST prior to case closure.
- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-06-28 12:00:00.0

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/29/2022

Completed date: 06/29/2022

Completed By: [REDACTED] [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] [REDACTED]

Narrative Details

Narrative Type: Original

Entry Date/Time: 06/29/2022 10:03 AM

Entered By: [REDACTED] [REDACTED]

CPIT convened:

Detective [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 2022-06-26 00:16:00.0	Contact Method: Face To Face
Contact Time: 12:16 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Hospital	Created Date: 04/06/2023
Completed date: 04/07/2023	Completed By: System Completed
Purpose(s): Safety - Child/Community	
Contact Type(s): Alleged Perpetrator Interview, Initial ACV Face To Face, Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 04/06/2023 05:47 PM Entered By: [REDACTED] [REDACTED]

CM completed on 06/26. CM [REDACTED] traveled to [REDACTED] Childrens Hospital. CM met with [REDACTED] [REDACTED] Mother, in the family room. CM introduced herself as an investigator from the Department of Childrens Services. CM asked open ended questions to complete a global assessment. Ms. [REDACTED] stated [REDACTED] birthday is May 20, 2022. Ms. [REDACTED] stated [REDACTED] primary care physician is at [REDACTED] Pediatrics. Ms. [REDACTED] stated [REDACTED] is insured through TNCARE. Ms. [REDACTED] denied [REDACTED] having any known disabilities. Ms. [REDACTED] stated [REDACTED] was taking an unknown medication for thrush. Ms. [REDACTED] reported [REDACTED] vitamin D drops in his first bottle of the day. Ms. [REDACTED] stated she suffers from anxiety and depression. Ms. [REDACTED] stated she was diagnosed in 8th grade. Ms. [REDACTED] denied having a history of mental illness, chronic illness, substance abuse, and domestic violence. Ms. [REDACTED] mentioned her father, stepmother, and best friend as family support. Ms. [REDACTED] reported she was a stay-at-home mom. Ms. [REDACTED] stated her father Mr. [REDACTED] has only babysat [REDACTED] once when she and Mr. [REDACTED] went to the store. Ms. [REDACTED] described Mr. [REDACTED] as an excellent father. Ms. [REDACTED] reported [REDACTED] has never hit his head. Ms. [REDACTED] stated she got up at 7 am fed [REDACTED] a bottle and burped him, changed his clothes, and went back to sleep. Ms. [REDACTED] stated she, [REDACTED] and Mr. [REDACTED] woke up at 9. Ms. [REDACTED] stated she left the home at 10 am and [REDACTED] was sitting in his bouncer. Ms. [REDACTED] reported she went to the Pride Parade. Ms. [REDACTED] stated Mr. [REDACTED] contacted her around her 11:30. Ms. [REDACTED] stated her friend Ms. [REDACTED] is a nurse, Mr. [REDACTED] was calling to see if [REDACTED] was okay. Ms. [REDACTED] stated she returned home around 2 pm. Ms. [REDACTED] stated [REDACTED] was in a deep deep sleep. Ms. [REDACTED] stated [REDACTED] has been fighting his sleep. Ms. [REDACTED] stated she assumed [REDACTED] body got tired. Ms. [REDACTED] stated Mr. [REDACTED] (maternal grandfather) and [REDACTED] (best friend) was trying to wake [REDACTED] up for 20 minutes. Ms. [REDACTED] stated [REDACTED] originally came to the hospital with her, but she got picked up because they were transferred from [REDACTED] to [REDACTED]

Ms. [REDACTED] stated she changed [REDACTED] clothes before they arrived at the hospital. Ms. [REDACTED] stated she changed [REDACTED] clothes because he had milk on them. Ms. [REDACTED] doesnt know what time it was when she



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

went to the hospital.

Ms. [REDACTED] stated the only time her baby mouth was bleeding was when he had a lesion in his mouth when he has thrash

Ms. [REDACTED] stated she and Mr. [REDACTED] take turns with feeding [REDACTED]
 Ms. [REDACTED] stated Mr. [REDACTED] is only left alone with baby while she showers. Ms. [REDACTED] stated Mr. [REDACTED] doesn't work. Ms. [REDACTED] stated she and Mr. [REDACTED] have been together since August of 2021.

Ms. [REDACTED] starts crying when her baby cries because she does not really know what is wrong. Ms. [REDACTED] stated she will lay the baby on her bed or in his bassinet and pace back and forth.

