



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 03/26/2015 01:42 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/26/2015

Investigation

Investigation ID: [REDACTED]
 First County: [REDACTED] [REDACTED]
 Date/Time Assigned : 03/26/2015 07:18 AM
 First Team Leader Assigned: [REDACTED] Date/Time 03/26/2015 07:18 AM
 First Case Manager [REDACTED] Date/Time 03/26/2015 07:18 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	6 Yrs	Lack of Supervision	No	[REDACTED]	Birth Mother
[REDACTED]	6 Yrs	Lack of Supervision	No	Unknown Participant [REDACTED] Unknown	Other Non-relative
[REDACTED]	4 Yrs	Lack of Supervision	Yes	[REDACTED]	Birth Mother
[REDACTED]	4 Yrs	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative
[REDACTED]	3 Yrs	Lack of Supervision	No	[REDACTED]	Birth Mother
[REDACTED]	3 Yrs	Lack of Supervision	No	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address: [REDACTED]
 Referent Phone Number: [REDACTED]
 Type of Contact: [REDACTED]
 Notification: E-mail
 Narrative: TFACTS
 Family Case IDs: # [REDACTED] (CASE NAME: [REDACTED])
 Open Court Custody/FSS/FCIP: No

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Prior number of INV/ASMT: 2
Prior INV/ASMT within the last three years: Yes
Number of Screen Outs: 0

Open: Yes
INV # / DEC *DEI *LOS / begin date: 01-28-2015 / approved classification: Unsubstantiated (03-25-2014) / CM
[REDACTED] / supervisor: [REDACTED]

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: Email
School/ Daycare: unknown
Native American Descent: Unknown
Directions: None given

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

Reporter states: [REDACTED] (3 years old), [REDACTED] (5 years old) and [REDACTED] (2 years old) live in [REDACTED] with their mother [REDACTED] and her boyfriend (name unknown). It is unknown if the mother's boyfriend is the father of any of the children. The reporter thinks the family is new to the area because they have [REDACTED].

Do the adults or child(ren) have any special needs or disabilities? Not aware of any.
Is there any domestic violence present in the home? Not aware of any.

This morning (03-26-2015) at 12:50am [REDACTED] EMS transported [REDACTED] to [REDACTED] in [REDACTED] TN due to ingestion of methadone. The mother did not initially accompany the child to the emergency room because the police were at the home, but she is now at the hospital with the child. The mother said that [REDACTED] came into the room and said that she "drank this" and she was holding the methadone. Methadone does come in a liquid form. The mother said that [REDACTED] must have gotten the methadone for [REDACTED] but she did not say how [REDACTED] could have gotten the methadone. The reporter heard from EMS that the methadone may have been in a lock box and [REDACTED] got the key and unlocked the box.

When [REDACTED] arrived at the emergency room she was altered; she appeared sedated, she was agitated, and her pupils were pinpoints. [REDACTED] is now better; she is more alert and her vitals are stable, and she is in stable condition. She will continue to be monitored and will possibly be discharged sometime this morning, but the time is unknown.

Child's current location/is the child safe at this time: [REDACTED] is still at the emergency room with her mother, and she is safe at this time. The reporter does not know the whereabouts of [REDACTED] or [REDACTED].

Alleged perpetrator's location at this time: The mother is at the emergency room. The whereabouts of her boyfriend are unknown.

Any other safety concerns for the child(ren)? No

Are there any hazards or safety risks for a DCS worker who may respond? Unknot

Per SDM: Investigation Track / Priority 1

// [REDACTED] [REDACTED] at 02:26am on 03-26-2015 //



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Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	03-26-15 02:28:14 AM	[REDACTED] ---	[REDACTED]	Voicemail
03-26-15	02:28:14 AM	[REDACTED] 03-26-15 02:29:20 AM	[REDACTED]	PRIVATE Received
03-26-15	02:28:35 AM	[REDACTED] ---	[REDACTED]	Email Sent



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Unable to

Age: 6 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: mother's #

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]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 24 Yrs

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:

Race: White

Age: 4 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: mother's #

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** Unable to **Age:** 3 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant 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: 03/26/2015

Assignment Date: 03/28/2015

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/16/2015
2	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/16/2015
3	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/16/2015
4	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/16/2015
5	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/16/2015
6	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/16/2015
7	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 11/16/2015
8	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 11/16/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed



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

Case Name : ██████████

Investigation ID: ██████████

Comments: On 3-25-2015 Child Protective Services (CPS) received a referral for Lack of Supervision concerning ██████████, and ██████████ with alleged perpetrator being ██████████ (mother) and ██████████ (mother's paramour and father of ██████████)

The allegations of Lack of Supervision are classified as ASPS. The key to lock box was left in the reach of the children and the lock box that had the methadone in it was left where the children could reach it. It is being classified based upon the preponderance of evidence in this case to support the allegation of Lack of supervision.

The allegation of Child Death is classified as AUPU. ██████████ told the parents she gave the medicine to ██████████ so she would go to sleep. ██████████ told her parents she wanted to play with the Batman toy that ██████████ had. CPSI asked how ██████████ would know that the medicine in the lock box would make her go to sleep. ██████████ stated ██████████ was on children's cough medicine the week before and

D. Case Workers

Case Worker: ██████████

Date: 11/16/2015

Team Leader: ██████████

Date: 11/17/2015

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

On 3-26-2015 at 8:00 pm CPSI spoke with ██████████ at ██████████. CPSI stated who she was and that she wanted to know what had happened to ██████████. ██████████ appeared to have a language delay but was easy to understand if she spoke slowly. ██████████ stated that she gave ██████████ medicine and she got sick. ██████████ stated that it was mommy and daddy's medicine. CPSI asked ██████████ why she gave ██████████ the medicine and ██████████ stated ██████████ wanted it. ██████████ stated ██████████ just wanted to taste it. ██████████ stated ██████████ spit it out on her pillow and bed. ██████████ stated ██████████ would not walk or talk. ██████████ stated she went and got mommy and daddy's medicine, loosed it with her teeth and turned it open. ██████████ stated ██████████ wasn't breathing when she got to the ER and ██████████ said she was scared. CPSI asked ██████████ where the medicine was. ██████████ stated the medicine was in the car and daddy brought it up in a box, it was mommy and daddy's. ██████████ stated she used a key from her daddy's pants. CPSI asked ██████████ how she knew where the key was and she stated she saw it and just got it out. CPSI asked ██████████ if she knew if ██████████ drank the medicine. ██████████ stated she did drink the medicine, it was yucky and ██████████ got a drink of mommy's Mt. Dew. ██████████ stated ██████████ spilled the rest of the medicine. CPSI ██████████ was unable to interview ██████████ (brother) because of his age. ██████████ was getting ready to turn a year old on March 31st. ██████████ appeared to be clean and well cared for.

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

██████████ was taken to ██████████ by ambulance. ██████████ stated ██████████ had a negative drug screen, gave her benedryl, and sent her home. ██████████ returned to ██████████ the next day around noon because she was unresponsive. ██████████ completed another drug screen and she was negative. ██████████ coded at the hospital and was then flown to ██████████. ██████████ was ██████████ treating physician. ██████████ stated ██████████ was positive for methadone. ██████████ stated she was never tested at ██████████ for methadone. ██████████ stated ██████████ was given a large and appropriate dose of Narcan to reverse the Methadone overdose. ██████████ stated ██████████ had very little to no response to the Narcan. ██████████ stated ██████████ could not maintain her temperature and could not maintain the amount of urine output. ██████████ stated she was putting out more than she was taking in. ██████████ stated ██████████ has swelling in the brain and her brain stem is the most damaged due to lack of oxygen and blood flow. ██████████ stated the amount of damage to ██████████ body is from the methadone. ██████████ stated the swelling around ██████████ arteries



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Case Name : ██████████

Investigation ID: ██████████

would cause her brain to herniate. ██████████ completed two Blood Flow studies on ██████████ brain. The studies showed that ██████████ brain was not receiving any blood flow. ██████████ diagnosed ██████████ with Irreversible Progressive Brain Death.

