



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

Case # 2014ND.009

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	04/05/2014
Type: (Please check one)	<input type="checkbox"/> DEATH	<input checked="" type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	03/29/2014	
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Unknown	
County/Region:	██████████				
Parents' Names:	Mother:	██████████	Father:	Unknown	
Alleged Perpetrator's Name:	██████████		Relationship to Victim:	Mother/ Mother's paramour	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A	
If child is in DCS custody, list placement type and name:					

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

██████████ came to ██████████ (██████████) Saturday, March 29, 2014 via EMS. ██████████ was unresponsive. The mother (██████████) reported that the child had not been feeling well that day and that ██████████ came home and went to bed, being checked on frequently. ██████████ reported that she and her ██████████ went to wake ██████████ up at approx. 7:00am, and at that time ██████████ was observed to have vomit all over her face, to have slowed/labored breathing, and could be heard making a gurgling sound. ██████████ was kept overnight at ██████████ and her condition continued to worsen. ██████████ was put on a ventilator while at ██████████. She also had to have a lot of blood pressure support. ██████████ had to be transferred to a higher level of care and was life flighted to ██████████ Hospital at that time. ██████████ had a urine drug screen performed at ██████████ and it came back positive for Methadone.

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

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

**Describe (in detail) interview with family:**

4/5/14 a phone interview was completed with ██████████ upon receipt of the referral. ██████████ reported that ██████████ was in the room and that he had stepped out and agreed to answer some questions. ██████████ reported that ██████████ had been sick and had come home and was put to bed. ██████████ reported that he and ██████████ checked on ██████████ every hour or so and that at 7am the following morning that ██████████ was found and was observed to have vomited and breathing slowly/labored breathing. ██████████ reported that ██████████ was transported to ██████████ and then ██████████. ██████████ reported that ██████████ was unresponsive over the last couple of days but had woken on 4/4/14 and was talking some on 4/5/14 but that there is concern that ██████████ has sustained brain damage at this time. ██████████ reported that nobody knows what happened at this time. ██████████ inquired as to the positive result for methadone. ██████████ sounded very shocked and surprised and reported that he had not been told this and that whomever said that was lying. ██████████ reported that he and ██████████ are prescribed methadone but that their treatment center administers the medication to them, they do not leave the center with any medication and no methadone is in their home. ██████████ sounded very shocked and angry at the allegations at this time. ██████████ agreed to have ██████████ call this ██████████ as soon as he arrived back into the room. ██████████ reported that ██████████ siblings ██████████ and ██████████ are with grandparents in ██████████ at this time.

██████████ then received a phone call from ██████████. ██████████ sounded very upset and reported that the allegations that ██████████ got into medication are false and that somebody is trying to start trouble with them. ██████████ denied ever being told that ██████████ tested positive for any substances and stated that the hospital doesn't know what happened reporting that infectious disease had even been contacted to evaluate ██████████. ██████████ also reported receiving methadone treatment but reported that she and ██████████ are administered their medication at the treatment center and are not given a prescription or have any methadone in their home. ██████████ reported that ██████████ is currently in the ██████████ but is being transferred on this date to a room due to her improvements. ██████████ arranged for this ██████████ to meet ██████████ on this date to meet her older children ██████████ and ██████████. Upon later contact with ██████████, ██████████ reported that ██████████ had come into the room to explain the positive methadone result and had told her that the hospital believed it to be a false positive.

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

RDA 2993

CS ██████████, Rev. 08/13

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

On 4/5/14, [REDACTED] fellow [REDACTED] was contacted who reported that [REDACTED] did test positive for methadone, but that there are concerns that the positive result is a false positive due to the lab reporting that cold medication and advil (both which were given to [REDACTED] due to being sick) can cause a false positive result initially. [REDACTED] reported that [REDACTED] is attempting to receive the urine sample to complete more in-depth testing to rule-out methadone, but that there have been difficulties with this and there is concern that what is left of the sample may not be large enough for further evaluation as well. [REDACTED] reported that the parents as being very appropriate at this time, with no concerns observed. [REDACTED] stated that it is believed at this time that an illness causing the child to possibly have a seizure, vomit, and then aspirate may also be the cause of the current hospitalization, not methadone exposure. It was reported that unless the sample is received with enough to further test that it may never be fully known what happened. [REDACTED] took this [REDACTED] contact information and agreed to contact with any test results/concerns/ further information.

Courtesy interview with the family and face to face observation of [REDACTED] requested by [REDACTED]. Visit to be completed by [REDACTED] with [REDACTED].

Contact with [REDACTED] case manager [REDACTED] attempted by [REDACTED] with no answer at the number provided.

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

**Describe law enforcement or court involvement, if applicable:**

Not Applicable at this time.

**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):**

No safety plan completed at this time. Siblings of [REDACTED] are with Grandparents in [REDACTED] while the mother and mother's paramour are with [REDACTED] in the [REDACTED] at [REDACTED]. No discharge date established at this time.

Name: [REDACTED]	Age: [REDACTED]
Name: [REDACTED]	Age: [REDACTED]
Name: [REDACTED]	Age: [REDACTED]
Name:	Age:
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
[REDACTED]	[REDACTED]	DEC	[REDACTED]	[REDACTED]	UABC
[REDACTED]	[REDACTED]	DEC	[REDACTED], [REDACTED], [REDACTED]	[REDACTED]	AUPU
/ /					
/ /					
/ /					
/ /					
/ /					

Intake #:	██████████	Investigation #:	██████████	Date of Report:	04/01/14	<b>Case # 2014ND009</b>	
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:			Telephone Number: (     )     -				
Case Manager: ██████████			Telephone Number: ██████████				
Team Leader: ██████████			Telephone Number: ██████████				
Team Coordinator ██████████			Telephone Number: ██████████				
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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>Email to: ██████████</b></p> <p><b>within forty-eight (48) hours of notification</b></p> <p><b>Include subject line (in RED): ██████████ or</b>  ██████████</p>							



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 04/05/2014 08:38 AM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 04/05/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 04/07/2014 08:37 AM  
First Team Leader Assigned: [REDACTED] Date/Time 04/07/2014 12:00 AM  
First Case Manager [REDACTED] Date/Time 04/07/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	[REDACTED]	Drug Exposed Child	Yes	Unknown Participant [REDACTED] Unknown	None
[REDACTED]	[REDACTED]	Drug Exposed Child	Yes	[REDACTED]	Birth Mother

Preliminary Near Death: [REDACTED]

**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: The child is not in state custody.

TFACTS:

Family Case ID: [REDACTED]

Open Court Custody/FSS/FCIP None Found

Closed Court Custody None Found

Open CPS None Found



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

Death None Found

Substantiated: None Found

Screened out None Found

History (not listed above):

[REDACTED]  
[REDACTED]

County: [REDACTED]  
Notification: Letter  
School/ Daycare: Unknown  
Native American Descent: Unknown  
Directions: None Given

Reporter's name/relationship: [REDACTED] [REDACTED]

Reporter states:

The child is not state custody.

The child, [REDACTED] ([REDACTED]) lives with her mother [REDACTED], and the mother's boyfriend, (name and age unknown) in [REDACTED]. There are two unknown siblings in the home, [REDACTED]

[REDACTED] came to [REDACTED] last Saturday, March 29, 2014 via EMS [REDACTED] was unresponsive. The mother reported that the child had not been feeling well that day and when she went to wake [REDACTED] up, [REDACTED] had vomit all over her face. This was the only detail the referent could provide regarding the mother or her boyfriend's account of what took place. [REDACTED] was kept overnight and her condition continued to worsen. [REDACTED] was put on a ventilator while at [REDACTED]. She also had to have a lot of blood pressure support. [REDACTED] had to be transferred to a higher level of care and was life flighted to [REDACTED] Hospital at that time.

[REDACTED] had a urine drug screen performed and it came back positive for Methadone. It is unknown if the mother or her boyfriend have a current prescription for Methadone. It is unknown where the drug was stored in the home or how [REDACTED] got access to it. The referent did not know if the parents were asked about Methadone use in the home.

[REDACTED] is believed to still be at [REDACTED] at this time. Her current condition is unknown. The referent believes a previous report has already been made regarding [REDACTED] but wanted to ensure the siblings were included in this report.

It is unknown if the mother has a criminal record relating to drugs or alcohol. The mother's boyfriend did have a DUI in the past. It is unknown if the family has history with DCS. There were no details given regarding the other children in the home or their immediate welfare.

