



Notice of Child Fatality/Near Fatality

Investigation #:	[REDACTED]	Date of Notification:	02/22/13	Date of Death/ Incident:	2/21/13
Type: (Please check one)	<input type="checkbox"/> FATALITY	<input checked="" type="checkbox"/> NEAR FATALITY			
Child Name:	[REDACTED]	DOB:	[REDACTED]	TFACTS #:	[REDACTED]
Gender:	[REDACTED]	Race/Ethnicity:	White (No	County/Region:	[REDACTED]
Parent's Name(s):	Mother: [REDACTED]	Father:	[REDACTED]		
Was child in custody at time of incident?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>	Adjudication:		
If child is in DCS custody, list placement type and name:					

Describe (in detail) cause or circumstance regarding the death/injury: See Below.

Describe (in detail) interview with family: CM [REDACTED] accompanied by Detective [REDACTED], interviewed the mother, [REDACTED] at [REDACTED] Medical Center on 2/21/13. Mrs. [REDACTED] provided the following information. [REDACTED] has exhibited chronic breathing issues that she states are documented at [REDACTED]. She reported that the child went to bed last night, 2/20/13, at approximately 7:00pm and was "stuffy" in her nose. Mrs. [REDACTED] stated she sometimes pulls the child's lip down while she is sleeping, which helps her breath out of her mouth when she has a stopped up nose. Mrs. [REDACTED] reported, on the morning of 2/21/13, the father, [REDACTED] left for work at approximately 5:45am, and she and the children were up at about 6:15am. She stated she left her purse on the bed while she was assisting the 2 older children in the bathroom with blow drying their hair and getting ready for school. After exiting the bathroom, she stated she noticed the child had been in her purse, which housed her Suboxone. Mrs. [REDACTED] reported, before the child got into her purse, there was a total of 4.5 tablets in the bottle. After she noticed the Suboxone bottle had been touched, she stated she only counted 3.5 tablets. She reported she looked in the child's mouth to see if she had taken the medication but did not see any sign the child had done so. Mrs. [REDACTED] conveyed she thought maybe the child had simply put her hands on the medication, as the pills left in the bottle were wet. She reported attempting to locate the missing pill in the floor around the bed but was unable to do so. Mrs. [REDACTED] denies the child acted any differently and states she was simply "whiney". Mrs. [REDACTED] was unable to give an explanation for why the child was not immediately taken for medical care once ingestion of the drug was suspected. She stated that, after the 2 older children were off to school, she laid down with the child for a morning nap, though she denies sleeping and conveyed she simply laid beside the child as the child slept. Mrs. [REDACTED] then reported the child began to have more trouble breathing and was "snoring", so she attempted to wake her. She stated she was unable to wake the child and began to get worried. She states she then got herself and the child ready to go to the doctor, which took about 40 minutes. Mrs. [REDACTED] reported she then transported the child to [REDACTED] in [REDACTED] at approximately 9:30-9:40am. She stated she contacted 911 en route to the hospital to inform them of the situation and stayed on the phone with the operator until she arrived at the entrance of [REDACTED]. Shortly after arriving at [REDACTED] and being treated/stabilized, the child was transported to [REDACTED] Hopstial, where she is currently in the PICU. Mrs. [REDACTED] provided her pill bottle to the hospital staff. CM [REDACTED] viewed the prescription and found it was filled on February 8, 2013 with a quantity of 45 8mg pills. Mrs. [REDACTED] advised that she takes 2 1/2 - 3 pills per day as her need dictates. She reported Dr. [REDACTED] of [REDACTED], actually prescribes her this amount but, due to [REDACTED] policies regarding payment for the drug, must write the amount of medication to be taken as is written on the pill bottle. If taken as prescribed on the pill bottle, Mrs. [REDACTED] should have had 24 pills remaining. Mrs. [REDACTED] stated she takes Suboxone in both pill and strip form and currently also has 30 strips of the medication at her home. CM [REDACTED] asked Mrs. [REDACTED] to complete a drug screen; however, she was unable to give a urine sample. After contacting TL [REDACTED] and obtaining further instruction, CM [REDACTED] advised Mrs. [REDACTED] of the need to complete an IPA; CM explained an IPA and its requirements. CM expressed that Mrs. [REDACTED] and Mr. [REDACTED] after he arrives, will have only supervised contact with the child as deemed appropriate by PICU staff. CM explained that no other individuals are to have contact with the child. CM also asked Mrs. [REDACTED] for the name of a family member, with a clean background and no previous DCS involvement, that would be willing and able to care for the parent's 2 older children pending further investigation and a CFTM. Mrs. [REDACTED] advised that Mr. [REDACTED] mother, [REDACTED], would be appropriate. She reported that her own mother would not be able to pass the background check due to a previous drug charge. CM contacted TL [REDACTED] who completed all required checks, which came back clean for Mrs. [REDACTED] A