Ms. [REDACTED] stated Mr. [REDACTED] told her he was leaning forward to lay baby on the couch and [REDACTED] fell. Mr. [REDACTED] freaked out and picked [REDACTED] up. Ms. [REDACTED] stated she has never seen Mr. [REDACTED] upset. Ms. [REDACTED] stated Mr. [REDACTED] called her and was concerned with [REDACTED] breathing. Ms. [REDACTED] stated Mr. [REDACTED] sent her a video on snapchat of [REDACTED] Ms. [REDACTED] reported she no longer had the video. Ms. [REDACTED] never had concerns with Mr. [REDACTED] watching [REDACTED]
 Ms. [REDACTED] stated the doctor told her that [REDACTED] could pass away. Ms. [REDACTED] stated she searched shaking baby due to the doctor telling her it could possibly be Shaken Baby.

[REDACTED]
 Mr. [REDACTED] Grandfather [REDACTED]

CPS CM interviewed Mr. [REDACTED] on 6/26 and he reported the following:
 CM [REDACTED] traveled to [REDACTED] Children's Hospital. CM met with Mr. [REDACTED] in the family room. CM introduced herself as an investigator from the Department of Children's Services. CM asked open ended questions to complete a global assessment. Mr. [REDACTED] stated he, [REDACTED] and Ms. [REDACTED] woke up around 7 am. Mr. [REDACTED] stated he fed [REDACTED] and Ms. [REDACTED] burped and changed [REDACTED] Mr. [REDACTED] stated he and Ms. [REDACTED] and [REDACTED] laid back down until 8:30 or 9 o'clock. Mr. [REDACTED] stated Ms. [REDACTED] left the home at 10 am. Mr. [REDACTED] reported [REDACTED] was in his bouncer seat. Ms. [REDACTED] stated Mr. [REDACTED] told her he fed [REDACTED] 2 oz at 11:10am. Mr. [REDACTED] reported at 11:25 am he was rocking [REDACTED] on the couch. Mr. [REDACTED] stated [REDACTED] threw up. Mr. [REDACTED] stated he fed [REDACTED] again. Mr. [REDACTED] stated [REDACTED] fell on the couch. Mr. [REDACTED] implied that [REDACTED] didn't fall far from the couch. Mr. [REDACTED] reported at 11:36 am he contacted Ms. [REDACTED] because he was concerned with [REDACTED] breathing. Mr. [REDACTED] reported that he called [REDACTED] phone (Ms. [REDACTED] friend) and she said it was normal for [REDACTED] to breathe the way he was. Mr. [REDACTED] stated he sent Ms. [REDACTED] a video on Snapchat to see if [REDACTED] was normal. During the interview Mr. [REDACTED] was crying saying, I blame myself I knew something was wrong. Mr. [REDACTED] stated he knew something was wrong when he was taking [REDACTED] to bed. Mr. [REDACTED] stated [REDACTED] is normally calm but cries when he is being changed. Mr. [REDACTED] stated the doctor told him [REDACTED] had an infection or shaking baby. Mr. [REDACTED] stated [REDACTED] is everything to him. Mr. [REDACTED] stated he punishes himself by punching himself in the chest or head. Mr. [REDACTED] stated [REDACTED] and Ms. [REDACTED] are in different rooms when he is punching himself. Mr. [REDACTED] stated he has had suicidal ideation in the past. Mr. [REDACTED] stated he has self-hate towards himself. Mr. [REDACTED] stated he suffers from depression. Mr. [REDACTED] stated he used to take illegal substance such as molly, Xanax, Oxycodone four years ago. Mr. [REDACTED] stated he blames [REDACTED] baby formula for putting him in a deep sleep. Mr. [REDACTED] mentioned he blacked out in the past. Mr. [REDACTED] stated he was in a fight with some who wanted to harm his birth father (last name unknown). Mr. [REDACTED] stated he used to box to help with his



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

mental illness. Mr. [REDACTED] is stated he must have blacked out when he was rocking [REDACTED] Mr. [REDACTED] stated he must have rocked [REDACTED] to hard. Mr. [REDACTED] stated he has never blacked out with [REDACTED] due him having control of his blackouts.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 2022-06-25 22:13:00.0 Contact Method: Face To Face
 Contact Time: 10:13 PM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/06/2023
 Completed date: 04/07/2023 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Initial ACV Face To Face, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 04/06/2023 05:44 PM Entered By: [REDACTED] [REDACTED]

CPS (Child Protective Service) CM(Case Manager) [REDACTED] [REDACTED] met response at [REDACTED] Hospital regarding [REDACTED]

CPS CM [REDACTED] met with [REDACTED] [REDACTED] mother and [REDACTED] [REDACTED] Father. Engaged them and reviewed the CPS Intake Packet to include the Release of Information, Clients Rights Handbook, Notification of Equal Access to Programs, Notice of Privacy Practices.

The child was transferred from [REDACTED] Hospital to [REDACTED] Hospital. CPS [REDACTED] arrived at [REDACTED] Hospital at 9pm and began interviews. The interviews were conducted until after midnight.



Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-06-25 21:00:00.0	Contact Method:
Contact Time: 09:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 09/26/2022
Completed date: 09/26/2022	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type: Opening	

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/26/2022 11:09 AM Entered By: [REDACTED] [REDACTED]

On June 25, 2022 at 7:05pm, P1 intake # [REDACTED] was called into the Department of Children's Services (DCS) Child Abuse Hotline. The intake was screened into [REDACTED] County at 8:35pm with allegation(s) of physical abuse against and unknown alleged perpetrator (AP). The alleged child victim(s) (ACV) is/are [REDACTED] [REDACTED] (DOB: [REDACTED]). The intake was assessed and assigned by CPS Team Leader [REDACTED] [REDACTED] to CPS Case Manager [REDACTED] [REDACTED] on June 25, 2022. Initial face to face response is due on June 26, 2022. It is unknown at this time if the child(ren) are of Native American decent. The local Juvenile Court and the District Attorneys Office are notified of referrals per local protocol. Notification of case assignment to the referent is automatically generated through the DCS CARAT System as requested.

The intake stated:

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] [REDACTED] (1 month old) resides with his parents [REDACTED] [REDACTED] (20) and [REDACTED] [REDACTED] (20) in [REDACTED] County. There are no other children in the home.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Hospital staff are requesting immediate assistance from DCS.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.

[REDACTED] was transferred to [REDACTED] from [REDACTED] Hospital. He was transferred to receive non-accidental trauma assessments as there are concerns for head trauma. The patient was left home with dad while mother left the home. The mother left this morning at around 10 and came back around 2. [REDACTED] was acting different. [REDACTED] is unresponsive and there is clear swelling in his brain. There is also bruising all over his body and the parents cannot explain where the bruising would be from. [REDACTED] was transported to [REDACTED] by ambulance. The prognosis is not good and they already have him in Pediatric Intensive Care. One of the nurses said that he was almost decapitated and His head is barely hanging on. They are not expecting him to make it. They are calling it head trauma and the prognosis is poor. This is likely is a nonrecoverable injury for [REDACTED] Law enforcement has not been notified by [REDACTED] That is one of the reasons that DCS is



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

requested. They do not want either parent to take off. The parents are acting appropriately. They appear sad and concerned. There is a lot of injuries that they cannot explain. There are no other children in the home. The father did not give any explanation of what happened. The attending doctor at this time is Dr. [REDACTED] [REDACTED] in the PICU. There have been several doctors who have examined him. He has not been responsive at all since he has been at [REDACTED]

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?

No. Not at this time. If there is any kind of concern, the [REDACTED] PD will be ready to assist.

-Anything additional to add to this initial report for the responding worker to know prior to response?

No

CM Notation: None

Screener Notation: Duplicate INV [REDACTED] (screen out) contains additional information regarding this incident.

Information Noted in the duplicate screened out referral [REDACTED] indicates the following:

Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (1 month old) resides with his mother [REDACTED] [REDACTED] (age unknown) and father (name and age unknown) in [REDACTED] County.

Does the child have any special needs or disabilities?

No

Please describe in detail what has prompted your call today.

Today, [REDACTED] was brought to the emergency room unresponsive with bruises on his chest, arms, legs, two black eyes, and the top of his head was swollen. [REDACTED] had about ten to twelve bruises on his body, but it is unknown how big they are. The top of [REDACTED] head was puffy around the soft spot. The doctors think there is a possible brain bleed in that area. [REDACTED] was taken to [REDACTED] after he was examined at [REDACTED] Hospital, and they thought to be a shaken baby incident

According to [REDACTED] they had went to a pride festival and they left [REDACTED] with someone (name unknown) and when they came home [REDACTED] was unresponsive and had bruises all over him. The father reported that [REDACTED] fell off the couch. It is unknown what happened to [REDACTED] When hospital staff informed them that they would need to speak with the hospital social worker they left. [REDACTED] was transported to [REDACTED] hospital. It is unknown how long [REDACTED] will be hospitalized, and if [REDACTED] and the father will have access to [REDACTED] while he is in the hospital.

Does the child have any injuries from the abuse or neglect?

Yes

When did the abuse or neglect occur?

Today

Where did the abuse or neglect occur?

Unknown



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Has the child made a disclosure of the abuse or neglect?

No

What do the child's parents/caregivers say about the abuse/neglect?

The parents gave two different stories of what occurred to the child.

Are there any concerns for Domestic Violence in the home that pose a danger to the child's safety?

Unknown

Is anyone in the home protective of this child? If yes, who?

Unknown

Where is the child currently located?

[REDACTED] hospital

When will the alleged perpetrator have access to the child again? Is the child currently safe for the next 24 hours to 3 business days?

Unknown, yes because he will be at the hospital.

Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?