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

██████████ stated ██████████ medication is divided out in a daily divider that was sitting under the lock boy. ██████████ stated all of his medication was there because they counted it. ██████████ stated that she will always keep the medication in a lock box in the trunk of the car from now on. ██████████ was told by the clinic it was not a good idea to keep it in the car and that's why they had brought it in to the room. ██████████ stated the children had never messed with it. ██████████ reported they tried to make the children aware of what was in the box but told them it was dangerous and not for kids. ██████████ stated he has always kept his key in his little pocket and ██████████ has always liked the key. ██████████ stated she had cleaned the room that night and when she was organizing the kids snacks, she just pushed the lock box to the back of the table. ██████████ and ██████████ stated they both have a drug history and they went to ██████████ ██████████ to get help. ██████████ stated the methadone was cheaper than the Suboxone and that is why they are on the methadone. ██████████ stated they have been going to ██████████ ██████████ for the last 2 years. ██████████ stated that she goes on Mondays and gets her methadone free because she is 18 weeks pregnant. ██████████ stated that ██████████ goes on Wednesdays.

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

Officer ██████████ with ██████████ ██████████ spoke with ██████████ ██████████ stated ██████████ told him she got the key and opened the lock box. ██████████ reported to ██████████ that she opened the bottle with her teeth. ██████████ stated he did observe small teeth marks on the lid of the methadone bottle. ██████████ stated the scene of the incident corroborated the parents explanation of what happened.

Det. ██████████ stated there was a small amount of methadone spilt on the bed. Det. ██████████ stated there was food in the room and it appeared the family was living there. Det. ██████████ stated he did not have any concerns with the cleanliness of the room.

CPSI ██████████ made a referral to ██████████ with concerns that the Methadone was being left out in the reach of the children again. CPSI ██████████ spoke with ██████████ with ██████████ DSS in ██████████ ██████████ Mr. ██████████ stated he would send someone to the home right away. ██████████ was removed from the home and placed with ██████████ as an emergency placement. ██████████ was to remain with ██████████ sister, ██████████ CPSI ██████████ received a letter from ██████████ ██████████ stating there was sufficient evidence to substantiate neglect against both parents and a petition was filed in Juvenile Court to aid in the protection of the children.

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

It is being classified based upon the preponderance of evidence in this case to support the allegation of Lack of Supervision. DCS Policy's definition of Lack of supervision:

Failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that:

- a) The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or
- b) Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills).
- c) Any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

It is being classified based upon the absence of preponderance of evidence in this case to support the allegation of Child Death.



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and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

DCS Policy's definition of Child death is defined as:

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

Any child death caused by abuse or neglect resulting from direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

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 Status: Close

Case Name | [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/13/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/16/2015
 Completed date: 11/16/2015 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: 11/16/2015 12:39 PM Entered By: [REDACTED]
 LI [REDACTED] discussed the case with CPSI [REDACTED] she had staffed the case earlier in the day with RID [REDACTED] Assisted with the case closure summary.

Narrative Type: Addendum 1 Entry Date/Time: 11/18/2015 01:01 PM Entered By: [REDACTED]

Law enforcement records were documented as being received from law enforcement on 3/26/15
 Medical records were documented as being requested from various agencies on 3/26/15 & 4/1/15
 The parents both have a long history of abusing prescription medications. The chose to receive drug treatment in the form attending a clinic that prescribed methadone. A methadone clinic was chosen over a clinic that prescribed buprenorphine due to the cost. Essentially methadone was cheaper. The mother was receiving her methadone for free due to being pregnant while the father's mother was paying for his visits and medication from the methadone clinic.
 Initial face to face contact with the surviving children was delayed as law enforcement concluded their investigation prior to making a referral to Child Protective Services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/13/2015 Contact Method:
 Contact Time: 03:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/13/2015
 Completed date: 11/13/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2015 05:10 PM Entered By: [REDACTED]

Child Death Review Summary

On 3-25-2015 Child Protective Services (CPS) received a referral for Lack of Supervision concerning [REDACTED] and [REDACTED] with alleged perpetrator being [REDACTED] (mother) and [REDACTED] (mother's paramour and father of [REDACTED]). Child Protective Service Investigator (CPSI) [REDACTED] contacted [REDACTED] Hospital and was advised that [REDACTED] was discharged at 3:05am. CPSI [REDACTED] contacted Lead Investigator (LI) [REDACTED] and advised [REDACTED] had been discharged from the hospital within 30 minutes of the referral being made. LI [REDACTED] gave CPSI [REDACTED] permission to wait until normal business hours to meet response since the hospital allowed her to return home. At 5:15 am CPSI [REDACTED] contacted Officer [REDACTED] with [REDACTED] Police Department to assist in locating [REDACTED] due to CPSI [REDACTED] not being able to find such road via Google. At 5:45 Officer [REDACTED] stated he located a [REDACTED] Rd in [REDACTED] but [REDACTED] Rd does not exist. Officer [REDACTED] stated he was going to continue looking and would let CPSI [REDACTED] know. At 6:10 am Officer [REDACTED] contacted CPSI [REDACTED] again and stated he has still been unable to find the address given for the family. There is no [REDACTED] Rd anywhere on the [REDACTED] County map. At 11:30 am LE responded back to the same residence with [REDACTED] being unresponsive. She had a pulse and was breathing but would not react. She was transferred back to [REDACTED] and from there was flown to [REDACTED]. CPSI [REDACTED] contacted the referent before responding to the hospital. The referent did not have any other information to add at that time. On 3-26-2015 at 5:30 pm CPSI [REDACTED] met with [REDACTED] (mother) at [REDACTED] Room [REDACTED] in [REDACTED]. CPSI [REDACTED] introduced herself and [REDACTED] welcomed her in the room. CPSI [REDACTED] asked [REDACTED] how [REDACTED] was doing and she stated that she was still non-responsive. CPSI [REDACTED] stated that she need to speak with her about what had happened the last several hours and that she wanted to get some background information about the family. [REDACTED] stated that was fine and was willing to cooperate with CPSI [REDACTED]. CPSI [REDACTED] and [REDACTED] developed a timeline of the past several hours and then explained she would like to speak with [REDACTED] (sister). On 3-26-2015 at 8:00 pm CPSI spoke with [REDACTED] at [REDACTED]. CPSI stated who she was and that she wanted to know what had happened to [REDACTED]. [REDACTED] appeared to have a language delay but was easy to understand if she spoke slowly. [REDACTED] stated that she gave [REDACTED] medicine and she got sick. [REDACTED] stated that it was mommy and daddy's medicine. CPSI asked [REDACTED] why she gave [REDACTED] the medicine and [REDACTED] stated [REDACTED] wanted it. [REDACTED] stated [REDACTED] just wanted to taste it. [REDACTED] stated [REDACTED] spit it out on her pillow and bed. [REDACTED] stated [REDACTED] would not walk or talk. [REDACTED] stated she went and got mommy and daddy's medicine, loosed it with her teeth and turned it open. [REDACTED] stated [REDACTED] wasn't breathing when she got to the ER and [REDACTED] said she was scared. CPSI asked [REDACTED] where the medicine was. [REDACTED] stated the medicine was in the car and daddy brought it up in a box, it was mommy and daddy's. [REDACTED] stated she used a key from her daddy's pants.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

CPSI asked [REDACTED] how she knew where the key was and she stated she saw it and just got it out. CPSI asked [REDACTED] if she knew if [REDACTED] drank the medicine. [REDACTED] stated she did drink the medicine, it was yucky and [REDACTED] got a drink of mommy's Mt. Dew. [REDACTED] stated [REDACTED] spilled the rest of the medicine. A forensic interview was not completed as [REDACTED] gave a detailed disclosure about the incident. The [REDACTED] Center concurred a forensic interview was not needed. CPSI [REDACTED] was unable to interview [REDACTED] (brother) because of his age. [REDACTED] was getting ready to turn a year old on March 31st. [REDACTED] appeared to be clean and well cared for.