N/A	Case # 2013ND.003	
N/A		
Has there been any media inquiry or is attention expected?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contact Person/Phone Number(s) (include CM, TL, and TC):	CM [REDACTED], TL [REDACTED] [REDACTED], TC [REDACTED]	
<u>ATTACH a copy of the TFACTS Incident Report or Form CS-0496, Serious Incident Report to this notice if TFACTS is inoperable:</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 02/21/2013 11:20 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 02/21/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 02/21/2013 12:31 PM
First Team Leader Assigned: [REDACTED] Date/Time 02/21/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 02/21/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 10	Drug Exposed Child	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS: No
Open Court Custody/FSS/FCIP: No
DUPLICATE REFERRAL: No
County: [REDACTED]
Notification: Letter
School/ Daycare: None
Native American Descent: None
Directions: None Given
Reporters name/relationship: [REDACTED]
Reporter states: [REDACTED] (1) is with her mother [REDACTED] at [REDACTED] Hospital Pediatric ICU [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: [REDACTED]

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 2 Yrs 10 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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: 02/21/2013

Assignment Date: 02/21/2013

Street Address: [Redacted]

City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 6 rows of child records.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: CM [Redacted] found evidence of DEC. [Redacted] (ACV) tested positive for Suboxone on 3/4/13 and was hospitalized. She is now in a chronic vegetative state. [Redacted] admitted the child most likely got into her Suboxone medication the morning of 2/21/13. Mrs. [Redacted] tested positive for Oxymorphone and Oxycodone on 3/4/13 during a hair follicle test. [Redacted] tested positive for THC, Benzodiazepines, and Oxycodone on 2/21/13 and did not have any Rx. All 3 children, including [Redacted] and [Redacted] have been placed into states custody and are in foster homes at this time. The parents stipulated to D/N on 4/4/13 in [Redacted] County Juvenile Court.

D. Case Workers

Case Worker: [Redacted]

Date: 05/15/2013

Team Leader: [Redacted]

Date: 05/15/2013



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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:

[REDACTED] (ACV) was observed on 2/21/13 at [REDACTED] Hospital where she was hospitalized in serious condition after possible Suboxone ingestion. [REDACTED] and [REDACTED] (ACVs) were also observed on this date at the DCS office. They appeared clean and well-cared for. All 3 children have been placed into state's custody and are in foster homes at this time. [REDACTED] and [REDACTED] are placed with [REDACTED] and [REDACTED], kinship placement, while [REDACTED] is placed in a medically fragile home.

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

Medical records for [REDACTED] can be viewed in the case file.

CM spoke with Dr. [REDACTED] on 2/25/13. Dr. [REDACTED] informed CM that the most likely cause for [REDACTED] condition is Suboxone ingestion. He reported ingestion of the substance can cause respiratory depression and apnea. Dr. [REDACTED] advised [REDACTED] metabolic abnormalities are due to a lack of Oxygen which has caused her to have a "devastating" neurological state. He conveys she will most likely be in a "chronic vegetative state". Dr. [REDACTED] informed CM there is no infection or trauma that was found that may have caused the child's current condition.

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

[REDACTED] admitted the child most likely got into her Suboxone medication the morning of 2/21/13. Mrs. [REDACTED] tested positive for Oxymorphone and Oxycodone on 3/4/13 during a hair follicle test. [REDACTED] tested positive for THC, Benzodiazepines, and Oxycodone on 2/21/13 and did not have any Rx. All 3 children, including [REDACTED] and [REDACTED] have been placed into state's custody and are in foster homes at this time. The parents stipulated to D/N on 4/4/13 in [REDACTED] County Juvenile Court.

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

Reporter states: [REDACTED] (1) is with her mother [REDACTED] at [REDACTED] Hospital Pediatric ICU [REDACTED]

[REDACTED] brought [REDACTED] into the clinic today and she was in cardiac arrest. The clinic got her breathing again and transferred her to [REDACTED] Hospital Pediatric ICU [REDACTED]. [REDACTED] reported that [REDACTED] got into her Suboxone and took 5 of them. The reporter did not get a chance to gather any additional information on the family as [REDACTED] had to be transferred to a different hospital to tend to her needs. There are no additional concerns at this time.

[REDACTED] CM3.

County Notified at 12:16pm CST on 2/21/13.

Child Fatalities Group [REDACTED]

[REDACTED] notified at 12:19pm CST on 2/21/13.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

CM [REDACTED] found evidence of DEC. [REDACTED] (ACV) tested positive for Suboxone on 3/4/13 and was hospitalized. She is now in a chronic vegetative state. [REDACTED] admitted the child most likely got into her Suboxone medication the morning of 2/21/13. Mrs. [REDACTED] tested positive for Oxymorphone and Oxycodone on 3/4/13 during a hair follicle test. [REDACTED] tested positive for THC, Benzodiazepines, and Oxycodone on 2/21/13 and did not have any Rx. All 3 children, including [REDACTED] and [REDACTED] have been placed into states custody and are in foster homes at this time. The parents stipulated to D/N on 4/4/13 in [REDACTED] County Juvenile Court.