Special Needs or Disabilities: Unknown  
Child's current location/is the child safe at this time: [REDACTED] Hospital. The other children's locations are currently unknown to the referent.  
Perpetrator's location at this time: Unknown  
Any other safety concerns for the child(ren) or worker who may respond: Unknown

Per SDM: Investigative Track, [REDACTED] on 4-5-14 at 9:55 A.M.

Email notification sent to: [REDACTED]  
[REDACTED]



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

██████████ paged at 9:55 A.M.

Notification received 04-05-14 09:59:28 AM ██████████ ██████████



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Unable to Age: 7 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

Contact Comments:

**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:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** [REDACTED]

**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:**



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

**Name:** Unknown Participant [REDACTED], Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** [REDACTED]

**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:**



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

**Name:** Unknown Participant [REDACTED] Unknown

Gender: Male

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

**A. Investigation**

Case Name: [REDACTED] Investigation ID: [REDACTED]  
 Referral Date: 04/05/2014 Assignment Date: 05/15/2014  
 Street Address: [REDACTED]  
 City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
3	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
4	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]

Preliminary Near Death: [REDACTED]

**C. Disposition Decision**

Disposition Decision: Continue DCS Services

Comments: [REDACTED] found evidence of DEC and LOS. [REDACTED] (ACV) tested positive for Methadone after being taken to [REDACTED] unresponsive. She was then hospitalized at [REDACTED] and [REDACTED]. She will have neurological and developmental delays and will require long-term treatment. [REDACTED] and [REDACTED] both receive Methadone treatment and, though they deny leaving medication within the child's reach, both admit there are no other known locations in which the child could have obtained the medication. Court ordered services have been placed into the home as well as [REDACTED] [REDACTED] has also been referred. The case will close ASPS for both [REDACTED]

**D. Case Workers**

Case Worker: [REDACTED] Date: 06/25/2014  
 Team Leader: [REDACTED] Date: 07/06/2014

**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.



**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]

**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:**

[REDACTED] of [REDACTED] completed a courtesy initial face to face with [REDACTED] on this date at [REDACTED] Hospital.

[REDACTED] observed [REDACTED] to be in her hospital bed. [REDACTED] is a Caucasian female child. [REDACTED] observed [REDACTED] to softly cry and appeared to be in pain. [REDACTED] mother [REDACTED] tucked [REDACTED] into the bed and she fell asleep.

[REDACTED] observed [REDACTED] and her [REDACTED], [REDACTED] and [REDACTED], on 6/13/14 and 6/18/14 at the family's home. All appeared clean and well-cared for. No visible safety hazards were noted in the home on that date.

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

On 4/5/14, [REDACTED] fellow [REDACTED] was contacted who reported that [REDACTED] did test positive for methadone, but that there are concerns that the positive result is a false positive due to the lab reporting that cold medication and advil (both which were given to [REDACTED] due to being sick) can cause a false positive result initially. [REDACTED] reported that [REDACTED] is attempting to receive the urine sample to complete more in-depth testing to rule-out methadone, but that there have been difficulties with this and there is concern that what is left of the sample may not be large enough for further evaluation as well. [REDACTED] reported that the parents as being very appropriate at this time, with no concerns observed. [REDACTED] stated that it is believed at this time that an illness causing the child to possibly have a seizure, vomit, and then aspirate may also be the cause of the current hospitalization, not methadone exposure. It was reported that unless the sample is received with enough to further test that it may never be fully known what happened. [REDACTED] took this [REDACTED] contact information and agreed to contact with any test results/concerns/ further information.

4/8/14 [REDACTED] received a phone call from [REDACTED] Social Work staff as well as a fax reporting that the urine screen was verified as positive for methadone.

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

4/5/14 a phone interview was completed with [REDACTED] upon receipt of the referral. [REDACTED] reported that [REDACTED] was in the room and that he had stepped out and agreed to answer some questions. [REDACTED] reported that [REDACTED] had been sick and had come home and was put to bed. [REDACTED] reported that he and [REDACTED] checked on [REDACTED] every hour or so and that at 7am the following morning that [REDACTED] was found and was observed to have vomited and breathing slowly/labored breathing. [REDACTED] reported that [REDACTED] was transported to [REDACTED] and then [REDACTED]. [REDACTED] reported that [REDACTED] was unresponsive over the last couple of days but had woken on 4/4/14 and was talking some on 4/5/14 but that there is concern that [REDACTED] has sustained brain damage at this time. [REDACTED] reported that nobody knows what happened at this time. [REDACTED] inquired as to the positive result for methadone. [REDACTED] sounded very shocked and surprised and reported that he had not been told this and that whomever said that was lying. [REDACTED] reported that he and [REDACTED] are prescribed methadone but that their treatment center administers the medication to them, they do not leave the center with any medication and no methadone is in their home. [REDACTED] sounded very shocked and angry at the allegations at this time. [REDACTED] agreed to have [REDACTED] call this [REDACTED] as soon as he arrived back into the room. [REDACTED] reported that [REDACTED] siblings [REDACTED] and [REDACTED] are with grandparents in [REDACTED] at this time.

[REDACTED] then received a phone call from [REDACTED]. [REDACTED] sounded very upset and reported that the allegations that [REDACTED] got into medication are false and that somebody is trying to start trouble with them. [REDACTED] denied ever being told that [REDACTED] tested positive for any substances and stated that the hospital doesn't know what happened reporting that infectious disease had even been contacted to evaluate [REDACTED]. [REDACTED] also reported receiving methadone treatment but reported that she and [REDACTED] are administered their medication at [REDACTED]



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

Case Name : ██████████

Investigation ID: ██████████

the treatment center and are not given a prescription or have any methadone in their home. ██████████ reported that ██████████ is currently in the ██████████ but is being transferred on this date to a room due to her improvements. ██████████ arranged for this ██████████ to meet ██████████ on this date to meet her older children ██████████ and ██████████. Upon later contact with ██████████, ██████████ reported that ██████████ had come into the room to explain the positive methadone result and had told her that the hospital believed it to be a false positive.

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

Reporter states: The child is not state custody. The child, ██████████ (age 5) lives with her mother, ██████████ and the mother's boyfriend, (name and age unknown) in ██████████. There are two unknown siblings in the home, ages 9 and 7. ██████████ came to ██████████ ██████████ last Saturday, March 29, 2014 via EMS. ██████████ was unresponsive. The mother reported that the child had not been feeling well that day and when she went to wake ██████████ up, ██████████ had vomit all over her face. This was the only detail the referent could provide regarding the mother or her boyfriend's account of what took place. ██████████ was kept overnight and her condition continued to worsen. ██████████ was put on a ventilator while at ██████████. She also had to have a lot of blood pressure support. ██████████ had to be transferred to a higher level of care and was life flighted to ██████████ Hospital at that time. ██████████ had a urine drug screen performed and it came back positive for Methadone. It is unknown if the mother or her boyfriend have a current prescription for Methadone. It is unknown where the drug was stored in the home or how ██████████ got access to it. The referent did not know if the parents were asked about Methadone use in the home. ██████████ is believed to still be at ██████████ at this time. Her current condition is unknown. The referent believes a previous report has already been made regarding ██████████ but wanted to ensure the siblings were included in this report. It is unknown if the mother has a criminal record relating to drugs or alcohol. The mother's boyfriend did have a DUI in the past. It is unknown if the family has history with DCS. There were no details given regarding the other children in the home or their immediate welfare.

Special Needs or Disabilities: Unknown  
 Child's current location/is the child safe at this time: ██████████ is at ██████████ Hospital. The other children's locations are currently unknown to the referent.  
 Perpetrator's location at this time: Unknown  
 Any other safety concerns for the child(ren) or worker who may respond: Unknown

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

██████████ found evidence of DEC and LOS. ██████████ (ACV) tested positive for Methadone after being taken to ██████████ unresponsive. She was then hospitalized at ██████████ and ██████████. She will have neurological and developmental delays and will require long-term treatment. ██████████ and ██████████ both receive Methadone treatment and, though they deny leaving medication within the child's reach, both admit there are no other known locations in which the child could have obtained the medication. Court ordered services have been placed into the home as well as ██████████. ██████████ has also been referred. The case will close ██████████ for both ██████████ and ██████████.