[REDACTED] stated that the family had moved to Tennessee (TN) about a month and half ago to live in one of her dad's houses so he could get to know [REDACTED] and his grandchildren. [REDACTED] stated that she was removed from him when she was little because he was an alcoholic and there was a lot of domestic violence in the home. [REDACTED] stated that he had told her he didn't drink anymore. [REDACTED] stated that they did not stay there very long because she found out that he still drinks and he still has domestic violence issues. [REDACTED] stated that she did not feel that it was safe for her family to stay there, so they left and came to [REDACTED] to the [REDACTED]. [REDACTED] stated that they had been in [REDACTED] for about 2 ½ weeks. CPSI [REDACTED] completed a TFACT's History search and the family has had to previous case from January 2015 for Lack of Supervision and Drug Exposed Child/Infant. These cases were worked with the help of North Carolina because the family was going back and forth between [REDACTED] and Tennessee. These cases were closed as Allegation Unfounded/Perpetrator Unfounded (AUPU).

Det. [REDACTED] and [REDACTED] Officers initially went to the [REDACTED] where the incident occurred in the hotel room [REDACTED]. Det. [REDACTED] took pictures of the room. Det. [REDACTED] provided his reports and pictures to CPSI [REDACTED]. After [REDACTED] was admitted to [REDACTED] the family did not return to the hotel. [REDACTED] and [REDACTED] were interviewed by CPSI [REDACTED]. [REDACTED] stated [REDACTED] medication is divided out in a daily divider that was sitting under the lock boy. [REDACTED] stated all of his medication was there because they counted it. [REDACTED] stated that she will always keep the medication in a lock box in the trunk of the car from now on. [REDACTED] was told by the clinic it was not a good idea to keep it in the car and that's why they had brought it in to the room. [REDACTED] stated the children had never messed with it. [REDACTED] reported they tried to make the children aware of what was in the box but told them it was dangerous and not for kids. [REDACTED] stated he has always kept his key in his little pocket and [REDACTED] has always liked the key. [REDACTED] stated she had cleaned the room that night and when she was organizing the kids snacks, she just pushed the lock box to the back of the table. [REDACTED] stated that [REDACTED] was cranky because she hadn't had a nap and did not sleep much the night before. [REDACTED] stated that they laid the children down around 9:00 or 9:30 and about 15-30 minutes later [REDACTED] and I lay down. [REDACTED] stated around 11:00 or 11:30, [REDACTED] woke her up by tapping on her mom saying "[REDACTED] needs you, [REDACTED] needs you". [REDACTED] stated as soon as she got up, [REDACTED] shot up and she noticed that there was methadone spilt all over the pillow case and saw the bottle. [REDACTED] stated that she woke [REDACTED] up at this time and asked [REDACTED] who got the medicine. [REDACTED] stated [REDACTED] told her that [REDACTED] got it and spilled it because it was dark. [REDACTED] stated that [REDACTED] told her no, [REDACTED] gave it to me; I spilled it because it was dark. [REDACTED] stated that she kept asking [REDACTED] and [REDACTED] if [REDACTED] took any. [REDACTED] stated that [REDACTED] and [REDACTED] said no. [REDACTED] stated that [REDACTED] was acting herself. [REDACTED] stated that she had some red cough syrup, so she filled the methadone bottle up to the same amount as what was in the bottle to begin with and then spilt it to compare the size of the stain to see if [REDACTED] did ingest any of the methadone. [REDACTED] stated that the stains looked the same. [REDACTED] stated that [REDACTED] began scratching and she told [REDACTED] that they needed to take her to the emergency room. [REDACTED] stated they got in the car with all the children and she kept [REDACTED] on her lap because she did not feel comfortable putting her in the back. [REDACTED] stated that they got about a mile and a half down the road and [REDACTED] kept falling asleep. [REDACTED] stated that [REDACTED] pulled over to a yellow gas station on the left. [REDACTED] stated they were still in [REDACTED] and it was the only gas station opened. [REDACTED] stated [REDACTED] ran inside and called 911 while she was outside trying to get [REDACTED] to walk with her. [REDACTED] stated [REDACTED] walked from the passenger side front door to the back of the car and asked to be carried. [REDACTED] picked [REDACTED] up as the ambulance pulled in. [REDACTED] stated the police pulled in right behind the ambulance. [REDACTED] ran [REDACTED] over to the EMT and the EMT took her and put her in the back of the ambulance. [REDACTED] stated they were in the back of the ambulance for about 5 minutes and then they came out and asked if we wanted to follow them. [REDACTED] told the EMT yes but the officers made them go back to the hotel with them. [REDACTED] stated they were staying in Room [REDACTED] and the officers kept them for about an hour or hour and a half asking the same questions "What happened?". [REDACTED] stated the officers had a hard time believing that a 5 year old could open the methadone bottle. [REDACTED] stated [REDACTED] was standing outside when one of the officers took her one of [REDACTED] sealed methadone bottles to see if she could open it. [REDACTED] said she was at the end of the rail and heard one of the officers say [REDACTED] admitted that she opened the bottle with her teeth. [REDACTED] said the officer then brought the bottle back to her, shined his flashlight on the bottle that spilled and showed her all the teeth marks on the lid. [REDACTED] said the officer told her to put the methadone back in the lock box and put the lock box on the metal shelf. CPSI [REDACTED] asked both the parents if they would take a urine drug screen and they both agreed to. The parents were only positive for their prescription of Methadone. [REDACTED] and [REDACTED] stated they both have a drug history and they went to [REDACTED] Treatment Center to get help. [REDACTED] stated the methadone was cheaper than the Suboxone and that is why they are on



Tennessee Department of Children's Services
Case Recording Summary

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

the methadone. [REDACTED] stated they have been going to [REDACTED] Services for the last 2 years. [REDACTED] stated that she goes on Mondays and gets her methadone free because she is 18 weeks pregnant. [REDACTED] stated that [REDACTED] goes on Wednesdays. CPSI asked why they could not go one the same day. [REDACTED] stated that it was too much of a hassle to call and get everything switched and it takes a while for it to change. [REDACTED] stated that starting next month they will be going on the same day because they changed the appointments to twice a month instead of weekly. [REDACTED] stated that she is currently getting her methadone free because she is 18 weeks pregnant. [REDACTED] stated that she is getting prenatal care from [REDACTED] in [REDACTED] CPSI [REDACTED] discussed and completed the following paperwork with [REDACTED] and [REDACTED]. The signature pages were signed by [REDACTED] and [REDACTED] on 3-26-2015. The Notification of Equal Access to Programs and Services and Grievance Procedures, the Clients' Rights Handbook, the Native American Heritage Veto Verification, the HIPAA form, and the genogram was initiated.

On 3-30-2015 CPSI contacted Lead Investigator (LI) that Dr. [REDACTED] had just completed her final exam on [REDACTED] and the time of death was 12:00 pm. CPSI was instructed to contact the Child Abuse Hotline and make a referral reporting the death. The date of death was entered on this date and the Child Death Notification Form was completed. CPSI [REDACTED] offered to help the family enroll in grief/family counseling. [REDACTED] and [REDACTED] stated they would like time to process everything before they started in counseling. CPSI [REDACTED] recommended [REDACTED] also enroll in counseling. [REDACTED] and [REDACTED] stated she was staying with [REDACTED] a supportive family friend. [REDACTED] stated [REDACTED] is staying with his sister, [REDACTED] in [REDACTED] CPSI [REDACTED] requested and received medical records from [REDACTED] Center, [REDACTED] Pharmacy (the pharmacy [REDACTED] used to get his medication) [REDACTED] Pharmacy (the pharmacy [REDACTED] used to get her medication), [REDACTED] Pediatrics in [REDACTED] and [REDACTED] County DSS in [REDACTED]. The family moved back to [REDACTED] after [REDACTED] passed away to stay with [REDACTED] parents, [REDACTED] and [REDACTED] still wanted to live in Tennessee, so they would travel back and forth looking for housing. CPSI [REDACTED] met with them to help them fill out the paperwork for food stamps, TN Care, and WIC. CPSI [REDACTED] met [REDACTED], and [REDACTED] at the [REDACTED] Housing Authority to help them apply for housing.