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
[REDACTED] Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/13/2013 Contact Method:
 Contact Time: 02:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/13/2013
 Completed date: 06/13/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/13/2013 03:23 PM Entered By: [REDACTED]

TL [REDACTED] reviewed case for closure. The following tasks were completed:

Date of Referral: 2/21/13
 Initial Notification to Juvenile Court: 2/22/13
 Notification to DA: 2/22/13
 Law Enforcement Notification: 2/22/13
 CAC Notification: 2/22/13
 SDM Safety Assessment: 4/4/13, 2/21/13
 FAST: not applicable
 Administrative Review(s): 6/13/13, 3/20/13, 3/5/13
 CS-0740 Sent to Juvenile Court: 6/13/13
 CS-0740 Sent to District Attorney: 6/13/13
 Case Closure Date: 6/13/13
 Case Closure Classification: Drug Exposed Child Allegations Indicated Perpetrators Indicated

6/13/13 approximately 4pm, TL [REDACTED] forwarded a copy of the CPS Investigation Summary and Classification Decision of Child Abuse / Neglect Referral to the [REDACTED] County Juvenile Court and the [REDACTED] County District Attorneys Office via US mail.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/16/2013

Contact Method:

Contact Time: 07:13 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/16/2013

Completed date: 05/16/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/16/2013 06:14 PM Entered By: [REDACTED]

CM [REDACTED] is presenting this case for closure on 5/16/13. Case is being presented as AIPI.

All children in states custody.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/16/2013

Contact Method:

Contact Time: 07:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/16/2013

Completed date: 05/16/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/16/2013 06:05 PM Entered By: [REDACTED]

CM [REDACTED] mailed indication Letter A, along with attachment, by certified letter to [REDACTED] [REDACTED] and [REDACTED] [REDACTED] respectively, on 5/16/13 at 7:05pm.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/04/2013	Contact Method:	Phone Call
Contact Time:	03:01 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:55 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] received a voicemail from [REDACTED], CCSD Investigator, on 4/4/13 at 3:01pm. Mr. [REDACTED] informed CM he discussed the case with ADA [REDACTED]. He reports ADA [REDACTED] advised that no charges can be filed in the case as Dr. [REDACTED] cannot say for sure that Suboxone ingestion caused the child's injuries, only that it was most likely the cause. Mr. [REDACTED] conveyed he also spoke with ADA [REDACTED] about charging the mother with attempted child neglect as the mother knew the child would play in her purse and yet she continued to keep her medication inside. However, Mr. [REDACTED] advised ADA [REDACTED] informed him that he could charge but it would most likely not be successfully prosecuted. Mr. [REDACTED] then ended the call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/04/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Court	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Court Hearing,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:40 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

A court hearing was held in this case on 4/4/13 at 9:00am. Present at this hearing was [REDACTED] (Atty for the mother), [REDACTED] (Atty for the father), [REDACTED] (GAL), CM [REDACTED] and DCS Legal [REDACTED]. The parents stipulated to the D/N petition on this date; however, Mr. [REDACTED] stipulated on his clients behalf only if severe abuse was taken off the table as an option. CM [REDACTED] contacted TL [REDACTED] and TC [REDACTED] about this as CM missed a meeting the previous Monday where this agreement was allegedly made. TL and TC agreed that it is acceptable for severe abuse to be off the table in order to get the mothers stipulation for the D/N. After the parents stipulated, the hearing was concluded. June 6th was set for the perm plan ratification date.



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:	03/21/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	████████████████████	Recorded For:	
Location:	Court	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	████████████████████
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Court Hearing,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:39 PM Entered By: ██████████

*Case note dictated from my handwritten notes from date of occurrence.

After CM ██████████ filed a petition for D/N in ██████████ County court requesting the children be placed into states custody, a court hearing was held on the matter on 3/21/13 at 9:00am. Present at this hearing was ██████████ ██████████ ██████████ (Atty for the mother), ██████████ standing in for ██████████-Atty for the father), CM ██████████ and DCS Legal ██████████ ██████████ was appointed as GAL, and the case was re-set for 4/4/13.



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: 03/20/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/21/2013

Completed date: 03/21/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/21/2013 02:17 PM Entered By: [REDACTED]

3/20/13 approximately 1pm, CM [REDACTED] presented the following case to the [REDACTED] County CPITeam with the following members present: [REDACTED] (CPS Team Leader), [REDACTED] (CAC), [REDACTED] (CAC), [REDACTED] (Police Department), [REDACTED] (County Sheriffs Dept.), [REDACTED] (DAs office), [REDACTED] (County Juvenile Court), [REDACTED] and [REDACTED]. Final recommendation was for Allegation (Drug Exposed Child) to be Indicated and Perpetrators [REDACTED] to be Indicated with victims [REDACTED] and [REDACTED]. All members agreed with the presented classifications and signed the appropriate forms. Forms have been placed in the hard file. DA [REDACTED] requested for DA [REDACTED] to review case information.