No

Per SDM: P2 INV [REDACTED], CM 2, 06-25-2022 @ 7:55 PM. [REDACTED] TL 06-25-2022 @ 8:42pm. Screen out/Has been referred for follow up to the DCS Case Manager who has an open case on the child and/or family. Submitted INV [REDACTED]

Extended Intake Narrative:

The on-call social worker at [REDACTED] Medical Center called to get the intake number for the referral for [REDACTED] (DOB: [REDACTED]) and mother, [REDACTED] was the social worker who called in the report and there is no documentation of the intake number. Staff at [REDACTED] is calling [REDACTED] Medical Center social work repeatedly asking for the DCS intake number. The caller was given the intake number to be able to provide it to [REDACTED]

[REDACTED] has a head injury and has already been transferred to [REDACTED] Children's Hospital for pediatric neurosurgical support. [REDACTED] has been intubated. It appears that he will be in the hospital for a while.

HOUSEHOLD COMPOSITION

[REDACTED] ACV
 [REDACTED] AP/Birth Father
 [REDACTED] Birth Mother

TFACTs Search Indicates no other referrals regarding [REDACTED] [REDACTED]



Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/25/2022

Assignment Date: 10/10/2022

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
							CSEM	
1	[REDACTED]	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
								05/26/2023
2	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
								05/26/2023
3	[REDACTED]	[REDACTED]	Physical Abuse	Unknown, Unknown		Administrative Closure	Yes	[REDACTED]
								01/10/2023

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: ACV [REDACTED]
 AP [REDACTED]
 Allegations Physical Abuse & Abuse Death

D. Case Workers

Case Worker: [REDACTED]

Date: 01/10/2023

Team Leader: [REDACTED]

Date: 05/30/2023

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:

CM observed [REDACTED] laying in the hospital bed hooked up to machines. Pictures are uploaded.

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

eacon was transferred to [REDACTED] from [REDACTED] Hospital. He was transferred to receive non-accidental trauma assessments as there are concerns for head trauma. The patient was left home with dad while mother left the home. The mother left this morning at around 10 and came back around 2. [REDACTED] was acting



Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

different. [REDACTED] is unresponsive and there is clear swelling in his brain. There is also bruising all over his body and the parents cannot explain where the bruising would be from. [REDACTED] was transported to [REDACTED] by ambulance. The prognosis is not good and they already have him in Pediatric Intensive Care. One of the nurses said that he was "almost decapitated" and "His head is barely hanging on". They are not expecting him to make it. They are calling it head trauma and the prognosis is poor. This is likely is a nonrecoverable injury for [REDACTED]. Law enforcement has not been notified by [REDACTED]. That is one of the reasons that DCS is requested. They do not want either parent to take off. The parents are acting appropriately. They appear sad and concerned. There is a lot of injuries that they can not explain. There are no other children in the home. The father did not give any explanation of what happened. The attending doctor at this time is Dr. [REDACTED] in the PICU. There have been several doctors who have examined him. He has not been responsive at all since he has been at [REDACTED].

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

CPS CM interviewed Mr. [REDACTED] on 6/26 and he reported the following: CM [REDACTED] traveled to [REDACTED] Children's Hospital. CM met with Mr. [REDACTED] in the family room. CM introduced herself as an investigator from the Department of Children's Services. CM asked open ended questions to complete a global assessment. Mr. [REDACTED] stated he, [REDACTED] and Ms. [REDACTED] woke up around 7 am. Mr. [REDACTED] stated he fed [REDACTED] and Ms. [REDACTED] burped and changed [REDACTED]. Mr. [REDACTED] stated he and Ms. [REDACTED] and [REDACTED] laid back down until 8:30 or 9 o'clock. Mr. [REDACTED] stated Ms. [REDACTED] left the home at 10 am. Mr. [REDACTED] reported [REDACTED] was in his bouncer seat. Ms. [REDACTED] stated Mr. [REDACTED] told her he fed [REDACTED] 2 oz at 11:10am. Mr. [REDACTED] reported at 11:25 am he was rocking [REDACTED] on the couch. Mr. [REDACTED] stated [REDACTED] threw up. Mr. [REDACTED] stated he fed [REDACTED] again. Mr. [REDACTED] stated [REDACTED] fell on the couch. Mr. [REDACTED] implied that [REDACTED] didn't fall far from the couch. Mr. [REDACTED] reported at 11:36 am he contacted Ms. [REDACTED] because he was concerned with [REDACTED] breathing. Mr. [REDACTED] reported that he called [REDACTED] phone (Ms. [REDACTED] friend) and she said it was normal for [REDACTED] to breathe the way he was. Mr. [REDACTED] stated he sent Ms. [REDACTED] a video on Snapchat to see if [REDACTED] was normal. During the interview Mr. [REDACTED] was crying saying, "I blame myself I knew something was wrong." Mr. [REDACTED] stated he knew something was wrong when he was taking [REDACTED] to bed. Mr. [REDACTED] stated [REDACTED] is normally calm but cries when he is being changed. Mr. [REDACTED] stated the doctor told him [REDACTED] had an infection or shaking baby. Mr. [REDACTED] stated [REDACTED] is everything to him. Mr. [REDACTED] stated he punishes himself by punching himself in the chest or head. Mr. [REDACTED] stated [REDACTED] and Ms. [REDACTED] are in different rooms when he is punching himself. Mr. [REDACTED] stated he has had suicidal ideation in the past. Mr. [REDACTED] stated he has self-hate towards himself. Mr. [REDACTED] stated he suffers from depression. Mr. [REDACTED] stated he used to take illegal substance such as molly, Xanax, Oxycodone four years ago. Mr. [REDACTED] stated he blames [REDACTED] baby formula for putting him in a deep sleep. Mr. [REDACTED] mentioned he blacked out in the past. Mr. [REDACTED] stated he was in a fight with some who wanted to harm his birth father (last name unknown). Mr. [REDACTED] stated he used to box to help with his mental illness. Mr. [REDACTED] is stated he must have blacked out when he was rocking [REDACTED]. Mr. [REDACTED] stated he must have rocked [REDACTED] too hard. Mr. [REDACTED] stated he has never blacked out with [REDACTED] due him having control of his blackouts.