CPSI [REDACTED] convened with members of the Child Protective Investigation Team on 3-26-2015. Per Judge [REDACTED] court order on 1-24-2013, the notification of report of harm was not sent to Juvenile Court. CPSI [REDACTED] presented this case monthly to CPIT and reviewed this case with LI [REDACTED]. The SDM was completed on 3-26-2015 and the FAST was completed on 4-6-2015. The 740 will be submitted to the DA. Per Judge [REDACTED] court order on 1-24-2013, the 740 will not be sent to Juvenile Court. CPSI [REDACTED] received the autopsy and presented this case to CPIT on 6-19-2015 and is classified as AUPU. It is being classified based upon the absence of preponderance of evidence in this case to support the allegation of Lack of supervision and Child Death. DCS Policy's definition of Lack of supervision:

Failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. A lack of supervision allegation or determination means that:

- a) The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or
- b) Caregiver inadequately supervises a child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills).
- c) Any registered sex offender residing in a home with unrelated minor children or victim of offender, and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

DCS Policy's definition of Child death is defined as:

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

Any child death caused by abuse or neglect resulting from direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

Narrative Type: Addendum 1 Entry Date/Time: 11/16/2015 04:11 PM Entered By: [REDACTED]

Clarification of Case Classification:

The allegations of Lack of Supervision are classified as ASPS. The key to lock box was left in the reach of the children and the lock box that had the methadone in it was left where the children could reach it. It is being classified based upon the preponderance of evidence in this case to support the allegation of Lack of supervision.

The allegation of Child Death is classified as AUPU. [REDACTED] told the parents she gave the medicine to [REDACTED] so she would go



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

to sleep. [REDACTED] told her parents she wanted to play with the Batman toy that [REDACTED] had. CPSI asked how [REDACTED] would know that the medicine in the lock box would make her go to sleep. [REDACTED] stated [REDACTED] was on children's cough medicine the week before and they would give it to her before bed so she would sleep better and not cough during the night. The cough syrup was red just like the methadone in the lock box. It is being classified based upon the absence of preponderance of evidence in this case to support the allegation of Child Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/09/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/25/2015
 Completed date: 09/25/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/09/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/25/2015
 Completed date: 09/25/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
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Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
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Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/09/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/25/2015
 Completed date: 09/25/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/09/2015 Contact Method:
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 09/25/2015
 Completed date: 09/25/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]
 This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/25/2015
Completed date:	09/25/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2015 10:14 AM Entered By: [REDACTED]

This case has been reviewed by Deputy Director of Investigations [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/28/2015	Contact Method:	
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/28/2015
Completed date:	08/28/2015	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: 08/28/2015 09:54 AM Entered By: [REDACTED]

This is a death case

Autopsy is back. Case was presented to CPIT.

Plan: CPSI will complete the closing death summary and present to LI , IC and RID for approval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/26/2015 Contact Method:
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/17/2015
 Completed date: 11/17/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/17/2015 10:48 AM Entered By: [REDACTED]

CPSI [REDACTED] received a letter from [REDACTED] County Health and Human services stating the risk to the children necessitated that a traditional Investigative Response, rather than a Family Assessment be utilized and there was sufficient evidence to substantiate neglect against both parents. A petition was filed in Juvenile Court to aid in the protection of the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/26/2015 Contact Method: Face To Face
 Contact Time: 03:18 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 11/17/2015
 Completed date: 11/17/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/17/2015 10:44 AM Entered By: [REDACTED]

CPSI [REDACTED] had received several concerns about [REDACTED] and [REDACTED] leaving their methadone out in the reach of [REDACTED] the environment that they were living in, and leaving over the counter medication out at the child's level. CPSI [REDACTED] contacted [REDACTED] County DSS and spoke with [REDACTED] and made a referral. CPSI [REDACTED] explained the concerns she had received and the history with the family. Mr. [REDACTED] stated he would send someone out to the home right away. CPSI [REDACTED] stated there was concern the family would be leaving [REDACTED] with the children and going to [REDACTED] [REDACTED] is the social worker that was assigned to this case. The children were removed from the parents by [REDACTED] on this date. [REDACTED] was placed with [REDACTED] is [REDACTED] old Guardian ad Litem from when she was a child going through the court system. [REDACTED] has continued to have a close relationship with [REDACTED] throughout her life. [REDACTED] is an emergency placement for [REDACTED] and [REDACTED] has her enrolled in counseling [REDACTED] has been living with [REDACTED] sister, [REDACTED] since [REDACTED] was in the hospital. [REDACTED] will continue living with [REDACTED] The parents are to only have supervised contact with the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/12/2015	Contact Method:	
Contact Time:	06:27 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/12/2015
Completed date:	05/12/2015	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: 05/12/2015 05:29 PM Entered By: [REDACTED]

LI [REDACTED] completed administrative review of the case on this date. Autopsy is still pending on this case. Next steps include but are not limited to updating case recordings.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/01/2015 Contact Method:
 Contact Time: 03:24 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/01/2015
 Completed date: 04/01/2015 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: 04/01/2015 02:53 PM Entered By: [REDACTED]
 CPSI requested the medical records from [REDACTED] on [REDACTED] on this date and time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/01/2015 Contact Method:
 Contact Time: 11:04 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/01/2015
 Completed date: 04/01/2015 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: 04/01/2015 10:05 AM Entered By: [REDACTED]
 CPSI requested all medical records from [REDACTED] Center for [REDACTED] and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/30/2015	Contact Method:
Contact Time: 05:07 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/30/2015
Completed date: 03/30/2015	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: 03/30/2015 04:23 PM Entered By: [REDACTED]

Received notification from the child abuse hotline at 5:07pm [REDACTED] that referral # [REDACTED] was received today regarding the death of [REDACTED], the referral is being screened out as CPSI [REDACTED] has an open case regarding this child and her death is related to the allegations in the open case. LI [REDACTED] will add the allegations to the open case. It should be noted that the information listed as a footnote to the screened out referral is not accurate....the original referral that initiated the investigation # [REDACTED] was not received as a near fatality.

Referral narrative states the following:

The [REDACTED] (5) [REDACTED] (3), and [REDACTED] (2) live with mother, [REDACTED] and her paramour, [REDACTED]

There is an open CPS case with this family.

On or around 3/27/15, [REDACTED] opened a locked black lock box and retrieved [REDACTED] methadone. [REDACTED] bit down on the lid and twisted the bottle top open. [REDACTED] gave the methadone to [REDACTED] and [REDACTED] drank it. It is unknown how much methadone [REDACTED] ingested.

There was a meeting scheduled today between CPS staff and [REDACTED] Hospital staff. Dr. [REDACTED] from [REDACTED] Hospital stated that [REDACTED] passed away from the overdose at 12 pm today (3/30/15). [REDACTED] suffered from irreversible progressive brain death according to Dr. [REDACTED]. This is the only new information that the reporter had to report.

The parents will be moving and their new address is unknown at this time but CPS CM, [REDACTED] will be able to contact them.

There were no further questions asked of the reporter due to the open case and CPS CM [REDACTED] already having met with the family at the hospital.

Per SDM: Investigative Track/ P1 (Per CPS in [REDACTED] County. CPS CM [REDACTED] has met with the family.) [REDACTED] CM2 3/30/15 @ 2:12 pm



Tennessee Department of Children's Services
Case Recording Summary

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

Screen Out. Has been referred to the local case manager who is presently involved with the family. The open case ██████████ is regarding this incident. It was submitted as a near fatality. The child has now passed away. Emailed FYI for Open Case ID ██████████ CM ██████████ and Supervisor ██████████ ██████████ CM3 @ 223p on 3-30-15. Emailed Director ██████████ TC ██████████ and Floor Manager/TL ██████████



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/30/2015 Contact Method:
 Contact Time: 01:49 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/30/2015
 Completed date: 03/30/2015 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: 03/30/2015 04:26 PM Entered By: [REDACTED]

LI [REDACTED] received a phone call from CPSI [REDACTED] that stated she had just been advised from Dr. [REDACTED] that she was calling time of death. The time of death will be 12:00pm on 3/30/15 as this is when Dr. [REDACTED] completed her last exam of [REDACTED]. IC [REDACTED] RID [REDACTED] and [REDACTED] were all notified of the time of death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/29/2015 Contact Method: Phone Call
 Contact Time: 05:40 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/01/2015
 Completed date: 04/01/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/01/2015 02:52 PM Entered By: [REDACTED]

The biological father, [REDACTED], of [REDACTED] contact [REDACTED] PICU. CPSI went with [REDACTED] to speak with him on the phone. [REDACTED] told him that [REDACTED] was brain dead and she did not get the appropriate amount of oxygen she needed to the brain.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/28/2015	Contact Method:	
Contact Time:	06:27 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	03/28/2015
Completed date:	03/28/2015	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: 03/28/2015 05:46 PM Entered By: [REDACTED]