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] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/15/2014	Contact Method:	
Contact Time:	02:57 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/15/2014
Completed date:	10/15/2014	Completed By:	[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: 10/15/2014 02:06 PM      Entered By: [REDACTED]  
 Date: 10-15-14  
 Purpose: Case Review for Closure

[REDACTED] reviewed this case and approving for closure. The Classification summary will be forwarded to the Juvenile Court. The case will be filed under the caregiver [REDACTED]

Date of Referral: 4-5-14

Initial Notification to Juvenile Court: 4-5-14

Notification to DA: 4-5-14

Law Enforcement Notification: 4-5-14

[REDACTED] Notification: 4-5-14

SDM Safety Assessment: 4-5-14(Conditionally Safe) 6-25-14 (SAFE)

FAST completed on 4-25-14 moderate services were suggested, reviewed and approved by [REDACTED]

[REDACTED] Sent to [REDACTED] Juvenile Court Juvenile Court: 10-15-14

Hard copy of 740 is enclosed in the hard file.

Case Closure Date: 10-15-14

[REDACTED] services began in the home in June [REDACTED] completed his first visit with the family 6-30-14.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/04/2014

Contact Method:

Contact Time: 11:28 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/04/2014

Completed date: 10/04/2014

Completed By: [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: 10/04/2014 10:30 AM      Entered By: [REDACTED]

Case is ready for closure. This case is waiting on [REDACTED] approval. [REDACTED] services are in the home. Case will be closed upon approval.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/10/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 09/10/2014

Completed date: 09/10/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/10/2014 02:14 PM Entered By: [REDACTED]

Court was held on this date with the following individuals present: [REDACTED], DCS Legal [REDACTED], [REDACTED], [REDACTED], [REDACTED], Attorney for the mother, [REDACTED], and [REDACTED]. As the family has cooperated with services and no current concerns, the D/N petition was dismissed.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2014	Contact Method:	
Contact Time:	10:42 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/09/2014
Completed date:	09/09/2014	Completed By:	[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: 09/09/2014 09:43 AM      Entered By: [REDACTED]

Case is ready for closure. This case is waiting on [REDACTED] approval. [REDACTED] services are in the home. Case will be closed upon approval.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2014	Contact Method:	Phone Call
Contact Time:	02:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/10/2014
Completed date:	09/10/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/10/2014 02:38 PM      Entered By: [REDACTED]

[REDACTED] contacted [REDACTED], [REDACTED], [REDACTED], this date and approximate time. [REDACTED] inquired as to the [REDACTED] family. [REDACTED] informed [REDACTED] that the family is doing very well and complying with services and recommendations. She states [REDACTED] has [REDACTED] services while [REDACTED], mother, has allowed him to receive case management due to behavioral issues. [REDACTED] conveyed she will be present at court the following day as requested by [REDACTED]. [REDACTED] thanked her for the update, and the call was concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2014

Contact Method: Phone Call

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/10/2014

Completed date: 09/10/2014

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: 09/10/2014 02:31 PM Entered By: [REDACTED]

[REDACTED] contacted and spoke with [REDACTED]. [REDACTED] [REDACTED] this date and approximate time. [REDACTED] states [REDACTED] has been making appointments as scheduled, and her next appointment is scheduled for 10/7/14. [REDACTED] thanked her for the information and ended the call.

[REDACTED] then contacted Pediatric Neurology and spoke with [REDACTED]. [REDACTED] was able to find [REDACTED] in the system but was unable to confirm that the child needed no further follow-up. She gave [REDACTED] the fax number so records may be requested.

[REDACTED] requested all records from the above offices, and they will be placed into the case file upon receipt.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2014

Contact Method: Phone Call

Contact Time: 02:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/10/2014

Completed date: 09/10/2014

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: 09/10/2014 02:24 PM Entered By: [REDACTED]

[REDACTED] contacted and spoke with [REDACTED], [REDACTED] Pediatric Rehab, this date and approximate time. [REDACTED] informed [REDACTED] that [REDACTED] has been compliant with her appointments and kept them as scheduled. He denied any concerns with the family at this time. [REDACTED] thanked him for the information and ended the call.

[REDACTED] requested the medical records from [REDACTED] Rehab, and they may be viewed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2014

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/10/2014

Completed date: 09/10/2014

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: 09/10/2014 02:19 PM      Entered By: [REDACTED]

[REDACTED] contacted [REDACTED], [REDACTED], this date and approximate time. [REDACTED] informed [REDACTED] that [REDACTED] made her scheduled appointment in June, missed July, and completed a visit in August. She states she sees no concerns noted in the record. [REDACTED] advised a records request will be faxed to obtain records. The call was concluded.

Records obtained may be viewed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/19/2014

Completed date: 08/19/2014

Completed By: [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: 08/19/2014 03:12 PM      Entered By: [REDACTED]

Case has been turned in for closure. Case was a [REDACTED] and need [REDACTED] approval for case closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/06/2014

Contact Method:

Contact Time: 11:59 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/06/2014

Completed date: 07/06/2014

Completed By: [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: 07/06/2014 11:01 PM      Entered By: [REDACTED]

Allegations reviewed and approved . Allegations classified as Allegation Substantiated / Perpetrator Substantiated



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/26/2014	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/04/2014
Completed date:	07/04/2014	Completed By:	[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: 07/04/2014 07:48 AM      Entered By: [REDACTED]

Admin Review- Case is ready for closure.  
Case was sent to [REDACTED] for review and closure approval.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/26/2014	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/26/2014
Completed date:	06/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/26/2014 09:31 AM      Entered By: [REDACTED]

[REDACTED] is presengting this case for closure on 6/26/14. Case is being closed ASPS for both APs.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/26/2014

Contact Method: Correspondence

Contact Time: 08:25 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/26/2014 07:28 AM      Entered By: [REDACTED]

After contacting the medical records department of [REDACTED] and being informed that [REDACTED] must mail a request for medical records to [REDACTED], [REDACTED] mailed the aforementioned request on this date. The records will be placed into the case file upon receipt.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/25/2014

Contact Method:

Contact Time: 11:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [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: 06/25/2014 10:13 AM Entered By: [REDACTED]

[REDACTED] placed indication Letter A, along with attachment, in the designated place to be mailed by certified letter to [REDACTED] and [REDACTED], respectively, on 6/25/14 at 11:15pm.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/25/2014

Contact Method:

Contact Time: 09:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [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: 06/25/2014 08:57 AM      Entered By: [REDACTED]

[REDACTED] placed an Absent Parent Letter, along with the Parents Bill of Rights, Client Rights Handbook, Native American Heritage Veto Verification, HIPAA Notice of Rights Privacy Practice, [REDACTED] with how DCS cases are investigated, and the Equal access to programs and services forms, in the designated place to be mailed to [REDACTED] on 6/25/14 at 9:56am. These documents will be added to the case file upon receipt from [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/25/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/25/2014 08:09 AM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] at [REDACTED] Juvenile Court on 6/25/14 at 9:00am. [REDACTED] gave [REDACTED] address and contacted information for service purposes. [REDACTED] states the court will most likely send service certified mail. The call was concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 06/24/2014 Contact Method: Phone Call  
 Contact Time: 05:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/24/2014  
 Completed date: 06/24/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 04:23 PM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED], father, on 6/24/14 at 5:00pm. [REDACTED] advised [REDACTED] of the current open case and concerns with the children, especially [REDACTED]. [REDACTED] explained he had heard of her being in a coma. [REDACTED] explained there are concerns with how this occurred and services are being implemented through the court system. [REDACTED] advised [REDACTED] of the 7/10/14 court date at [REDACTED] Juvenile Court. [REDACTED] conveyed he knows where the court is and advised he is currently living in [REDACTED]. He reports not to have spoken with the children for 2 years, and last spoke with [REDACTED] about 5 months ago. [REDACTED] obtained the following current address and contact information for [REDACTED]: [REDACTED] and [REDACTED]. [REDACTED] explained the required paperwork all parents are asked to complete and asked if it is acceptable to mail this paperwork to the aforementioned address [REDACTED] agreed it is and also agreed to contact [REDACTED] with any address or phone number changes [REDACTED] informd [REDACTED] he will need to contact the [REDACTED] Court about becoming involved with the case and should he want an attorney. [REDACTED] conveyed understanding. [REDACTED] thanked him for his time, and the call was concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/24/2014

Contact Method: Phone Call

Contact Time: 01:34 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/25/2014 08:14 AM Entered By: [REDACTED]

[REDACTED] received a call from [REDACTED] on 6/24/14 at 1:34pm. [REDACTED] advised she and [REDACTED] are transferring back to the Methadone treatment center in [REDACTED]. She states the clinic will not see them until they are advised of any pending criminal charges against the couple. [REDACTED] asked that [REDACTED] fax a letter stating no criminal charges are being placed. She states a release has been signed and sent to [REDACTED]. [REDACTED] advised [REDACTED] did receive this release via fax and agreed to send the clinic a short statement about the lack of criminal charges. The call was then concluded.