**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:	03/18/2013	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,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: 05/15/2013 05:51 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] accompanied by FSW [REDACTED], completed a hospital visit with [REDACTED] (ACV) on 3/18/13 at approximately 10:30am. [REDACTED] was making crying noises on this date, and a nurse attempted to console her. Shortly after CMs arrival, individuals from the therapy department entered the room, took [REDACTED] out of her bed, and attempted to play/console her. At that time, CM and FSW exited the room to allow them to do their job. On the way out to the parking lot, CM met [REDACTED]. CM advised Ms. [REDACTED] that [REDACTED] hair follicle test came back positive for Suboxone. Ms. [REDACTED] did seem upset by this news but asked CM if it could instead be a medication given by the hospital. CM explained that the hospital would not give [REDACTED] this drug. CM then left the hospital premises for another meeting while FSW [REDACTED] continued to speak with Ms. [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/18/2013

Contact Method: Correspondence

Contact Time: 08:28 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2013

Completed date: 05/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2013 05:44 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] received an email from [REDACTED] [REDACTED] [REDACTED] on 3/18/13 at 8:28am. Attached to this email were the results of [REDACTED] [REDACTED] Suboxone hair follicle drug screen. The results were positive for Suboxone and can be viewed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/15/2013	Contact Method:	
Contact Time:	10:05 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:42 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

After being informed the screen had finally been approved, CM [REDACTED] completed another PSG request for a Suboxone hair follicle drug screen on [REDACTED] [REDACTED] on 3/15/13 at 10:05am.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/13/2013	Contact Method:	Phone Call
Contact Time:	08:50 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:59 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] completed a phone call with [REDACTED] [REDACTED] on 3/13/13 at 8:50am. CM inquired as to Ms. [REDACTED] drug use as her hair follicle results returned with a positive for Oxymorphone and Oxycodone. Ms. [REDACTED] admitted to taking a couple Percocets around the 1st of February. She reports to have had this medication prescribed when [REDACTED] was born. She also admitted to approximately 2 Xanax when the family dog was stolen. When asked who she obtained this medication from she informed CM off one of my girlfriends. CM conveyed understanding but advised Mrs. [REDACTED] that CM will be adding this to the petition. CM thanked her for her time and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/12/2013 Contact Method: Correspondence
 Contact Time: 12:47 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 05/15/2013
 Completed date: 05/15/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:38 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] received [REDACTED] records from [REDACTED] via fax on 3/12/13 at 12:47pm. The records indicate Mrs. [REDACTED] is prescribed Suboxone strips and tablets at 1.5 every day. The records can be viewed in the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/11/2013	Contact Method:	Correspondence
Contact Time:	08:59 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:43 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] received an email from [REDACTED] on 3/11/13 at 8:59am. Attached were the hair follicle drug screens for [REDACTED] (ACV) and [REDACTED]. CM found [REDACTED] results to be positive for Opiates (Oxymorphone and Oxycodone). [REDACTED] results were all negative; however, CM noticed that Suboxone was not listed as a substance that was tested for on the screen (though it was requested). CM immediately emailed Mr. [REDACTED] back and inquired as to this.

CM received an email back from Mr. [REDACTED] informing CM that Suboxone was not tested for but could be added for an additional \$120. CM then spoke with Mr. [REDACTED] on the phone, and he informed CM his company could still perform the test with approval from the Department from the hair sample already obtained. He states the hair sample is sealed and will remain viable for testing while sealed. CM thanked him and ended the call.

CM [REDACTED] then emailed [REDACTED] DCS fiscal, and explained the situation and the necessity of obtaining a screen for Suboxone in this case. Ms. [REDACTED] emailed back and advised that DCS cannot pay more than \$90 for a hair follicle and told CM to complete a urine drug screen for Suboxone.

CM [REDACTED] phoned Ms. [REDACTED] and explained that a urine screen would not work due to the amount of time that has passed. CM requested any information on how to get this Suboxone hair follicle paid for. Ms. [REDACTED] advised CM to contact [REDACTED] manager, as she cannot approve this request. CM thanked her and ended the call.

TL [REDACTED] was then informed of the situation and relayed the information to TC [REDACTED]. CM was informed TC [REDACTED] would be going to upper management for approval for the Suboxone hair follicle drug screen.



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:	03/08/2013	Contact Method:	Face To Face
Contact Time:	11:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/15/2013 05:49 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] completed a visit with [REDACTED] school secretary at [REDACTED] on 3/8/13. [REDACTED] gave CM the attendance records for [REDACTED] and [REDACTED]. The records indicate [REDACTED] has missed 2 days while [REDACTED] has missed 5. These records can be viewed in the case file. [REDACTED] noted no concerns with the children or the parents. However, she did inform CM another parent had complained about drugs being sold in the parking lot of the school at the first of the year. She states, when she was given a description of the parties and vehicles involved, it was the [REDACTED] mother. [REDACTED] reports she informed the SRO but nothing was ever done to her knowledge. She asked CM if CM would like to speak to the childrens teacher. CM agreed. CM then spoke with Ms. [REDACTED]. Ms. [REDACTED] denied any concerns with the children or the parents. She advised the children are always clean, always on time, and the parents always watched the children when she saw them in the parking lot. She reports the mother is involved and always is willing to send items when a party is scheduled. Ms. [REDACTED] conveyed she found the mother to be appropriate and never noted any concerns. CM thanked Ms. [REDACTED] for the information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/08/2013	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:48 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] completed a scheduled home visit with [REDACTED] [REDACTED] at the family's home on 3/8/13 at approximately 11:30am. Also present was [REDACTED] [REDACTED]. CM was welcomed into the home by Mr. [REDACTED]. CM found the home to be very clean and tidy. CM noted the children's bedrooms to also be clean and well-kept. CM found plenty of food and functioning utilities. CM noted medication to be on a top shelf of a glass cabinet in the kitchen. CM thanked Mr. [REDACTED] for allowing CM to view the home, and the visit was concluded as the family's CFTM was scheduled to begin soon. CM would like to note CM got stuck in the mud attempting to back out of the family's driveway. Mr. [REDACTED] attached CM to his truck and pulled CM out. CM was very gracious and thanked him for this.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/07/2013	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Detention/Jail	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:58 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