LI [REDACTED] contacted Regional Investigations Director [REDACTED] on this date to discuss the case. Nest Steps: Maintain contact with medical personnel. Continue to assist the family with needed services



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/27/2015 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 03/29/2015
 Completed date: 03/29/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): ACV Interview/Observation,Collateral Contact
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/29/2015 03:05 PM Entered By: [REDACTED]

CPSI [REDACTED] observed [REDACTED] in her bed at [REDACTED]. She is still on a ventilator and fluids. CPSI [REDACTED] spoke with her nurse, [REDACTED] reported there were no changes with the child at this time. [REDACTED] was positive for methadone, but [REDACTED] isn't sure about the levels. [REDACTED] stated the mother hasn't been to see [REDACTED] so far today. CPSI [REDACTED] reminded the nurse that there are no restrictions set for the mother and she should be arriving shortly to visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/27/2015 Contact Method: Phone Call
 Contact Time: 09:50 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/28/2015
 Completed date: 03/28/2015 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: 03/28/2015 12:59 PM Entered By: [REDACTED]
 CPSI contacted [REDACTED] to speak with the social worker. CPSI spoke with [REDACTED] stated that she would fax [REDACTED] medical records to CPSI on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/27/2015 Contact Method:
 Contact Time: 09:44 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/28/2015
 Completed date: 03/28/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/28/2015 12:56 PM Entered By: [REDACTED]
 CPSI requested the medical records from [REDACTED] on [REDACTED]
 CPSI faxed the timeline she created with [REDACTED] to Det. [REDACTED] at 9:57 am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/27/2015 Contact Method: Attempted Phone Call
 Contact Time: 09:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/28/2015
 Completed date: 03/28/2015 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: 03/28/2015 12:23 PM Entered By: [REDACTED]
 On this date CPSI [REDACTED] attempted to contact [REDACTED] to get the fax number to request medical records. CPSI [REDACTED] left a message requesting a call back.
 CPSI attempted to contact [REDACTED] again and there was no answer.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/26/2015	Contact Method:
Contact Time: 10:00 PM	Contact Duration: Less than 04 Hour
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/27/2015
Completed date: 03/27/2015	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: 03/27/2015 07:44 PM Entered By: [REDACTED]

CPSI [REDACTED] LI [REDACTED] and IC [REDACTED] engaged in multiple conversations this date via phone and text regarding this case. CPSI [REDACTED] completed interviews with the mother, father and oldest child on this date. She obtained a time line of the events that occurred on 3/25 and 3/26. She also spoke to medical personnel regarding the condition of [REDACTED] is not responding well to efforts to rouse her. Medical staff report they have no idea what is wrong with the child. They have reported it could be a UTI, she could have aspirated chocolate milk, she could have pneumonia, she could have ingested some of the methadone they are not sure. [REDACTED] reported the child was not displaying signs that would lead them to believe she had ingested any of the methadone. She was alert, sitting up and playing before she was discharged.) Medical staff state if the child aspirated chocolate milk they are not sure how long she would have been without oxygen and it is too soon to tell the extent of the damage to her organs. CPSI [REDACTED] reports this was a tragic accident and there are no indicators to lead her to suspect intent to harm the child or neglect on the part of the parents. All children were observed. The toddler, [REDACTED] is not old enough to be interviewed. [REDACTED] has a speech delay, but CPSI [REDACTED] stated she was easily able to understand the child. [REDACTED] stated that she had gotten into the lock box with the key from her daddy's pocket, obtained the methadone, opened the bottle with her teeth and gave it to [REDACTED] because she wanted it. [REDACTED] spit it out because it was nasty and got mommy's Mountain Dew. This is the same thing Det. [REDACTED] stated [REDACTED] disclosed to him earlier today. CPSI [REDACTED] LI [REDACTED] and IC [REDACTED] examined every piece of information CPSI [REDACTED] had obtained from her interviews and observations. It was concluded that, as of now, this appears to have been a terrible accident but there are no immediate harm factors identified that would support restricting the parents access to their children through legal action such as an IPA.

Several strengths were noted and discussed...

The parents moved to TN so the MGF could get to know his grandchildren but when it was discovered he was still an alcoholic and violent they moved out of his home. Mom reports being in foster care as a child due to his alcoholism and abuse.

The PGM pays for the father's methadone and the family continues to get their mail at her home. They were living with her before moving to TN. They did not return to her home as they wanted to be a family of their own. Dad reports also being in foster care as a child.

The parents have a support system in the paternal grandmother and the mother's former GAL.

The parents have been putting in applications for housing assistance and have located an apartment in [REDACTED] that they would like to move into.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The father is bi-polar but takes his medication as prescribed.

The parents secured housing for their children by renting one room at the [REDACTED] as opposed to sleeping in their car or bouncing from place to place...they have limited income and have utilized churches in the community for assistance and their rent is paid up through the first full week of April. They have been living in this location for approximately two and a half weeks.

The parents have food in the room for the children of nutritional value that was not just junk food.

The parents are engaged with the children...when the mother was having brunch with her former GAL the father had the children at the [REDACTED] Mall playing on the indoor playground. After the appointment they went to McDonald's and let the children play on the playground for about 90 minutes. Upon the return to the hotel room the family went for a walk together. The parents are interacting with the children as opposed to simply sitting in the car with them while they waited or letting them wonder around outside unsupervised.

The parents had the methadone secured in a lock box which was pushed to the back of the table. The medicine had previously been stored in the lock box in the car but the methadone clinic [REDACTED] advised them not to do this as it would make it easy for the medication to be stolen. The clinic has advised the mother they want to increase her dosage of methadone but she has refused stating she wants off the methadone all together. The mother reports that she desires to be taken off methadone but the clinic states if she comes off of it now it will kill the baby. The key to the lock box was in the father's pocket and not left lying out in the open.

Both parents only tested positive for methadone and they both have a valid prescription.

Mom is 18 weeks pregnant and obtains medical treatment from [REDACTED] in [REDACTED]. She has not sought out a doctor in the area for prenatal care as the methadone clinic told her if she had the baby in TN CPS would remove it due to her methadone use, even though she is compliant with their program and has a valid prescription. Det. [REDACTED] also advised the mother that CPS would take her baby away if she delivered it in the state of TN.

The children appeared to be well bonded with both of their parents based upon their observations together.

The parents put the children to bed around 9:00pm/9:30pm and waited until they all fell asleep before they themselves went to sleep.

There were two subsequent referrals that were received after the initial referral for a total of three referrals today...two were screened out due to the open case...both of these referrals state there were no concerns noted with the parents.

The children, with the exception of [REDACTED] appear healthy and the parents report regular check ups.

The parents acted appropriately in response to [REDACTED] medical emergencies...once around midnight when [REDACTED] woke the mother up to report [REDACTED] needed her...the began taking her to the ER but stopped and called 911. They did not immediately response to the ER with the ambulance as the police made them return to the hotel room and kept them there for over an hour. They were cooperative with the [REDACTED] Police Department. They have been cooperative with CPS [REDACTED] tonight and fully answered all of her questions without hesitation or complaint. The parents responded appropriately to [REDACTED] second medical emergency today by immediately calling 911. The mother and [REDACTED] went to the hospital with [REDACTED] but the father and [REDACTED] stayed at the hotel as [REDACTED] was stressing [REDACTED] at the ER last night. The hospital had given [REDACTED] toys to play with but [REDACTED] wanted to play with them too and it was causing [REDACTED] to be upset so the parents felt it would be better if he stayed at the hotel with the father during the second trip to the ER.

[REDACTED] is only the father of [REDACTED] be he and the mother have been together since [REDACTED] was 2 years old.

Next Steps include but are not limited to the following:

Maintain contact with medical professionals providing [REDACTED] care.