NOTE: [REDACTED] faxed the statement as requested by [REDACTED] later in the day, and the letter may be viewed in the case file.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/24/2014

Contact Method:

Contact Time: 09:04 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 06/24/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2014 04:27 PM      Entered By: [REDACTED]

[REDACTED] referral faxed for [REDACTED] this date and time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/20/2014	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	06/24/2014
Completed date:	06/24/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Court Hearing,Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/24/2014 03:59 PM      Entered By: [REDACTED]

Court was held on this date for a 3 day hearing with the following individuals present: [REDACTED], DCS Legal [REDACTED], Attorney for the mother, [REDACTED], and [REDACTED]. [REDACTED] and [REDACTED] agreed to court ordered services. The D/N adjudication was held pending the results of the family working services. If the family cooperates with services and no other concerns are found, the D/N petition will be dismissed. [REDACTED] and [REDACTED] will be referred. The case was reset for 7/10/14 at 9:30am.

NOTE: [REDACTED] gave [REDACTED] the Discharge Summary for [REDACTED] to be returned to [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/20/2014

Contact Method:

Contact Time: 09:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [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: 06/26/2014 11:17 AM      Entered By: [REDACTED]

Admin review

Case will be presented in court this day for court ordered services. Case will be transitioned to [REDACTED]. referral for services has already been made. Case has been presented to [REDACTED]. [REDACTED] will complete all other required tasks before case closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/18/2014

Contact Method:

Contact Time: 02:57 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/18/2014

Completed date: 06/18/2014

Completed By: [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: 06/18/2014 01:59 PM      Entered By: [REDACTED]

[REDACTED] requested a diligent search for [REDACTED], birth father, with [REDACTED] via email on 6/18/14 at 2:57pm. The results of the search will be placed into the case file upon receipt.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/18/2014	Contact Method: Face To Face
Contact Time: 10:30 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location: Other Caretaker Home	Created Date: 06/18/2014
Completed date: 06/18/2014	Completed By: [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Well Being	
Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Parent/Caretaker Interview, Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 06/18/2014 01:43 PM      Entered By: [REDACTED]

[REDACTED], accompanied by [REDACTED], completed a scheduled home visit with [REDACTED], [REDACTED], [REDACTED] (ACV) [REDACTED], and [REDACTED] on 6/18/14 at 10:30am. [REDACTED] were welcomed into the home by [REDACTED]. [REDACTED] observed [REDACTED] sitting on the couch watching TV. [REDACTED] sat with her. She appeared clean and well-cared for. [REDACTED] and [REDACTED] were in the kitchen at the table eating cereal for breakfast. They also appeared clean and well-cared for. As [REDACTED] had requested to receive a copy of [REDACTED] discharge summary from [REDACTED] the prior day, [REDACTED] asked [REDACTED] for this. [REDACTED] explained she was unable to make a copy for [REDACTED] but informed [REDACTED] that [REDACTED] can take the discharge summary and return it after making a copy. [REDACTED] asked [REDACTED] if she is sure this is acceptable as [REDACTED] does not want any appointments to be missed. [REDACTED] advised it is okay to take the summary. [REDACTED] then spoke with [REDACTED] further about court on Friday, 6/20/14, at 10:30am. [REDACTED] explained that the case will most likely be reset as [REDACTED] and [REDACTED] had expressed an interest in having attorneys appointed the previous day when [REDACTED] spoke with the family via phone. [REDACTED] conveyed understanding. [REDACTED] advised [REDACTED] will return the discharge summary paperwork at court on Friday. [REDACTED] agreed this is acceptable. [REDACTED] then thanked the family for their time, and the visit was concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/18/2014

Contact Method:

Contact Time: 10:17 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/26/2014

Completed date: 06/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 12:08 PM Entered By: [REDACTED]

[REDACTED] text [REDACTED] on 6/18/14 at 10:17am. [REDACTED] inquired as to if the [REDACTED] referral for the [REDACTED] family had been assigned to a CM yet. [REDACTED] text back and asked [REDACTED] when court is scheduled. [REDACTED] responded that court is scheduled for the coming Friday at 10:30am. No other responses were received from [REDACTED]



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 06/13/2014 Contact Method: Face To Face  
Contact Time: 02:40 PM Contact Duration: Less than 30  
Entered By: [REDACTED] Recorded For:  
Location: Other Caretaker Home Created Date: 06/13/2014  
Completed date: 06/13/2014 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Well Being  
Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/13/2014 03:31 PM Entered By: [REDACTED]

A home visit was completed with [REDACTED], [REDACTED], [REDACTED] (ACV), [REDACTED], and [REDACTED] on 6/13/14 at approximately 2:40pm. [REDACTED] was welcomed into the home by [REDACTED]. This visit occurred at the home of [REDACTED], [REDACTED] father, with whom the family is staying until finding alternate housing. [REDACTED] explained the D/N petition will be filed soon and a court date will be set. [REDACTED] advised the family of their right to an attorney. [REDACTED] inquired as to the children's father. [REDACTED] explained his name is [REDACTED], and he has had no contact with the children for several years. She states the Child Support Office has been unable to locate him. [REDACTED] conveyed understanding but advised [REDACTED] is required by law to locate absent parents. [REDACTED] allowed [REDACTED] to look over the petition. Both [REDACTED] and [REDACTED] denied any illegal drug use. [REDACTED] observed [REDACTED] on this date. She appeared clean and well-cared for. She was assisted with walking by her mother with a therapy strap. She jumped for [REDACTED] and also wanted her nails painted bright pink by [REDACTED]. [REDACTED] observed the child's wheelchair to also have pink on it. [REDACTED], who states her favorite food is pickles, informed [REDACTED] her favorite colors are green and blue. [REDACTED], sitting in the recliner playing a video game, states his favorite color is blue and green as well. [REDACTED] and [REDACTED] teased him about a little girl down the road that he once went out with. He turned red in the face and asked both of them to be quiet. [REDACTED] informed [REDACTED] that he worked for [REDACTED] for 18 years and has seen many things. He states he has no concerns with [REDACTED] and [REDACTED] and advised they are good parents. [REDACTED] conveyed understanding. [REDACTED] gave [REDACTED] a tour of the home. [REDACTED] found the home to be very clean and tidy. The girls and their mother share a bedroom and it appeared clean and appropriate. [REDACTED] states [REDACTED] and [REDACTED] sleep on the couch in the living room. [REDACTED] observed functioning utilities and an abundance of food and beverage in the kitchen. One small dog was noted and was friendly. No visible safety hazards were viewed on this date. [REDACTED] thanked the family for their time, asked them to contact [REDACTED] with any questions or concerns, and the visit was concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/04/2014	Contact Method:	
Contact Time:	06:55 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/04/2014
Completed date:	06/04/2014	Completed By:	[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: 06/04/2014 05:56 PM    Entered By: [REDACTED]  
 extension request was reviewed and approved. Court ordered services will be filed. ACV is still in [REDACTED] will be released in a week two.