Detective [REDACTED], interviewed [REDACTED] mother, on 3/7/13 at 2:30pm. CM was also present at this interview. [REDACTED] went over her story of the day in question and clarified that her husband had went to work at 6:45am and dropped the 2 older children off at school. She reports [REDACTED] got into her Suboxone, she yelled at her to put it down, and [REDACTED] threw the medication causing it to go into the floor. Ms. [REDACTED] stated all the pills came out of the bottle into the floor, and she had to pick them up. She reports 1 pill was missing but she did not think the child had taken it due to it not being in her mouth and there being no taste or discoloration inside her mouth. Ms. [REDACTED] states she thought the pill may have went down the AC vent. When asked if [REDACTED] ever plays in Ms. [REDACTED] purse, Ms. [REDACTED] admitted the child does this often and tends to pull her papers out when doing so. When asked why she chose to keep her medication in her purse while knowing the child plays in the purse, Ms. [REDACTED] reported the bottle has a child proof cap. Ms. [REDACTED] became upset and cried momentarily during the interview stating that no matter how many Suboxone pills the child had taken it is still my fault. The interview was concluded.



**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:	03/05/2013	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/05/2013
Completed date:	03/05/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/05/2013 09:11 AM Entered By: [REDACTED]

3/5/13 approximately 9am, TL [REDACTED] received a call from TC [REDACTED] regarding [REDACTED]. She reported that DCS Nurse, [REDACTED] has been to the hospital to visit and check on [REDACTED] is now "storming" meaning she is have periods of trembling and stiffening due to the extreme brain damage. Hospital anticipates a very poor outcome. Someone from the Hospital in [REDACTED] for rehabilitation, [REDACTED] will be in [REDACTED] today at 2pm. It is unsure if [REDACTED] would be selected for their program, due to her extensive damage. [REDACTED] and [REDACTED] are both planning on being at the hospital to talk to them.



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: 03/04/2013

Contact Method: Phone Call

Contact Time: 11:53 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/16/2013

Completed date: 05/16/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/16/2013 06:12 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] spoke with Nurse [REDACTED] PICU, on 3/4/13 at 11:53am. [REDACTED] informed CM that the surgeon who will be putting in [REDACTED] (ACV) feeding tube will not be doing the procedure as quickly due to being out. She states [REDACTED] also currently has a little pneumonia and a fever, and they must wait until she is better before proceeding. [REDACTED] advised CM that a recent CT showed some brain activity but no purposeful movements. She explained that the rehab facility in [REDACTED] will only keep [REDACTED] if it appears beneficial and will not keep her long-term if no improvement is noted. CM thanked [REDACTED] for the information and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/01/2013

Contact Method: Phone Call

Contact Time: 02:33 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2013

Completed date: 05/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2013 05:54 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] received a voicemail from [REDACTED], CCSD Investigator, on 3/1/13 at 2:33pm. Mr. [REDACTED] informed CM that he has completed a search on [REDACTED] Suboxone use and found it to be extensive in the amount of the medication she obtains monthly. He reports both film and tablets are received by Ms. [REDACTED]. He ended the message.



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: 03/01/2013

Contact Method: Phone Call

Contact Time: 02:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2013

Completed date: 05/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2013 05:57 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] contacted PICU Nurse [REDACTED] on 3/1/13 at 2:15pm in regards to [REDACTED] [REDACTED]. Ms. [REDACTED] informed CM that [REDACTED] is not doing well and scored 2nd from the worst on her testing. She advised [REDACTED] looks alert but nobodys home and is not tracking with her eyes. CM conveyed understanding. CM explained that [REDACTED] will be coming to complete a hair follicle drug screen on the child very soon. CM also asked about any blood that may be able to be sent off for Suboxone testing and if Dr. [REDACTED] had a chance to speak with Poison Control on other possible ways to test for the substance. Ms. [REDACTED] informed CM that Dr. [REDACTED] is no longer the resident on the floor but she will contact Dr. [REDACTED] new resident, about this and contact CM back. CM thanked her and ended the call.

CM received a voicemail from Ms. [REDACTED] shortly after informing CM she has spoken with Dr. [REDACTED]. She states Dr. [REDACTED] told her that there is no blood left to test and only a 72 hour window in which test for the substance. Ms. [REDACTED] asked that CM contact her with any questions and ended the message.



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: 02/28/2013

Contact Method: Phone Call

Contact Time: 08:35 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2013

Completed date: 05/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2013 05:53 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] received a voicemail from [REDACTED], [REDACTED] Investigator, on 2/28/13 at 8:35am. Mr. [REDACTED] informed CM that both parents, [REDACTED] and [REDACTED] have a criminal history involving drug charges.