Request the medical records from [REDACTED] the [REDACTED] methadone clinic and the children's PCP or treating health department

Assist the family with applying for WIC, housing and benefits from DHS



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/26/2015 Contact Method:
 Contact Time: 07:22 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/26/2015
 Completed date: 03/26/2015 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: 03/26/2015 06:26 PM Entered By: [REDACTED]

LI [REDACTED] received notification from the Child Abuse Hotline that referral [REDACTED] was received on this date but screened out due to the open case. The referral narrative states:

[REDACTED] (3) lives with her mother, [REDACTED] and [REDACTED] in [REDACTED] County. It is unknown if [REDACTED] is [REDACTED] fiancé or if he is [REDACTED] biological father. According to the reporter, the family just moved to Tennessee from [REDACTED] within the last 30 days. There are also other children in the home--an 18 month old and a 5 year old.

[REDACTED] brought [REDACTED] to the emergency room this morning at 1 am with concerns that [REDACTED] may have ingested methadone. She was not sure if [REDACTED] actually ingested anything, but she had concerns that [REDACTED] may have ingested something.

When they left the emergency room at 4 am, she put [REDACTED] to bed after giving her Benadryl. [REDACTED] woke up at around 10 am. She attempted to wake [REDACTED] this morning, and the child was unresponsive. She called 911 and brought her back to the emergency room. [REDACTED] arrived at the emergency room around 12:30 this afternoon. She was very unstable upon her second trip to the emergency room today. [REDACTED] has since been transferred to the [REDACTED]

The reporter feels that [REDACTED] was very appropriate. She appeared to be very concerned for [REDACTED]. She also told police that she believes her 5 year old child gave the methadone to [REDACTED]. The police made the 5 year old child show [REDACTED] how they unlocked the lock box with her keys.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	03/26/2015	Contact Method:	Face To Face
Contact Time:	05:30 PM	Contact Duration:	More than 5 Hours
Entered By:	██████████	Recorded For:	
Location:	Hospital	Created Date:	03/29/2015
Completed date:	04/01/2015	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/29/2015 04:51 PM Entered By: ██████████

On 3-26-2015 at 5:30 Child Protective Service Investigator (CPSI) ██████████ met with ██████████ (mother) at ██████████ Room ██████████ in ██████████ CPSI ██████████ introduced herself and ██████████ welcomed her in the room. CPSI ██████████ asked ██████████ how ██████████ was doing and she stated that she was still not responsive. CPSI ██████████ stated that she need to speak with her about what had happened the last several hours and that she wanted to get some background information about the family. ██████████ stated that was fine and was willing to be cooperate with CPSI ██████████

Background Information:

██████████ stated that the family had moved to Tennessee (TN) about a month and half ago to live in one of her dad's houses so he could get to know ██████████ and his grandchildren. ██████████ stated that she was removed from him when she was little because he was an alcoholic and there was a lot of domestic violence in the home. ██████████ stated that he had told her he didn't drink anymore. ██████████ stated that they did not stay there very long because she found out that he still drinks and he still has domestic violence issues. ██████████ stated that she did not feel that it was safe for her family to stay there, so they left and came to ██████████ to the ██████████ ██████████ stated that they had been in ██████████ for about 2 ½ weeks. ██████████ stated that they have received help from different churches to help pay for the hotel and have turned in 3 emergency housing applications. ██████████ stated that they are waiting to hear about an apartment in ██████████ stated that she feels it is better for her family to move to TN even though they got the Methadone Clinic in ██████████ stated they have been going to ██████████ Services for the last 2 years. ██████████ stated that she goes on Mondays and gets her methadone free because she is 18 weeks pregnant. ██████████ stated that ██████████ goes on Wednesdays. CPSI asked why they could not go one the same day. ██████████ stated that it was too much of a hassle to call and get everything switched and it takes a while for it to change. ██████████ stated that starting next month they will be going on the same day because they changed the appointments to twice a month instead of weekly. ██████████ stated that she is currently getting her methadone free because she is 18 weeks pregnant. ██████████ stated that she is getting prenatal care from ██████████ ██████████ stated that ██████████ mother, ██████████ pays for his methadone. CPSI asked if they ever lived with ██████████ mother. ██████████ stated that they lived with her for a few weeks until they got moved to TN. ██████████ stated that they have their mail sent there because that is the only trustworthy place they can have it sent to where it won't be opened. ██████████ stated that she did a change of address in TN recently. CPSI asked if ██████████ was the father of all the children and ██████████ stated no. ██████████ stated that she met ██████████ when ██████████ was 2 years old and



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

she was 5 months pregnant with [REDACTED]. [REDACTED] stated that [REDACTED] and the baby on the way is his. [REDACTED] stated that [REDACTED] and [REDACTED] think of [REDACTED] as their dad because he has always been around and their fathers have nothing to do with them. [REDACTED] stated that she does receive child support from them. [REDACTED] stated that [REDACTED] is [REDACTED] father and he lives in [REDACTED]. [REDACTED] stated that [REDACTED] is [REDACTED] father and he lives in [REDACTED]. [REDACTED] stated that they do not have jobs and [REDACTED] receives at \$1300 disability check each month. [REDACTED] stated [REDACTED] also gets a check for \$230. [REDACTED] stated that all the children go to the doctor for their yearly checkup. [REDACTED] stated that it was time for [REDACTED] to go because she just turned 3.

[REDACTED]

CPSI stated that she needed to make a timeline of the past day or so. [REDACTED] stated that she would give CPSI every detail she could.

Timeline:

On 3-25-2015 around 7:00 am [REDACTED] and [REDACTED] left to go to [REDACTED] to go to the Methadone Clinic. [REDACTED] stated that they got to the Methadone Clinic around 9 am and left around 10:05 am. [REDACTED] stated that she had to meet her old Guardian ad Litem [REDACTED], at [REDACTED] around 10:30 am. [REDACTED] stated that [REDACTED] took the children to the [REDACTED] mall to play in the play area and to ride the coin trucks. [REDACTED] also went and washed the car and vacuumed it out. [REDACTED] stated that after her and [REDACTED] was finished eating they went to [REDACTED] where [REDACTED] picked her up around 11:45 am. [REDACTED] stated that they went to McDonald's to eat lunch and let the children play on the playground. [REDACTED] stated that the children played for about an hour and a half and then they drove around for a while. [REDACTED] stated that they were waiting to see if they would be able to get their mail from [REDACTED] but she was at work. [REDACTED] stated that they got back to the hotel in [REDACTED] around 4 pm. [REDACTED] stated that she carried some stuff up to the room, came back down, went for a walk for about 30-45 minutes, and then went to the room to take a nap, which was a waste of time. [REDACTED] stated that the children played with their toys, played with the puppy, and watched Sponge Bob. [REDACTED] stated that everyone ate around 7 pm. [REDACTED] stated that [REDACTED] and [REDACTED] ate a peanut butter and jelly sandwich and [REDACTED] and she ate Italian bread with turkey. [REDACTED] stated they also had Cheese Nips. [REDACTED] stated that [REDACTED] was cranky because she hadn't had a nap and did not sleep much the night before. [REDACTED] stated that they laid the children down around 9:00 or 9:30 and about 15-30 minutes later [REDACTED] and I lay down. [REDACTED] stated around 11:00 or 11:30, [REDACTED] woke her up by tapping on her mom saying "[REDACTED] needs you, [REDACTED] needs you". [REDACTED] stated as soon as she got up, [REDACTED] shot up and she noticed that there was methadone spilt all over the pillow case and saw the bottle. [REDACTED] stated that she woke [REDACTED] up at this time and asked [REDACTED] who got the medicine. [REDACTED] stated [REDACTED] told her that [REDACTED] got it and spilled it because it was dark. [REDACTED] stated that [REDACTED] told her no, [REDACTED] gave it to me; I spilled it because it was dark. [REDACTED] stated that she kept asking [REDACTED] and [REDACTED] if [REDACTED] took any. [REDACTED] stated that [REDACTED] and [REDACTED] said no. [REDACTED] stated that [REDACTED] was acting herself. [REDACTED] stated that she had some red cough syrup, so she filled the methadone bottle up to the same amount as what was in the bottle to begin with and then spilt it to compare the size of the stain to see if [REDACTED] did ingest any of the methadone. [REDACTED] stated that the stains looked the same. [REDACTED] stated that [REDACTED] began scratching and she told [REDACTED] that they needed to take her to the emergency room. [REDACTED] stated they got in the car with all the children and she kept [REDACTED] on her lap because she did not feel comfortable putting her in the back. [REDACTED] stated that they got about a mile and a half down the road and [REDACTED] kept falling asleep. [REDACTED] stated that [REDACTED] pulled over to a yellow gas station on the left. [REDACTED] stated they were still in [REDACTED] and it was the only gas station opened. [REDACTED] stated [REDACTED] ran inside and called 911 while she was outside trying to get [REDACTED] to walk with her. [REDACTED] stated [REDACTED] walked from the passenger side front door to the back of the car and asked to be carried. [REDACTED] picked [REDACTED] up as the ambulance pulled in. [REDACTED] stated the police pulled in right behind the ambulance. [REDACTED] ran [REDACTED] over to the EMT and the EMT took her and put her in the back of the ambulance. [REDACTED] stated they were in the back of the ambulance for about 5 minutes and then they came out and asked if we wanted to follow them. [REDACTED] told the EMT yes but the officers made them go back to the hotel with them. [REDACTED] stated they were staying in Room [REDACTED] and the officers kept them for about an hour or hour and a half asking the same questions "What happened?". [REDACTED] stated the officers had a hard time believing that a 5 year old could open the methadone bottle. [REDACTED] stated [REDACTED] was standing outside when one of the officers took her one of [REDACTED] sealed methadone bottles to see if she could open it. [REDACTED] said she was at the end of the rail and heard one of the officers say [REDACTED] admitted that she opened the bottle with her teeth. [REDACTED] said the officer then brought the bottle back to her, shined his flashlight on the bottle that spilled and showed her all the teeth marks on the lid. [REDACTED] said the officer told her to put the methadone back in the lock box and put the lock box on the metal shelf. The officers then told [REDACTED] and [REDACTED] they could go on to the hospital. [REDACTED] before they left she grabbed all the medicine (methadone and [REDACTED] bipolar medicine) and put