Narrative Type: Addendum 1    Entry Date/Time: 07/04/2014 07:46 AM    Entered By: [REDACTED]  
 [REDACTED] -  
 [REDACTED] contacted the mother and has placed in a request for [REDACTED] DCS to follow up with the family. [REDACTED] discussed court ordered services with the family. [REDACTED] has completed an extension request and it was approved. [REDACTED] will staff this case with [REDACTED] to see if they will except this case for [REDACTED] services. [REDACTED] will set up a transition conference by phone if the family is still in [REDACTED]. [REDACTED] will complete all investigative tasks.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/04/2014	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/26/2014
Completed date:	06/26/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/26/2014 12:03 PM      Entered By: [REDACTED]

[REDACTED] and [REDACTED] discussed completing an [REDACTED] referral for the [REDACTED] family on this date. [REDACTED] agreed the referral would be accepted and asked for the referral to be made. [REDACTED] completed and gave [REDACTED] the [REDACTED] referral on this date. As the family is currently in [REDACTED] advised she would not assign the case until they returned to [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/03/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/25/2014

Completed date: 06/25/2014

Completed By: [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: 06/25/2014 09:13 AM      Entered By: [REDACTED]

Request for a courtesy visit and drug screen faxed to [REDACTED] this date. A copy of the request may be viewed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/02/2014

Contact Method:

Contact Time: 11:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/02/2014

Completed date: 06/04/2014

Completed By: [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: 06/02/2014 03:07 PM      Entered By: [REDACTED]

admin review

[REDACTED] call in a courtesy request to have someone to go see the family in [REDACTED]. The Hotline number is [REDACTED]. Social Services is requested to let the case manager know they were there. [REDACTED] will file the petition for the court ordered services.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/02/2014	Contact Method:	Phone Call
Contact Time:	10:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/02/2014
Completed date:	06/02/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/02/2014 03:00 PM      Entered By: [REDACTED]

10:28

[REDACTED]

Re: [REDACTED]  
 Child will be released within a week or two. Last week the mother's sister was in a car wreck and past away. The [REDACTED] also is not doing well and is on a ventilator. The mother has stated to the social worker that she thinks she is the best person to take care of her sister's kids. The social worker is worried when [REDACTED] returns hoem she will need a lot of care. She has been having issues cognitively.  
 The family went and brought the other daughter down to [REDACTED] last week. The mother's boyfriend was seen stubbing and almost looked intocicated or impaired last week. The staff requested security staff to address the situation. When security arrived the parents were gone. The paramour does nto have a liscense. The mother and the paramour are supposedly going to their methodone treatment in the am. The staff has no concerns about the mother but concerns with the family issues at this time.

This information was provided to [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/19/2014	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	06/25/2014
Completed date:	06/25/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/25/2014 09:27 AM      Entered By: [REDACTED]

On 5/9/14 at approximately 1pm [REDACTED] presented this case to the [REDACTED] with the following members present: [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. Final recommendation was for Allegation ([REDACTED]) to be Substantiated and Perpetrators ([REDACTED]) to be Substantiated with victims ([REDACTED]). All members agreed with the presented classifications and signed the appropriate forms. No prosecution will be pursued. Forms have been placed in the hard file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/15/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/01/2014

Completed date: 06/01/2014

Completed By: [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: 06/01/2014 06:45 AM Entered By: [REDACTED]

Admin review and case transfer case was transferred to [REDACTED]. The ACV is in [REDACTED]. [REDACTED] has seen the siblings. [REDACTED] has initiated the petition for Court ordered services and has sent the information to [REDACTED]. [REDACTED] will complete all INV tasks. [REDACTED] will file for Court ordered services when the ACV is released from [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/13/2014

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 05/13/2014

Completed date: 05/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/13/2014 12:22 PM Entered By: [REDACTED]

[REDACTED] completed a school visit at [REDACTED] with [REDACTED] and [REDACTED] on this date. [REDACTED] observed both children to be friendly, smiling, and happy on this date. The children stated that they are still staying with their grandmothers while their mother is away with their sister [REDACTED]. [REDACTED] proudly reported that [REDACTED] is sitting up now and that she will be learning to walk too. Both children reported doing well in school, completing their [REDACTED] and looking forward to Summer. due to the children having no questions for this [REDACTED], interview was concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/13/2014	Contact Method:	Attempted Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/26/2014
Completed date:	06/26/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/26/2014 09:33 AM      Entered By: [REDACTED]

Note entered to satisfy [REDACTED] requirements. [REDACTED] currently hospitalized out of state.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/07/2014	Contact Method:	Phone Call
Contact Time:	02:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/07/2014
Completed date:	05/07/2014	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: 05/07/2014 04:39 PM      Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] Social Worker [REDACTED] on this date. [REDACTED] reported that [REDACTED] case had been staffed on this date and that due to [REDACTED] having [REDACTED] insurance, [REDACTED] will not receive outpatient rehab in [REDACTED], but will be transferred to [REDACTED] for outpatient services upon discharge. [REDACTED] will be discharged in approx 4-5 weeks. [REDACTED] reported that hospital staff reported that they would prefer that there be no methadone within the home of [REDACTED] upon discharge, and that the parents cease use of the medication to ensure safety. [REDACTED] explained that the parents have verified prescriptions and that this request, while understandable due to the circumstances surrounding the investigation, is not believed to be something that can be requested by DCS through the courts as a condition of [REDACTED] returning home due to the parents compliance with their methadone program at this time. [REDACTED] explained that the request would be relayed to DCS legal staff, [REDACTED] and that court ordered services, monitoring would be provided. Call concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/06/2014	Contact Method:	Phone Call
Contact Time:	09:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/07/2014
Completed date:	05/07/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/07/2014 04:46 PM      Entered By: [REDACTED]

[REDACTED] received a phone call from [REDACTED] Hospital Social Worker [REDACTED] on this date. [REDACTED] reported that [REDACTED] entered treatment on 5/1/14 and is expected to receive treatment for 4-5 weeks and then be transferred to outpatient for an unknown time in [REDACTED] reported that the parents have been present and supportive of [REDACTED] with [REDACTED] mother not taking any breaks as of this date. [REDACTED] is looking for employment in the area. The parents are receiving methadone treatment in the area as well. [REDACTED] provided a fax # [REDACTED] for a [REDACTED] to be sent to receive medical records. [REDACTED] explained case transfer on 5/18/14 (due to this [REDACTED] leaving this investigative position) and provide contact info for [REDACTED] [REDACTED] and the DCS office fax #. Call concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/28/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 05/13/2014

Completed date: 05/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/13/2014 12:48 PM Entered By: [REDACTED]

Law enforcement interview completed by [REDACTED] on this date at [REDACTED]. [REDACTED] spoke with each parent individually. There was no admittance or disclosures on this date. [REDACTED] reports that due to the information obtained, it is not believed that charges will be possible at this time.

[REDACTED] spoke with [REDACTED], [REDACTED] in regards to the information received. It was agreed that due to no further information being obtained, that court ordered services would be pursued at this time. [REDACTED] contacted [REDACTED] on this date and reported that the mother [REDACTED] would remain the guardian at this time and will be [REDACTED] discharge person. [REDACTED] will now be prepped to transfer to [REDACTED] for rehab treatment.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/25/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/25/2014
Completed date:	04/25/2014	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: 04/25/2014 08:44 AM    Entered By: [REDACTED]

Referent Contact:  
4/25/14 approximately 9am, [REDACTED] forwarded the Confidential Notification Letter for Reporter to the referent as listed. A copy has been placed in the file.

Narrative Type: Addendum 1    Entry Date/Time: 04/25/2014 12:09 PM    Entered By: [REDACTED]

Background Checks:

[REDACTED] faxed a request for background checks on 4/25/14  
Results will be reviewed and scanned into [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/25/2014	Contact Method:	
Contact Time:	05:32 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/25/2014
Completed date:	04/25/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 04/25/2014 04:45 PM      Entered By: [REDACTED]

[REDACTED] reviewed and approved by [REDACTED] scored no services, this was increased to moderate services.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/23/2014 Contact Method: Phone Call  
 Contact Time: 04:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 04/25/2014  
 Completed date: 04/25/2014 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: 04/25/2014 01:07 PM Entered By: [REDACTED]  
 [REDACTED] contacted [REDACTED] on this date and explained that the [REDACTED] interview was rescheduled for 4/28/14. [REDACTED] expressed frustration with the reschedule. [REDACTED] explained that if possible, that [REDACTED] could interview [REDACTED] and [REDACTED] on 4/24/14 if the parents would be able to travel to complete the interview. [REDACTED] explained that [REDACTED] and gas cards could be pursued to assist with the interview being completed on the scheduled date. [REDACTED] reported that she is unwilling to leave [REDACTED] due to [REDACTED] becoming upset when she leaves the room for food and that she is not comfortable leaving [REDACTED] for 8-10hrs. [REDACTED] acknowledged understanding of [REDACTED] concerns and explained that DCS is making every effort to complete a timely investigation and that if any assistance could be provided to please contact this [REDACTED] at any time. [REDACTED] agreed. Call concluded.