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

CM completed on 06/26. CM [REDACTED] traveled to [REDACTED] Children's Hospital. CM met with [REDACTED] Mother, in the family room. CM introduced herself as an investigator from the Department of Children's Services. CM asked open ended questions to complete a global assessment. Ms. [REDACTED] stated [REDACTED] birthday is May 20, 2022. Ms. [REDACTED] stated [REDACTED] primary care physician is at [REDACTED] Pediatrics. Ms. [REDACTED] stated [REDACTED] is insured through TNCARE. Ms. [REDACTED] denied [REDACTED] having any known disabilities. Ms. [REDACTED] stated [REDACTED] was taking an unknown medication for thrush. Ms. [REDACTED] reported [REDACTED] vitamin D drops in his first bottle of the day. Ms. [REDACTED] stated she suffers from anxiety and depression. Ms. [REDACTED] stated she was diagnosed in 8th grade. Ms. [REDACTED] denied having a history of mental illness, chronic illness, substance abuse, and domestic violence. Ms. [REDACTED] mentioned her father, stepmother, and best friend as family support. Ms. [REDACTED] reported she was a stay-at-home mom. Ms. [REDACTED] stated her father Mr. [REDACTED] has only babysat [REDACTED] once when she and Mr. [REDACTED] went to the store. Ms. [REDACTED] described Mr. [REDACTED] as an excellent father. Ms. [REDACTED] reported [REDACTED] has never hit his head. Ms. [REDACTED] stated she got up at 7 am fed [REDACTED] a bottle and burped him, changed his clothes, and went back to sleep. Ms. [REDACTED] stated she, [REDACTED] and Mr. [REDACTED] woke up at 9. Ms. [REDACTED] stated she left the



Child Protective Service Investigation Summary and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

home at 10 am and [REDACTED] was sitting in his bouncer. Ms. [REDACTED] reported she went to the Pride Parade. Ms. [REDACTED] stated Mr. [REDACTED] contacted her around her 11:30. Ms. [REDACTED] stated her friend Ms. [REDACTED] is a nurse, Mr. [REDACTED] was calling to see if [REDACTED] was okay. Ms. [REDACTED] stated she returned home around 2 pm. Ms. [REDACTED] stated [REDACTED] was in a deep deep sleep. Ms. [REDACTED] stated [REDACTED] has been fighting his sleep. Ms. [REDACTED] stated she assumed [REDACTED] body got tired. Ms. [REDACTED] stated Mr. [REDACTED] (maternal grandfather) and [REDACTED] (best friend) was trying to wake [REDACTED] up for 20 minutes. Ms. [REDACTED] stated [REDACTED] originally came to the hospital with her, but she got picked up because they were transferred from [REDACTED] to [REDACTED]

Ms. [REDACTED] stated she changed [REDACTED] clothes before they arrived at the hospital. Ms. [REDACTED] stated she changed [REDACTED] clothes because he had milk on them. Ms. [REDACTED] doesn't know what time it was when she went to the hospital.

Ms. [REDACTED] stated the only time her baby mouth was bleeding was when he had a lesion in his mouth when he has thrash

Ms. [REDACTED] stated she and Mr. [REDACTED] take turns with feeding [REDACTED]
Ms. [REDACTED] stated Mr. [REDACTED] is only left alone with baby while she showers. Ms. [REDACTED] stated Mr. [REDACTED] doesn't work.
Ms. [REDACTED] stated she and Mr. [REDACTED] have been together since August of 2021.