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: 02/28/2013

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2013

Completed date: 05/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2013 05:54 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] received a voicemail from [REDACTED] Social Worker, on 2/28/13 at approximately 8:30am. Ms. [REDACTED] informed CM that [REDACTED] is off the ventilator and a consult for inpatient rehabilitation has been ordered. She states a feeding tube will be placed next week, and, after recovery from the procedure, [REDACTED] will be transported to the rehab facility. Ms. [REDACTED] conveys, due to [REDACTED] low functioning state, she will most likely be placed at [REDACTED] as this may be the only facility that will accept her. Ms. [REDACTED] then ended the message.



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:	02/26/2013	Contact Method:	
Contact Time:	04:51 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:41 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] completed a PSG request for hair follicle drug screens on both [REDACTED] [REDACTED] for Suboxone but [REDACTED] [REDACTED] as well on 2/26/13 at 4:51pm.



**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:	02/25/2013	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being, Permanency		
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: 05/15/2013 05:50 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] completed a hospital visit with [REDACTED] and [REDACTED] (ACV) on 2/25/13 at approximately 2:30pm. Mrs. [REDACTED] volunteered and submitted to a drug screen on this date. She tested positive for Suboxone for which she has a valid Rx. [REDACTED] condition had not improved. Hospital staff advised CM they are still awaiting blood work and other test results. CM [REDACTED] contacted TL [REDACTED] and explained what the hospital said about the Suboxone drug screen being unable to be performed. TL [REDACTED] advised CM to put in a request for hair follicle on both child and mother as soon as CM returns to the office. CM agreed to do so. CM spoke with Mrs. [REDACTED] and explained the hair follicle drug screen. Mrs. [REDACTED] agreed to complete the screen. CM then asked Mrs. [REDACTED] about her Suboxone use. Mrs. [REDACTED] informed CM she receives both strips and pills. She conveyed she receives 30 strips and 45 pills per month and is allowed to take up to 2.5-3 per day as needed even though the bottle states she is to take 1.5 per day. CM asked about the discrepancy. Mrs. [REDACTED] reports [REDACTED] will only allow/pay for 1.5 per day; therefore, the doctor must write the Rx this way to ensure it gets paid for by the insurance. CM conveyed understanding and advised CM will look into this. CM thanked her and then left the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/25/2013

Contact Method: Phone Call

Contact Time: 12:24 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2013

Completed date: 05/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2013 05:57 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] contacted Dr. [REDACTED] on 2/25/13 at 12:24pm. CM asked the doctor if there is any other way to have the child tested for Suboxone ingestion. Dr. [REDACTED] informed CM that the hospital cant do an expanded drug screen due to having no urine left from the day she was brought in. CM asked about other options. Dr. [REDACTED] advised CM she will have to contact Poison Control to see if there are any other tests that can be performed and get back with CM. CM inquired as to if the blood samples previously taken could be sent to a lab outside the hospital to be tested. Dr. [REDACTED] once again advised CM that she would have to contact Poison Control to get this information and see if this can be done. CM thanked her and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/25/2013	Contact Method:	Phone Call
Contact Time:	11:01 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/15/2013 05:56 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

After speaking with [REDACTED] earlier in the day regarding [REDACTED] and her agreeing to have Dr. [REDACTED] contact CM about the condition of the child as well as the child's drug screen results, CM received a call from Dr. [REDACTED] on 2/25/13 at 11:01am. Dr. [REDACTED] informed CM that the most likely cause for [REDACTED] condition is Suboxone ingestion. He reported ingestion of the substance can cause respiratory depression and apnea. Dr. [REDACTED] advised [REDACTED] metabolic abnormalities, elevated renal, heart, and liver enzymes, are due to a lack of Oxygen which has caused her to have a "devastating" neurological state. He reports the child's CT shows that the Cerebellum looks stroked. He conveys she will most likely be in a "chronic vegetative state". Dr. [REDACTED] informed CM there is no infection or physical trauma that was found that may have caused the child's current condition. When asked if only 1 pill of Suboxone could cause the child's injuries, he stated, It seems a bit of a stretch that only 1 Suboxone could have caused this but it could happen. CM asked about a Suboxone drug screen being performed as this is important information to have. Dr. [REDACTED] informed CM that the hospital does not have a test for Suboxone so most likely one will not be performed. CM thanked Dr. [REDACTED] for speaking with CM and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/25/2013 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 05/14/2013
 Completed date: 05/14/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 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: 05/14/2013 04:31 PM Entered By: [REDACTED]

Summary of CAC Interview:

[REDACTED] presented as a friendly and narrative 6 year old girl who was brought to the CAC by her grandmother. [REDACTED] shared information about herself and her family. She shared that her sister [REDACTED] was sick and in the hospital. She reported that she had never seen her as sick as she is now and reported that she had never had breathing problems before. She reported that her mother told her that she was going to take [REDACTED] to the hospital late one night last week. She reported that she heard her mother say this but did not see her leave with [REDACTED]. She reported that her mother told her this in the middle of the night when she was on the couch in the living room watching television. She reported that her mother told her to go to the bedroom that she shares with her sister [REDACTED]. She reported that she went into the bedroom and her sister was there as well as their dogs. She reported that her dad was asleep in the bed in his bedroom. See DVD for further info.