[REDACTED] contacted [REDACTED], [REDACTED] (Social Worker) in regards to the appointment with law enforcement interview being rescheduled for 4/28/14. [REDACTED] explained that due to scheduling conflict with one of the two [REDACTED] officers completing the interview, the meeting was rescheduled [REDACTED] apologized for the delay and reported that efforts had been attempted to assist the parents with completing the interview in [REDACTED] but this was not possible at this time. [REDACTED] explained that DCS [REDACTED] would also be contacting her for further info on [REDACTED] needs and to ensure any assistance that could be provided from DCS would be. [REDACTED] thanks [REDACTED] for her time, call concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/23/2014	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/23/2014
Completed date:	04/23/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/23/2014 03:46 PM Entered By: [REDACTED]

case staffing with [REDACTED] to provide update on the [REDACTED] interview. The TBI will not be able to interview the parents tomorrow. The interview has been rescheduled for Monday. It was decided that [REDACTED] would contact [REDACTED] to provide details of the child's health, [REDACTED] would also as [REDACTED] if the delay would provide affects on the child's health or recovery. [REDACTED] has received some medical records from the [REDACTED] and will provide them to [REDACTED] for review. [REDACTED] will also call [REDACTED] and explain there was a delay. [REDACTED] will call the social worker from [REDACTED] to get more information on the ACV's health and to get the daily reports/ medical records. [REDACTED] will also speak to the mother and advise her to reach out to her [REDACTED].

[REDACTED] was present when [REDACTED] spoke to [REDACTED] (Social Worker), [REDACTED] was able to explain there was a delay but to the best of our ability things have been rescheduled and DCS would know something hopefully the first of next week.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/22/2014

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/25/2014

Completed date: 04/25/2014

Completed By: [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: 04/25/2014 12:44 PM Entered By: [REDACTED]

[REDACTED] contacted [REDACTED] on this date to inquire about the time-frame for leaving to interview both Ap's in [REDACTED]. [REDACTED] reported that due to unforeseen circumstances that TBI [REDACTED] is unable to complete the interview until 4/28/14. [REDACTED] inquired as to if there is anything that DCS could do to assist with a quicker interview time ( due to the pending transfer to [REDACTED], with none being possible due to scheduling. [REDACTED] provided [REDACTED] with [REDACTED] phone number and pager number to assist with coordination of an interview space. Call concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/21/2014

Contact Method: Phone Call

Contact Time: 04:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/25/2014

Completed date: 04/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/25/2014 12:30 PM Entered By: [REDACTED]

[REDACTED] contacted Birth mother [REDACTED] on this date. [REDACTED] reported that [REDACTED] is doing much better and that [REDACTED] was able to move her head side to side and can move her leg upon command. [REDACTED] reported that the occupational therapist was happy with [REDACTED] progress. [REDACTED] requested that [REDACTED] share as much info as possible about her knowledge of the day of, and day leading up to [REDACTED] hospitalization. [REDACTED] reported the following:

On Thursday 3/27/14, [REDACTED] left school early after complaining of not feeling well. [REDACTED] was appearing to be congested and had a fever, runny nose, and cough. [REDACTED] was picked up by her mother early from school on this date. [REDACTED] is typically a bus rider. [REDACTED] was taken home, given some medicine (name not provided) and appeared to be feeling better. [REDACTED] awoke the next morning having no fever, and although her mother offered her to stay out and rest, [REDACTED] asked to go to school and did for the entire school day. On 3/28/14, [REDACTED] came home via school bus and was complaining of her head hurting, had a cough, runny nose, said legs were hurting, and was tired. [REDACTED] reported that [REDACTED] (oldest sibling) carried [REDACTED] backpack for her on that day. [REDACTED] reported that [REDACTED] did not appear to get worse, or be worse than the day prior and that [REDACTED] laid on the couch with [REDACTED] and then was put to bed. [REDACTED] reported that while [REDACTED] had a bad cough, that [REDACTED] did not appear to have hard time breathing. [REDACTED] denied hearing [REDACTED] gasping for air and stated that it was more of a growling/sinus congestion sound when [REDACTED] exhaled. [REDACTED] denied [REDACTED] throwing up any that night and reported checking on [REDACTED] frequently.

[REDACTED] stated that the following morning that when she went to wake [REDACTED] that [REDACTED] was unresponsive and observed to have vomited. [REDACTED] was taken via car to the local fire station and then transported to [REDACTED] inquired as to [REDACTED] medication. [REDACTED] adamantly denied any of her medication and stated that she picks up her doses for Friday, Saturday, and Sunday. [REDACTED] reported that the morning [REDACTED] was found that she took her Saturday dose before finding [REDACTED] and that nothing was missing or appeared odd. [REDACTED] inquired as to if access to the home could be obtained to allow for [REDACTED] medication to be observed [REDACTED] reported that she took her Sunday dose on Sunday and that she and [REDACTED] are now guest dosing at the clinic and that there is no methadone left in the home. [REDACTED] reported her medication to be in individual bottles with seals and that nothing was noticed to be missing. [REDACTED] reported that there is no way that her medication was mixed up and given to [REDACTED]. [REDACTED] reported her medication is in a lock box and that she has the key in her wallet preventing the children from accessing it. [REDACTED] reported that it all "doesn't make any sense". [REDACTED] questioned why the



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

positive drug screen wasn't brought to her attention earlier than upon [REDACTED] involvement and stated that she asked [REDACTED] if they tested for poison or other substances. [REDACTED] reported that she had a relative who got into a silicon preservation packet as a child and was poisoned and that this was the reason she inquired to if things of that nature were tested for. [REDACTED] denied ever being informed of the positive drug screen prior to this [REDACTED] contacting her and telling her of the screen. [REDACTED] thanked [REDACTED] for speaking with me and her cooperation at this time. [REDACTED] reported that she would complete a [REDACTED] interview to assist in any way. Call concluded.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/21/2014	Contact Method:
Contact Time: 03:15 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/28/2014
Completed date: 04/28/2014	Completed By: [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: 04/28/2014 03:05 PM      Entered By: [REDACTED]

4-21-14 at 3:15

Case staffing with [REDACTED] and [REDACTED]

Case is being staffed due to the hospital concerns and ACV not being accepted to rehabilitation while investigation is on going.

Case came in on [REDACTED] went to the hospital on 3-29 In [REDACTED], the ACV was later transferred to [REDACTED] [REDACTED]

[REDACTED] is working with [REDACTED]. [REDACTED] has coordinated with the TBI to go down [REDACTED] this Thursday to interview the mother and her boyfriend. The hospital is unhappy with the discharge. At this time DCS has told them that if they need to know who the ACV will be discharged to it would be there mother. The ACV has to go in-patient for therapy and will not be going back to the mother's care at this time.

[REDACTED] explained that originally [REDACTED] thought that the urine screen was a false positive. After additional testing on the urine it was determined that the positive screen for the Methodone was not a false positive, this was determined on 4-8-14. [REDACTED]

[REDACTED] was the investigator that went to [REDACTED] to meet response and have the mother fill out paperwork.

The rehabilitation Center does not want to take the ACV and start her rehabilitation until they know for sure who the care giver will be. [REDACTED] explained that medical personal in [REDACTED] was explained that the investigation could be continued no matter if the ACV was in [REDACTED] or [REDACTED] that the medical personnel needed to make the best decision for the ACV.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2014

Contact Method: Correspondence

Contact Time: 04:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/25/2014

Completed date: 04/25/2014

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: 04/25/2014 12:12 PM      Entered By: [REDACTED]

[REDACTED] faxed a request for medical records on this date to [REDACTED].  
 Medical records received on this date and placed within case file.



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

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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 04/09/2014 Contact Method: Face To Face  
Contact Time: 02:00 PM Contact Duration: Less than 30  
Entered By: [REDACTED] Recorded For:  
Location: School Created Date: 04/23/2014  
Completed date: 04/23/2014 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Sibling Interview/Observation  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/23/2014 11:56 AM Entered By: [REDACTED]

[REDACTED] completed in initial interview with [REDACTED] at [REDACTED] Elementary at approximately 1:30pm. [REDACTED] appeared friendly, well-dressed, healthy and talkative on this date. [REDACTED] reported being in the third grade, in [REDACTED] classroom. [REDACTED] reported that he has two sisters [REDACTED] and [REDACTED] and that [REDACTED] is currently in the hospital. [REDACTED] reported that [REDACTED] "had a coma" and that [REDACTED] is awake but can't move. [REDACTED] reported that the last time that he saw [REDACTED] was when he, his mother, [REDACTED] and [REDACTED] went to get pizza. [REDACTED] reported that his dad [REDACTED] also resides in the home but that he did not go to get pizza. [REDACTED] stated that [REDACTED] said her belly was hurting, and that when they returned home that [REDACTED] went to bed. [REDACTED] then reenacted a gasping/deep sharp breath sound, reporting that [REDACTED] made this sound when she went to bed. [REDACTED] reported that [REDACTED] and [REDACTED] share a room, but that he heard [REDACTED] make the gasping sound. [REDACTED] reported that nobody was in the room when [REDACTED] made the sound, but that later that night [REDACTED] slept in the room with [REDACTED]. [REDACTED] reported that [REDACTED] did not eat pizza that night due to feeling bad. [REDACTED] reported that [REDACTED] was in the bed for the night.