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Organization: ██████████ ██████████

them in the trunk. ██████ said she believes she put ██████ bipolar medicine in the lock box but she is at least 100 % it was in the trunk. ██████ said we went to the hospital around 2:30 am and ██████ was up playing but still acted tired and cranky. ██████ said she was in the room maybe for 30 minutes before the doctor came in and asked her if she knew if ██████ had ingested any methadone. ██████ told the doctor it looked like it had all spilled. ██████ said the doctor told her that if it was an overdose, then they would have noticed by then. ██████ said the doctor told her ██████ was acting like a normal, tired 3 year old and were going to release her. ██████ said they gave ██████ Benadryl because she was scratching. ██████ said the doctor told her they could leave and ██████ gave the nurses a hug and kiss goodbye. ██████ said they got in the car and she kept ██████ on her lap because she didn't want to put her in the back. ██████ said ██████ fell asleep on the way home.

██████ said when they got back to the hotel around 4 am, ██████ woke up and ██████ carried her up the steps, while I carried ██████ and held ██████ hand. ██████ stated they all watched a little TV and ██████ played with her toys. ██████ stated that ██████ at some Cheeze It's and ██████ ate one. ██████ stated they laid the children down and ██████ stayed up until about 5:30 am to make sure ██████ was ok. ██████ said ██████ slept between her and ██████ ██████ stated ██████ moved around while she was asleep and that she could hear her drinking her milk through the night. ██████ said she and ██████ woke up around 10 am on 3-26-2015. ██████ stated ██████ went to the store to get milk. ██████ said about 2 or 3 minutes before she saw ██████ pull into the parking lot she tried to wake ██████ up because it was around 11 am. ██████ said the curtains were open and that how she knew when ██████ pulled up. ██████ said the other children had been up for about an hour playing. ██████ stated she felt like ██████ needed to sleep because she hadn't slept much. ██████ said she said ██████ name a few time and went to pick her up. ██████ said ██████ was limp when she picked her up. ██████ said she read somewhere that if you put pressure on someone's ear and said their name they would respond if they were unresponsive. ██████ stated she tried that and ██████ did not respond. ██████ stated she called 911 as soon as ██████ got in the room. ██████ stated the cop walked by the room and she let him in and then the ambulance showed up. ██████ said the EMT called ██████ name several times and she did not respond, so they picked her up and took her to the ambulance. ██████ said the Detective looked around the room and asked if she could have got a hold of anything and ██████ told him no because she was sleeping between ██████ and I. ██████ told the Detective, ██████ moved in her sleep and sucked her bottle throughout the night. ██████ stated the officer was on the phone with the doctor at that time and ██████ did most of the talk with them while she was upstairs with ██████ and ██████ ██████ stated the officer got off the phone with the doctor. ██████ stated that the officers told him the doctor think it was something to do with ██████ blood sugar and asked him why they didn't feed her. ██████ stated he told the officer ██████ not want to eat and he couldn't feed her if she didn't want to eat. ██████ stated he gave ██████ chocolate milk and ██████ wanted to lie down. ██████ stated that ██████ lay down and went to sleep. ██████ stated she and ██████ went to the hospital after ██████ was done talking with the police officers. ██████ stated ██████ and her did not want ██████ stressing ██████ out like he did the first time they went to the hospital, so ██████ and ██████ stayed at the hotel. ██████ stated ██████ wanted all of ██████ toys from before. ██████ stated they got to the hospital around 12:45 or 1:00 pm. ██████ stated she walked in and saw ██████ and she started crying. ██████ stated the nurse took her to the waiting area and asked her to wait there. ██████ stated the doctor came in said she was negative for methadone. ██████ stated the doctor suggested it could be a UTI. ██████ stated after about 10 minutes she went to check on her and could only glance at her. ██████ stated one of the nurses said she had liquid in her lungs and ██████ could have aspirated sometime during the night/morning. ██████ stated the nurse told her ██████ could possibly have pneumonia. ██████ said the hospital staff switched ██████ bed and she was placed on the helicopter. ██████ stated ██████ coded while she was at ██████ and they had to resuscitate her. ██████ stated the Detective arrived at the hospital and she told him everything she knew and then she left to go get ██████ and ██████ ██████ stated she got snacks for the kids and then came to ██████ ██████ stated he was also prescribed Bi-polar medication. ██████ stated ██████ medication is divided out in a daily divider that was sitting under the lock boy. ██████ stated all of his medication was there because they counted it. ██████ stated that she will always keep the medication in a lock box in the trunk of the car from now on. ██████ was told by the clinic it was not a good idea to keep it in the car and that's why they had brought it in to the room. ██████ stated the children had never messed with it. ██████ reported they tried to make the children aware of what was in the box but told them it was dangerous and not for kids. ██████ stated he has always kept his key in his little pocket and ██████ has always liked the key. ██████ stated she had cleaned the room that night and when she was organizing the kids snacks, she just pushed the lock box to the back of the table.

Interview with ██████

On 3-26-2015 at 8:00 pm CPSI spoke with ██████ at ██████ ██████ CPSI stated who she was and that she wanted to know what had happened to ██████ appeared to have a language delay but was easy to understand if she spoke slowly. ██████ stated that she gave ██████ medicine and she got sick. ██████ stated that it was mommy and daddy's medicine. CPSI asked ██████ why she gave ██████ the medicine and ██████ stated ██████ wanted it. ██████ stated ██████ just wanted to taste it. ██████ stated ██████ spit it out on her pillow and bed. ██████ stated ██████



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

would not walk or talk. [REDACTED] stated she went and got mommy and daddy's medicine, loosed it with her teeth and turned it open. [REDACTED] stated [REDACTED] wasn't breathing when she got to the ER and [REDACTED] said she was scared. CPSI asked [REDACTED] where the medicine was. [REDACTED] stated the medicine was in the car and daddy brought it up in a box, it was mommy and daddy's. [REDACTED] stated she used a key from her daddy's pants. CPSI asked [REDACTED] how she knew where the key was and she stated she saw it and just got it out. CPSI asked [REDACTED] if she knew if [REDACTED] drank the medicine. [REDACTED] stated she did drink the medicine, it was yucky and [REDACTED] got a drink of mommy's Mt. Dew. [REDACTED] stated [REDACTED] spilled the rest of the medicine.