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: 02/25/2013 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 05/14/2013
 Completed date: 05/14/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 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: 05/14/2013 04:30 PM Entered By: [REDACTED]

Summary of CAC Interview:

[REDACTED] presented as a friendly and narrative 7 year old girl who was brought to the CAC by her grandmother. [REDACTED] shared information about herself and her family. [REDACTED] reported that her sister [REDACTED] (age 1) was in the hospital and was sick. She reported that last Thursday night she and her sister [REDACTED] were asleep on the couch in the living room and woke up. She reported that she turned on the television and began watching it when her mother came in and told her to come into her bedroom and watch her sister [REDACTED]. [REDACTED] reported that [REDACTED] was laying on the bed and was making a snoring sound but wasn't snoring. She stated that she had never been this sick before and had never had problems breathing before. She stated that her dad was in bed asleep in the same room where she sat on the bed and watched [REDACTED]. [REDACTED] reported that her mom left the room and went and started the car and was going to take [REDACTED] to the hospital. [REDACTED] reported that she saw her mother leave the house with [REDACTED] and put [REDACTED] in her car seat and knew they drove away in the car because she hear them leave. She stated that she went back to sleep after that and when she woke up her mother and [REDACTED] were in her mom and dad's room asleep. She stated that her dad got her and her sister [REDACTED] ready for school and took them to school in his truck. She reported that when she got home after school she found out that [REDACTED] was in the hospital. [REDACTED] reported that her mom and dad take medicine but did not tell me how she knew this. See DVD for further information.



**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:	02/22/2013	Contact Method:	Phone Call
Contact Time:	03:37 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 05:52 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] contacted Nurse [REDACTED] PICU, for an update on [REDACTED] [REDACTED] (ACV) on 2/22/13 at 3:37pm. [REDACTED] informed CM that the father has been cussing and appears to need anger management. She reports [REDACTED] had an MRI which showed the brain has blood flow; however, there is a significant amount of ischemia and brain damage due to a lack of oxygen. [REDACTED] states the childs liver enzymes are really high, and she has opened her eyes but is still not responsive. [REDACTED] reported no significant changes in [REDACTED] condition. CM asked about blood work and if there was Suboxone in the childs system. [REDACTED] advised all blood work is still pending. CM thanked her and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/22/2013

Contact Method: Correspondence

Contact Time: 09:57 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2013

Completed date: 05/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2013 05:37 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] faxed a request for [REDACTED] [REDACTED] medical records to [REDACTED] [REDACTED] [REDACTED] on 2/22/13 at 9:57am.
 CM [REDACTED] received these records shortly after, and they can be viewed in the case file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/22/2013

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/22/2013

Completed date: 02/22/2013

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/22/2013 08:13 AM Entered By: [REDACTED] [REDACTED]

2/22/13 approximately 9am, TL [REDACTED] forwarded a copy of this report to the [REDACTED] County Child Protective Investigative Team, including: [REDACTED] County Juvenile Court, [REDACTED] County District Attorneys Office, [REDACTED] County Sheriffs Dept, [REDACTED] Police Dept, and the Childrens Advocacy Center via US mail and fax.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/22/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/22/2013

Completed date: 02/22/2013

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/22/2013 08:14 AM Entered By: [REDACTED] [REDACTED]

2/22/13 approximately 9am, TL [REDACTED] forwarded the Confidential Notification Letter for Reporter to the referent as listed. A copy has been placed in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/22/2013	Contact Method:	Phone Call
Contact Time:	08:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/22/2013
Completed date:	02/22/2013	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/22/2013 12:52 PM Entered By: [REDACTED] [REDACTED]

2/22/13 approximately 830am, TL [REDACTED] phoned [REDACTED] regarding current caregiver / IPA changes for [REDACTED] and [REDACTED]. The receptionist took the information and stated that [REDACTED] had already been to the office and talked with school officials and they have made a copy of the IPA. TL [REDACTED] relayed office phone numbers in case there are concerns or issues that arise.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	02/21/2013	Contact Method:	Face To Face
Contact Time:	07:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	02/22/2013
Completed date:	03/24/2013	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED]; [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/22/2013 01:02 PM Entered By: [REDACTED] [REDACTED]

2/21/13 approximately 7pm, TL [REDACTED] completed the Non-Custodial Expedited Home Study with the [REDACTED] family at their home on [REDACTED]. TL [REDACTED] made a walk through of the home and observed there to be 3 bedrooms, 1 bath, 1 kitchen, a family room and a large deck on the back of the house that's screened. Both [REDACTED] and [REDACTED] were placed in the home with [REDACTED] and [REDACTED] (paternal grandparents) on an IPA. There were 3 working smoke detectors (hall, basement, family room), 1 fire extinguisher in the cabinet under the kitchen sink and Mr. [REDACTED] put all guns in the downstairs locked gun safe. Ammunition was stored separately. There was plenty of food, running water and ample space for all three children to reside in this home. The home was tidy and clean. There is one dog (schnauzer) but appears to be friendly. [REDACTED] continues to be in the PICU of [REDACTED] in [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Created In Error
Contact Date:	02/21/2013	Contact Method:	Face To Face
Contact Time:	06:30 PM	Contact Duration:	Less than 15
Entered By:	████████████████████	Recorded For:	
Location:	DCS Office	Created Date:	02/25/2013
Completed date:	03/24/2013	Completed By:	TFACTS, Person Merge
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	ACV Interview/Observation,Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

██████████ ██████████ ██████████; ██████████ ██████████

Narrative Details

Narrative Type:	Original	Entry Date/Time:		Entered By:	
Narrative Type:	Created In Error	Entry Date/Time:	05/14/2013 04:31 PM	Entered By:	████████████████████
Failed to enter case note.					