[REDACTED] reported that the next day that he and [REDACTED] woke up but [REDACTED] didn't. [REDACTED] stated that they took her to the hospital and that they drove her to the hospital. [REDACTED] reported that [REDACTED] drove the car and that [REDACTED] rode in the front with mom. [REDACTED] denied anyone saying anything about what happened to [REDACTED]. [REDACTED] reported that [REDACTED] threw up when she was asleep and that he knew this by the doctors telling his mother this. [REDACTED] reported that the night that [REDACTED] was sick that his mom gave her [REDACTED] medicine. [REDACTED] reported knowing this by hearing his mother say "come here, I'm gonna give you some medicine". [REDACTED] reported his mother gave [REDACTED] medicine in the kitchen, but did not know what the medicine look liked. [REDACTED] reported that other people in his home take medicine and that [REDACTED] and his mom take medicine. [REDACTED] reported that his mother's medication looks like "red juice" and that it is kept up in the cabinet in the medicine cabinet. [REDACTED] reported that dad [REDACTED] takes the same kind. [REDACTED] reported that [REDACTED] drinks the red juice too and that it is kept in the same cabinet in his box. [REDACTED] reported seeing his dad drink the red juice as well. [REDACTED] reported that his mother and father have separate boxes stored in the same cabinet where the medication is stored. [REDACTED] reported that [REDACTED] takes a little pink pill that tastes like bubblegum for asthma. [REDACTED] denied taking any medication.

[REDACTED] denied anyone else drinking the red juice medication besides mom and dad. [REDACTED] denied [REDACTED] or [REDACTED] ever taking the red juice medication or anyone ever giving them the medicine. [REDACTED] reported knowing not to take medicine. [REDACTED] denied anyone ever taking pills. [REDACTED] reported that his mom and dad take good



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

medicine to make them feel better but not knowing what it was. [REDACTED] reported that his parents put the pill in their mouth and take a drink and swallow it. [REDACTED] inquired as to medicine around the home. [REDACTED] denied this, but stated that he has seen medicine in the bathroom and knew not to touch it. [REDACTED] reported not knowing what that medicine was. [REDACTED] denied any medicine being in his room or [REDACTED] room. [REDACTED] reported knowing what the word "safe" meant and stated it means "to be protected". [REDACTED] reported feeling safe at school, home, and at his mammaw's home.

[REDACTED] then spoke with [REDACTED]. [REDACTED] is in [REDACTED] class. [REDACTED] appeared healthy, well-dressed and comfortable when speaking with this [REDACTED] reported things are good and that she is staying with her Grandma right now. [REDACTED] reported having a sister named [REDACTED] and that [REDACTED] is in the hospital right now. [REDACTED] stated that [REDACTED] wouldn't wake up. [REDACTED] stated that this happened at their house and that [REDACTED] was in her bed in her bedroom. [REDACTED] stated that she and [REDACTED] share a bedroom. [REDACTED] stated she slept in the room the night [REDACTED] was sick. [REDACTED] then reenacted a sound that [REDACTED] made as a deep gasping sound and reported that [REDACTED] made this sound throughout the night and that [REDACTED] had thrown-up in her mouth. [REDACTED] reported that her mother came and checked on [REDACTED] throughout the night and that [REDACTED] was fine when her mother checked on her. [REDACTED] denied anyone saying what happened to [REDACTED]. [REDACTED] reported that her mommy gave [REDACTED] some kids medicine. [REDACTED] reported that her mommy told [REDACTED] about the medicine and that she heard her mommy say this. [REDACTED] reported that [REDACTED] said her legs were hurting as well. [REDACTED] reported not knowing if anyone gave [REDACTED] anymore medicine. [REDACTED] stated that on the morning that [REDACTED] didn't wake up that her mommy found an ambulance and that the ambulance took [REDACTED] to the hospital. [REDACTED] reported that her mother was crying and that [REDACTED] rode in the ambulance with [REDACTED]. [REDACTED] reported that she takes medicine for asthma. [REDACTED] reported that her mommy takes medicine that is kept in the medicine cabinet. [REDACTED] denied ever seeing the medicine or seeing her mother take the medicine. [REDACTED] reported that [REDACTED] takes medicine as well and that the medicine is kept in the medicine cabinet. [REDACTED] reported that her mother keeps her medicine in a box that he locks it in and that [REDACTED] has a box that he locks his medicine in as well. [REDACTED] reported that her mommy has a key in the bedroom. [REDACTED] denied knowing about the medicine or how people take it. [REDACTED] reported knowing about good medicine/bad medicine. [REDACTED] denied ever seeing anyone use bad medicine/drugs and reported that she could tell her mommy if she did. [REDACTED] denied anyone ever telling her to keep a secret. When asked if there is anything that was different that day, [REDACTED] reported that [REDACTED] was complaining in the car on the way to get gas. [REDACTED] reported that [REDACTED], [REDACTED], and her mommy were in the car. [REDACTED] reported that [REDACTED] was complaining of her legs, head hurting. [REDACTED] denied [REDACTED] saying she had taken any medicine to help herself on that day. [REDACTED] denied having any questions for this [REDACTED]. Visit concluded.

Narrative Type: Addendum 1 Entry Date/Time: 04/25/2014 12:10 PM Entered By: [REDACTED]

No photographs taken due to no camera being available.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/08/2014	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/09/2014
Completed date:	04/09/2014	Completed By:	[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: 04/09/2014 04:38 PM      Entered By: [REDACTED]

4-8-14

Admin review and Case staffing with [REDACTED]

Allegations DEC- Near Death

ACV- [REDACTED]

Today [REDACTED] called [REDACTED] Hospital. The toxicology report confirmed that ACV was positive for methodone. The social worker from [REDACTED] spoke to the family at the hospital; the mother does take her methodone home with her from the clinic but states it is in a lock box. The mother's boyfriend states he does not get to bring his methodone home that he has to go daily, sometimes he is unable to get a ride on Sunday and just goes without.

[REDACTED] spoke to [REDACTED] a child abuse specialist which is concerned about the child and states the parents do not grasp the condition their child is in. [REDACTED] has spoken with the DA [REDACTED] and [REDACTED] regarding this case. [REDACTED] wants to complete a lie detector test on the parents. At this time there are two other children in the home ages 6 and 9. The children have been placed with the grandmother by the parents. [REDACTED] will follow up with the grandmother to make sure she is appropriate and there are no concerns. [REDACTED] will continue complete all Investigative tasks. [REDACTED] will have the parents call [REDACTED] when they are leaving [REDACTED] so [REDACTED] can meet with them an arrange interviews. It was decided at this time since an IPA was not needed, the parents are in [REDACTED], the ACV's are currently safe with their grandparents.



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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/08/2014	Contact Method: Phone Call
Contact Time: 03:30 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 04/25/2014
Completed date: 04/25/2014	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: 04/25/2014 02:17 PM      Entered By: [REDACTED]

[REDACTED] received a fax and telephone call on this date from [REDACTED] reporting that [REDACTED] was confirmed positive for Methadone. [REDACTED] (child abuse specialist) will be completing a conference with [REDACTED] family on this date.