Ms. [REDACTED] starts crying when her baby cries because she does not really know what is wrong. Ms. [REDACTED] stated she will lay the baby on her bed or in his bassinet and pace back and forth.

Ms. [REDACTED] stated Mr. [REDACTED] told her he was leaning forward to lay baby on the couch and [REDACTED] fell. Mr. [REDACTED] freaked out and picked [REDACTED] up. Ms. [REDACTED] stated she has never seen Mr. [REDACTED] upset. Ms. [REDACTED] stated Mr. [REDACTED] called her and was concerned with [REDACTED] breathing. Ms. [REDACTED] stated Mr. [REDACTED] sent her a video on snapchat of [REDACTED]
Ms. [REDACTED] reported she no longer had the video. Ms. [REDACTED] never had concerns with Mr. [REDACTED] watching [REDACTED]
Ms. [REDACTED] stated the doctor told her that [REDACTED] could pass away. Ms. [REDACTED] stated she searched shaking baby due to the doctor telling her it could possibly be Shaken Baby.

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

There is a preponderance of evidence that supports the substantiation for all allegations against [REDACTED] [REDACTED]. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Severe Physical Abuse and Abuse Death.

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



Tennessee Department of Children's Services
FAST 2.0 Assessment Summary Report

Event Type: CPS Case	Assessment Date: 06/28/2022					
Assessment Type: FAST	CPS Case ID: [REDACTED]					
OVERVIEW						
Safety Level: Immediate Intervention Recommended	Assessed at Location: DCS					
Risk Level: Moderate Need/Risk						
Event Start Date: 12/12/2023	Last Assessed Date:					
Assessment Status: Approved	Assessor: [REDACTED] [REDACTED]					
Date Approved: 06/29/2022	Approver: [REDACTED] [REDACTED]					
PARTICIPANTS						
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] [REDACTED] (AP)	20 Yrs	Caregiver	M	[REDACTED]	N/A	N/A
[REDACTED] [REDACTED]	20 Yrs	Primary Caregiver	F	[REDACTED]	N/A	N/A
[REDACTED] [REDACTED] (ACV)	Deceased	Youth	M	[REDACTED]	3	Low

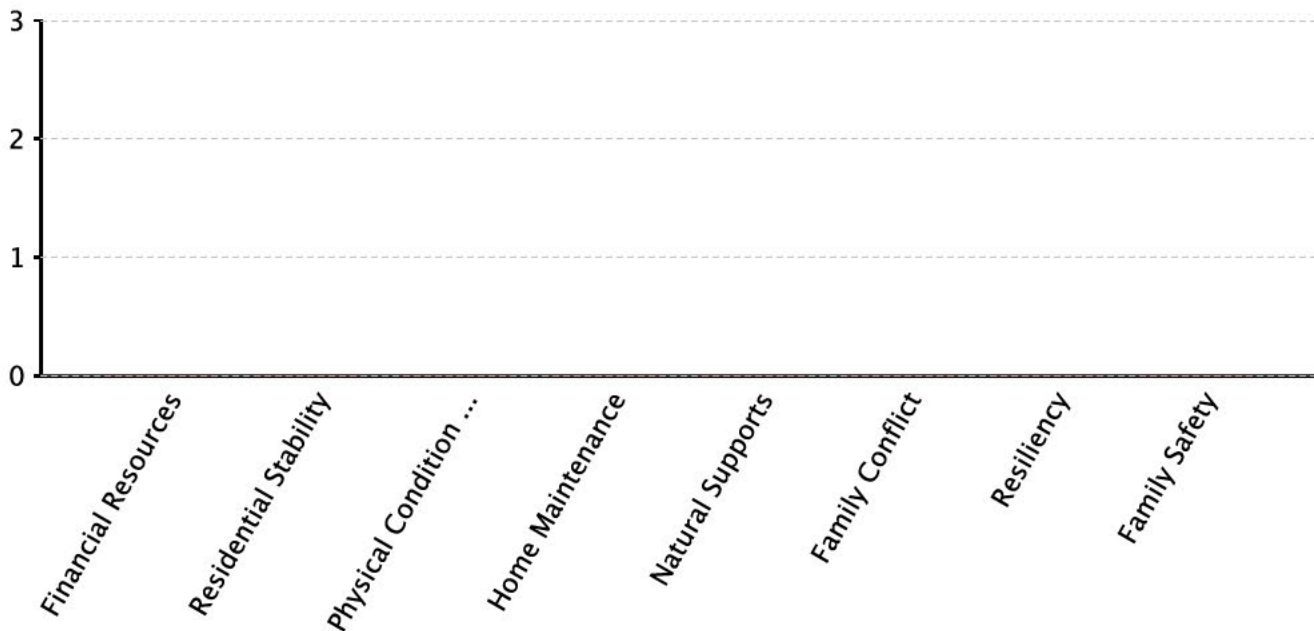


Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 06/28/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

THE FAMILY TOGETHER

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).



Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	



Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 06/28/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

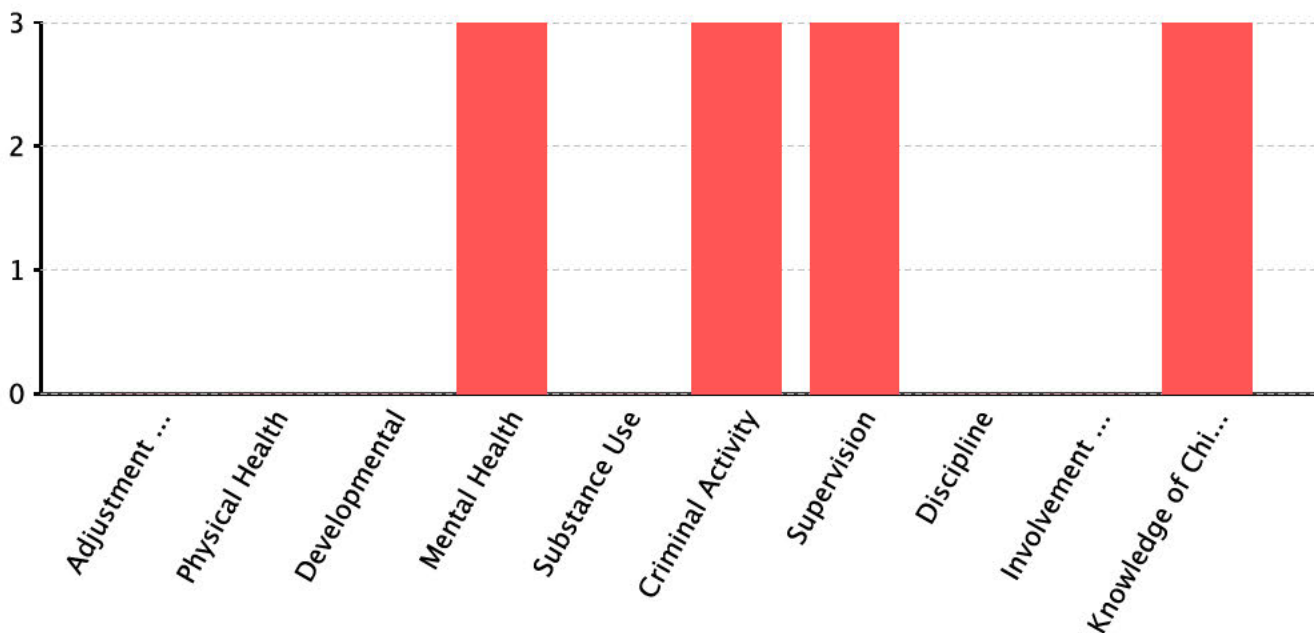
CAREGIVERS

Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.

Participant: [REDACTED] [REDACTED]

Person ID: [REDACTED]

Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	3	Mr. [REDACTED] stated he physically abuse himself, he blacks out, he has self hate towards himself
Substance Use	0	
Criminal Activity	3	currently being charged felony murder
Supervision	3	Mr. [REDACTED] shook [REDACTED] and pinched him
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	3	Mr [REDACTED] didn't know what [REDACTED] needed when he was crying



**Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report**

Event Type: CPS Case	Assessment Date: 06/28/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