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Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 03/26/2015 Contact Method: Face To Face
Contact Time: 04:39 PM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: Detention/Jail Created Date: 03/28/2015
Completed date: 03/28/2015 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: 03/28/2015 01:23 PM Entered By: [REDACTED]

CPSI met with Det. [REDACTED] at [REDACTED] CPSI was given copies of the police report and a copy of the discharge papers from [REDACTED] Det. [REDACTED] showed CPSI the bite marks on the lid of the methadone bottle. Det. [REDACTED] stated that [REDACTED] disclosed to him that she bit down on the bottle and twisted it open. CPSI asked if he had completed a timeline with the family and Det. [REDACTED] stated no. CPSI requested that Det. [REDACTED] assist her to the hospital and Det. [REDACTED] stated that there was no reason for him to go because he had completed his investigation. CPSI thanked him for his time.

At 4:48 CPSI notified LI [REDACTED] that Det. [REDACTED] was not going to assist CPSI to the hospital. LI [REDACTED] stated that she would try to contact ADA [REDACTED] and CPSI stated that she would try to get in contact with her too.

At 5:31 pm CPSI attempted to contact ADA [REDACTED] CPSI stated that she had a question regarding a child abuse case. [REDACTED] contacted CPSI at 5:47 pm. CPSI discussed the case with ADA [REDACTED] CPSI stated that she spoke with Det. [REDACTED] and he was not going to assist CPSI to the hospital because he had completed his investigation. ADA [REDACTED] stated that she would get in contact with Det. [REDACTED] and have him follow up on some specifics with this case and would contact Inv. [REDACTED] to have him on stand by. ADA [REDACTED] stated that CPSI could contact her if she needed anything. CPSI thanked her for her time.



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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/26/2015	Contact Method:
Contact Time: 03:51 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/26/2015
Completed date: 03/26/2015	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: 03/26/2015 06:03 PM Entered By: [REDACTED]

LI [REDACTED] staffed this case with CPSI [REDACTED] on this date and provided her with information regarding screened out referral 137670852 that was received this date. This referral was screened out as this is the second referral received regarding this family today. Referral narrative states:

[REDACTED] (3) is the daughter of [REDACTED] and [REDACTED]

It is reported that LE responded to a call where [REDACTED] possibly ingested some of her parents' methadone. This took place on 3-26-15 at 12:36 am. They are currently living at Room [REDACTED] at [REDACTED] with their children. Around midnight [REDACTED] was awakened by [REDACTED] and [REDACTED]. The children had gotten a key to a lock box containing the methadone. The box had been opened and one bottle of the liquid methadone had been opened and it is believed that [REDACTED] may have ingested some and a small amount was spilled onto the bed. [REDACTED] complained of itching and was not acting "normal." [REDACTED] was transported by ambulance to [REDACTED] [REDACTED] was the one that opened the lock box and got the medication out. She bit the medication in order to open it. [REDACTED] treated her and gave her Benadryl and she was released at 3:05 this morning. At 11:30 am LE responded back to the same residence with [REDACTED] being unresponsive. She had a pulse and was breathing but would not react. She was transferred back to [REDACTED] and from there was flown to [REDACTED] [REDACTED]. The last information that was heard was that she had coded and they got her back. Her blood sugar was 35 and she had possibly aspirated. The child is alive at this time according to the reporter. The methadone is prescribed. This is all the information that the reporter has at this time. There are no additional details or concerns.

CPSI [REDACTED] stated that she had contacted Det [REDACTED] with the [REDACTED] Police Department. Det. [REDACTED] stated that he had concluded his investigation into this matter and he would not be assisting CPSI [REDACTED] with the investigation as he had already staffed the case with the district attorney's office. LI [REDACTED] attempted to contact Assistant District Attorney (ADA) [REDACTED] who represents the District Attorney's office as part of the Child Protective Investigative Team but had to leave a voice mail message for her. CPSI [REDACTED] stated that she would attempt to contact ADA [REDACTED] to see if she could reach her. CPSI [REDACTED] stated that she was going to stop by the [REDACTED] Police Department and pick up information from Det. [REDACTED] on her way to the hospital. LI [REDACTED] advised CPSI [REDACTED] to initiate her own investigation without the assistance of the [REDACTED] Police Department. Discussed the need to administer urine drug screens on the mother and the father. Advised CPSI [REDACTED] to call LI [REDACTED] when she has more information to determine if safety measures need to be taken to ensure safety of the



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

children.

LI [REDACTED] then contacted IC [REDACTED] to advise her of the situation and discussed the two referrals with her so she was aware of the current circumstances.



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Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/26/2015	Contact Method:	Phone Call
Contact Time:	05:15 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/29/2015
Completed date:	03/29/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/29/2015 03:55 PM Entered By: [REDACTED]

515am- CPSI [REDACTED] contacted Officer [REDACTED] with [REDACTED] Police Department to assist in locating [REDACTED] due to CPSI [REDACTED] not being able to find such road via Google.

545am- Officer [REDACTED] stated he located a [REDACTED] in [REDACTED] but [REDACTED] does not exist. Officer [REDACTED] stated he was going to continue looking and would let CPSI [REDACTED] know.

610am- Officer [REDACTED] contacted CPSI [REDACTED] again and stated he has still been unable to find the address given for the family. There is no [REDACTED] anywhere on the [REDACTED] County map.



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Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/26/2015	Contact Method:	
Contact Time:	04:24 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/29/2015
Completed date:	03/29/2015	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: 03/29/2015 03:00 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted LI [REDACTED] and advised the child had been discharged from the hospital within 30 minutes of the referral being made. LI [REDACTED] gave CPSI [REDACTED] permission to wait until normal business hours to meet response since the hospital allowed her to return home. CPSI [REDACTED] will also try to contact CPSI [REDACTED] about the case.



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Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/26/2015	Contact Method:	Phone Call
Contact Time:	04:22 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/29/2015
Completed date:	03/29/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/29/2015 02:41 PM Entered By: [REDACTED]
 CPSI [REDACTED] contacted [REDACTED] Hospital and was advised that the child was discharged at 305am.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/26/2015	Contact Method:
Contact Time: 02:26 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 11/13/2015
Completed date: 11/13/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Opening	

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

Narrative Type: Original Entry Date/Time: 11/13/2015 02:38 PM Entered By: [REDACTED]

Case Assignment Summary

Reporter states: [REDACTED] (3 years old), [REDACTED] (5 years old) and [REDACTED] (2 years old) live in [REDACTED] County with their mother [REDACTED] and her boyfriend (name unknown). It is unknown if the mother's boyfriend is the father of any of the children. The reporter thinks the family is new to the area because they have [REDACTED] Medicaid.

Do the adults or child(ren) have any special needs or disabilities? Not aware of any.
 Is there any domestic violence present in the home? Not aware of any.

This morning (03-26-2015) at 12:50am [REDACTED] EMS transported [REDACTED] to [REDACTED] in [REDACTED] TN due to ingestion of methadone. The mother did not initially accompany the child to the emergency room because the police were at the home, but she is now at the hospital with the child. The mother said that [REDACTED] came into the room and said that she "drank this" and she was holding the methadone. Methadone does come in a liquid form. The mother said that [REDACTED] must have gotten the methadone for [REDACTED] but she did not say how [REDACTED] could have gotten the methadone. The reporter heard from EMS that the methadone may have been in a lock box and [REDACTED] got the key and unlocked the box.

When [REDACTED] arrived at the emergency room she was altered; she appeared sedated, she was agitated, and her pupils were pinpoint. [REDACTED] is now better; she is more alert and her vitals are stable, and she is in stable condition. She will continue to be monitored and will possibly be discharged sometime this morning, but the time is unknown.

Child's current location/is the child safe at this time: [REDACTED] is still at the emergency room with her mother, and she is safe at this time. The reporter does not know the whereabouts of [REDACTED] or [REDACTED]

Alleged perpetrator's location at this time: The mother is at the emergency room. The whereabouts of her boyfriend are unknown.

Any other safety concerns for the child(ren)? No



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Are there any hazards or safety risks for a DCS worker who may respond? Unknot

Per SDM: Investigation Track / Priority 1

// [REDACTED] CM2 at 02:26am on 03-26-2015 //

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	03-26-15 02:28:14 AM	[REDACTED] --	[REDACTED]	Voicemail
[REDACTED]	03-26-15 02:28:14 AM	[REDACTED]	[REDACTED]	Email Sent



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 1/2/15 7:22 PM Date of Assessment: 1/27/15 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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SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____