\*Copy of the [REDACTED] placed within the case file\*

[REDACTED] was later contacted by [REDACTED] reported that the [REDACTED] was a true positive for methadone due to is being retested and verified through gas chromatography via [REDACTED] reported that she spent a long time with the mother and mother's paramour speaking with them about the [REDACTED] reported that the case needs to be classified as a near fatality at this time. [REDACTED] stated that the paramour has a prescription for methadone and doses at the clinic. The mother brings her medication home. The mother reported that she keeps her medication in a lockbox stored in the high shelf in the kitchen. The mother reported that her medication is sealed and that there were no missing doses. The mother goes every Thursday and Monday. [REDACTED] reported that she had concerns for the paramours honesty and that he has switched clinics recently for an unknown reason. [REDACTED] reported that at times he does not go to the clinic on Sunday and that he can "get by" without it for one day. The mother and her paramour have been together for three years. Both deny buying off the street. There are concerns that during questioning that [REDACTED] lost eye contact when questioned about buying methadone off of the street. [REDACTED] does not have a drivers license at this time.Both parents report being prescribed liquid methadone.

There are concerns that at this time the mother is unable to fully comprehend the extent of the side-effects [REDACTED] has sustained. All infectious, genetic reasons for [REDACTED] current health have been ruled-out at this time. The only issue observed that could result in the injury sustained is methadone exposure. [REDACTED] reports that [REDACTED] would possibly become uncounscious, lose oxygen due to slowed breathing and would vomit due to exposure. At this time, [REDACTED] cannot sit-up and her muscles are very tight and rigid. [REDACTED] will require therapy for months, possibly life due to the significant injury to her brain sustained.

[REDACTED] reported that she will be compiling an in-depth report that will outline the drug screen process and interview with the parents. The report will be ready in approx. 2 days. [REDACTED] explained that after receipt of the report [REDACTED] will be able to pursue questioning and further investigate the information obtained. Call concluded.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/07/2014	Contact Method:	Phone Call
Contact Time:	09:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/25/2014
Completed date:	04/25/2014	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)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/25/2014 08:59 AM      Entered By: [REDACTED]

[REDACTED] convened [REDACTED] on this date by speaking with Assistant DA [REDACTED] in regards to the case. It was agreed that once the [REDACTED] is verified that this [REDACTED] would contact him for further steps. [REDACTED] also spoke with [REDACTED] ([REDACTED] Department).



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/05/2014	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	04/25/2014
Completed date:	04/25/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/25/2014 08:52 AM      Entered By: [REDACTED]

**Safety Assessment:**

[REDACTED] Safety Assessment completed with decision of conditionally safe at this time due to item 1 on the [REDACTED] safety assessment being applicable due to [REDACTED] possible positive UDS for methadone.

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):  
Drug-affected infant/child.

[REDACTED] is currently hospitalized ensuring safety at this time. [REDACTED] siblings are in the care of relatives in [REDACTED]. Confirmation of the UDS is pending at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/05/2014

Contact Method: Face To Face

Contact Time: 04:55 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 02:20 PM Entered By: [REDACTED]

AP/Parent/Caretaker Interview 4/5/14 455pm

[REDACTED] of [REDACTED] met with [REDACTED] at [REDACTED] Hospital as a courtesy for [REDACTED] of [REDACTED]. Also present was [REDACTED], paramour to [REDACTED]. [REDACTED] provided the family with a brochure describing the Multiple Response Approach. [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.

[REDACTED] stated she did not want to sign the release of information for herself but would complete the form for her daughter. [REDACTED]

[REDACTED] stated she would talk with [REDACTED] about completing the form.

[REDACTED] lives at [REDACTED].

[REDACTED] explained to [REDACTED] that this [REDACTED] is not assigned to the case. [REDACTED] provided [REDACTED] with [REDACTED] contact information although [REDACTED] stated she already had the information.

[REDACTED] did not interview [REDACTED] concerning the allegations.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/05/2014

Contact Method: Face To Face

Contact Time: 04:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/09/2014 02:02 PM Entered By: [REDACTED]

Initial Face to Face 4/5/14 4:45pm

[REDACTED] of [REDACTED] completed a courtesy initial face to face with [REDACTED] on this date at [REDACTED]

[REDACTED] observed [REDACTED] to be in her hospital bed [REDACTED] is a [REDACTED] female child. [REDACTED] observed [REDACTED] to softly cry and appeared to be in pain. [REDACTED] mother [REDACTED] tucked [REDACTED] into the bed and she fell asleep.

Medical staff would not provide [REDACTED] with any printed medical records. [REDACTED] provided staff with the [REDACTED] assigned, [REDACTED] contact information to be given to the social worker.

[REDACTED] does not have a discharge date at this time.

Narrative Type: Addendum 1 Entry Date/Time: 04/25/2014 08:50 AM Entered By: [REDACTED]

[REDACTED] provided the mother with copies of the DCS Privacy Practices/HIPPA information, the DCS Client's Rights handbook, a brochure about the MRS approach, and a Notification of Equal Access to Programs, Services, and Grievance Procedures. [REDACTED] explained each document and the mother signed the client acknowledgement forms, releases of information for the children, and the Native American Veto Verification form.

\*Forms scanned into TFACTS for review\*



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/05/2014

Contact Method: Correspondence

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/25/2014

Completed date: 04/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/25/2014 08:43 AM      Entered By: [REDACTED]

Juvenile Court Notification:

04/05/14 approximately 4pm, [REDACTED] forwarded a copy of this report to the [REDACTED] Juvenile Court via US mail.

[REDACTED]/DA/LE Contact:

04/05/14 approximately 4pm, [REDACTED] forwarded a copy of this report to the [REDACTED] Child Protective Investigative Team, including: [REDACTED] Juvenile Court, [REDACTED] District Attorney's Office, [REDACTED] Dept., [REDACTED] Police Dept., and the [REDACTED] via US mail and fax.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/05/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/25/2014

Completed date: 04/25/2014

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: 04/25/2014 08:41 AM Entered By: [REDACTED]

4/5/14 at approximately 2pm, [REDACTED] arrived at the [REDACTED] DCS office to complete the [REDACTED] Notice of Child Death/Near Death form. [REDACTED] emailed the form on this date to the required recipients.

\*Form scanned into TFACTS for review\*



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/05/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/25/2014
Completed date:	04/25/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/25/2014 08:42 AM      Entered By: [REDACTED]

[REDACTED] completed a records check within TFACTS on this date. The following results were located regarding the ACV and birth mother. No prior records located at this time regarding AP [REDACTED]

Case History:

[REDACTED] Closed  
[REDACTED] Closed



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/05/2014

Contact Method:

Contact Time: 08:38 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/25/2014

Completed date: 04/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/25/2014 08:35 AM Entered By: [REDACTED]

Case Summary:

Case assigned to this CM on 4/5/14  
 Central Intake assessed and assigned this referral as a Priority 1  
 Allegation: Drug Exposed Child (Preliminary Near Death)

The referral states the following information:  
 The child is not state custody.

The child, [REDACTED] (age 5) lives with her mother, [REDACTED], and the mother's boyfriend, (name and age unknown) in [REDACTED]. There are two unknown siblings in the home, ages 9 and 7.

[REDACTED] came to [REDACTED] last Saturday, March 29, 2014 via EMS. [REDACTED] was unresponsive. The mother reported that the child had not been feeling well that day and when she went to wake [REDACTED] up, [REDACTED] had vomit all over her face. This was the only detail the referent could provide regarding the mother or her boyfriend's account of what took place. [REDACTED] was kept overnight and her condition continued to worsen. [REDACTED] was put on a ventilator while at [REDACTED] Center. She also had to have a lot of blood pressure support [REDACTED] had to be transferred to a higher level of care and was life flighted to [REDACTED] Hospital at that time.

[REDACTED] had a urine drug screen performed and it came back positive for Methadone. It is unknown if the mother or her boyfriend have a current prescription for Methadone. It is unknown where the drug was stored in the home or how [REDACTED] got access to it. The referent did not know if the parents were asked about Methadone use in the home.

[REDACTED] is believed to still be at [REDACTED] at this time. Her current condition is unknown. The referent believes a previous report has already been made regarding [REDACTED] but wanted to ensure the siblings were included in this report.

It is unknown if the mother has a criminal record relating to drugs or alcohol. The mother's boyfriend did have a DUI in the past. It is unknown if the family has history with DCS. There were no details given regarding the other children in the home or their immediate welfare.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Special Needs or Disabilities: Unknown  
Child's current location/is the child safe at this time: [REDACTED] is at [REDACTED] Hospital. The other children's locations are currently unknown to the referent.  
Perpetrator's location at this time: Unknown  
Any other safety concerns for the child(ren) or worker who may respond: Unknown



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 4/5/14 8:38 AM

Date of Assessment: 4/5/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

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.



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_