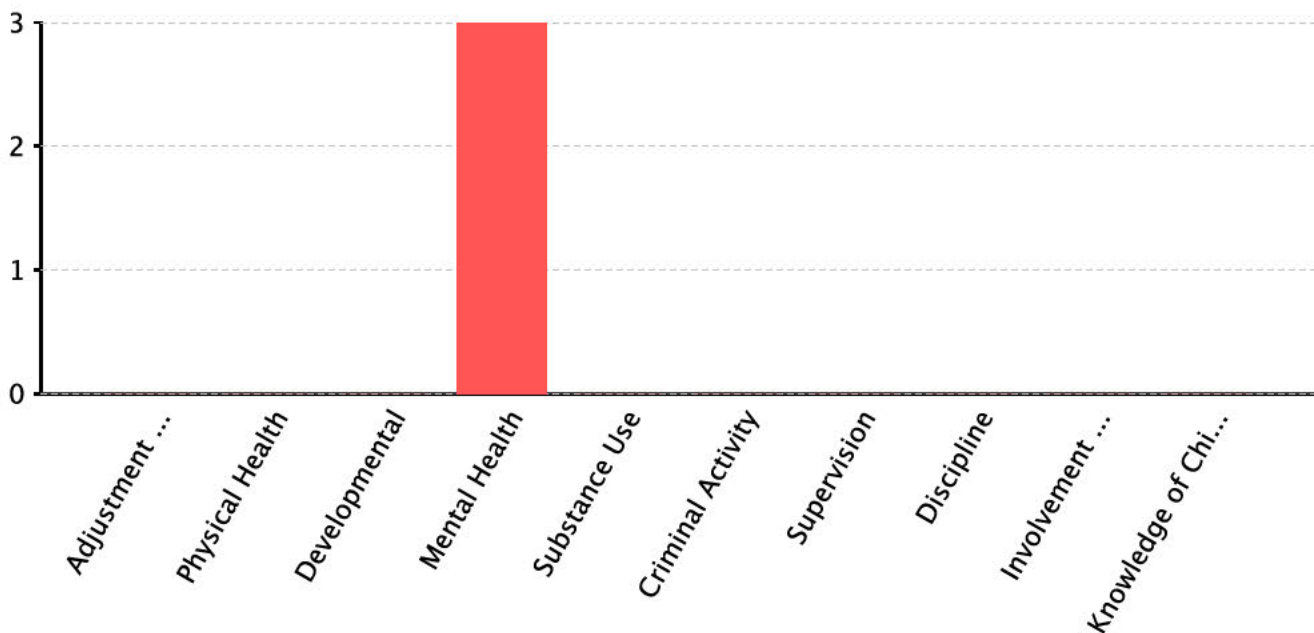
CAREGIVERS

Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.

Participant: [REDACTED]

Person ID: [REDACTED]

Role Primary Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	3	Ms. [REDACTED] checked herself into in patient at [REDACTED] after the loss of her son
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	



Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 06/28/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

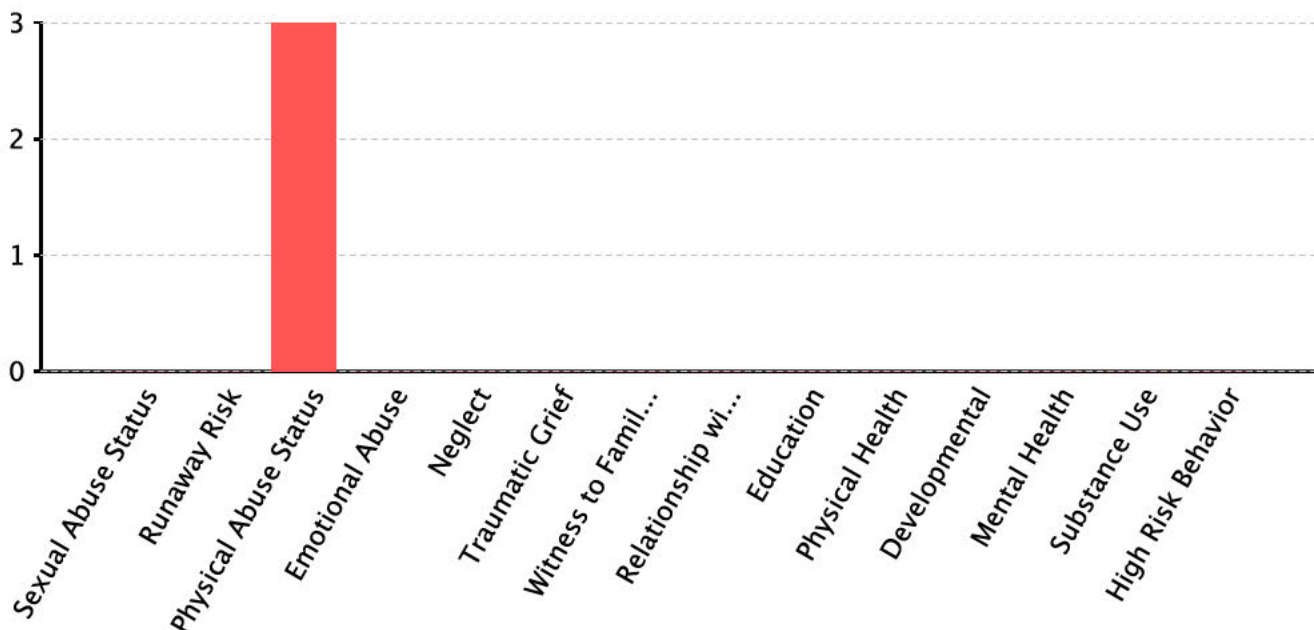
YOUTH

This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.

Participant: [REDACTED]

Person ID: [REDACTED]

Age: Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	3	[REDACTED] was shook by his father and has a broken rib
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	0	
Physical Health	0	
Developmental	0	



Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 06/28/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	