**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:	02/21/2013	Contact Method:	Face To Face
Contact Time:	06:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/14/2013
Completed date:	05/14/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	ACV Interview/Observation,Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]; [REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/14/2013 04:33 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

CM [REDACTED] completed a short office visit with [REDACTED] (ACV), and [REDACTED] (ACV) on 2/21/13 at approximately 6:30pm. [REDACTED] and [REDACTED] appeared clean and well-cared for at this visit. They were eating peanut M&Ms in the interview room when CM arrived. CM allowed Mr. and Mrs. [REDACTED] to view the IPA CM had completed with [REDACTED] and [REDACTED] at the hospital. Mr. and Mrs. [REDACTED] then signed the IPA, and CM gave them a copy for their records. CM reminded Mr. and Mrs. [REDACTED] that TL [REDACTED] will arrive at their home shortly to complete the EHS. All parties then left the office.



**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:	02/21/2013	Contact Method:	Face To Face
Contact Time:	06:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/22/2013
Completed date:	02/22/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/22/2013 02:04 PM Entered By: [REDACTED]

2/21/13 approximatley 530pm, TL [REDACTED] met with [REDACTED] (paternal grandmother) at the [REDACTED] County DCS office. [REDACTED] stated that her son told her to come down and get his children, that something has happened with [REDACTED] [REDACTED] did see [REDACTED] and her mother yesterday at the [REDACTED] on [REDACTED] and she appeared to be fine. [REDACTED] mother has been hateful with the kids and not very attentive in the past. She spent about 15-20 minutes seeing [REDACTED] holding her and shopping, but then left the store around 3pm. [REDACTED] states that the birthmother is "always under the influence of something" and bosses her son around. She is more concerned with her phone and pills than the children. The children worship their mother and love her dearly. [REDACTED] husband does not like the birthmother either and they both feel that all of mom's family is under the influence of drugs and could not pass drug screens. [REDACTED] also admits that her son has a drinking problem and has issues himself but they both need help. [REDACTED] believes that [REDACTED] took the girls to school this morning but is not sure.

TL [REDACTED] and [REDACTED] discussed the Non-Custodial Expedited process and signed all related forms. [REDACTED] and her husband agreed that they would be glad to keep the girls for a while.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/21/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/15/2013

Completed date: 05/15/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2013 05:49 PM Entered By: [REDACTED]

*Case note dictated from my handwritten notes from date of occurrence.

TL [REDACTED] gave [REDACTED] [REDACTED] a drug screen at the DCS office on 2/21/13. The exact time is unknown as CM [REDACTED] was not present; however, it is believed to have occurred on or about 3:00pm. Mr. [REDACTED] tested positive for THC, Oxycodone, and Benzodiazepines. He did not have Rx.



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: 02/21/2013 Contact Method: Face To Face
 Contact Time: 01:50 PM Contact Duration: Less than 05 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 02/25/2013
 Completed date: 02/25/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/25/2013 09:22 AM Entered By: [REDACTED]

CM [REDACTED] accompanied by Detective [REDACTED], interviewed the mother, [REDACTED] at [REDACTED] on 2/21/13 at 1:50pm. Mrs. [REDACTED] provided the following information. [REDACTED] has exhibited chronic breathing issues that she states are documented at [REDACTED] of [REDACTED]. She reported that the child went to bed last night, 2/20/13, at approximately 7:00pm and was "stuffy" in her nose. Mrs. [REDACTED] stated she sometimes pulls the child's lip down while she is sleeping, which helps her breath out of her month when she has a stopped up nose. Mrs. [REDACTED] reported, on the morning of 2/21/13, the father, [REDACTED] left for work at approximately 5:45am, and she and the children were up at about 6:15am. She stated she left her purse on the bed while she was assisting the 2 older children in the bathroom with blow drying their hair and getting ready for school. After exiting the bathroom, she stated she noticed the child had been in her purse, which housed her Suboxone. Mrs. [REDACTED] reported, before the child got into her purse, there was a total of 4.5 tablets in the bottle. After she noticed the Suboxone bottle had been touched, she stated she only counted 3.5 tablets. She reported she looked in the child's mouth to see if she had taken the medication but did not see any sign the child had done so. Mrs. [REDACTED] conveyed she thought maybe the child had simply put her hands on the medication, as the pills left in the bottle were wet. She reported attempting to locate the missing pill in the floor around the bed but was unable to do so. Mrs. [REDACTED] denies the child acted any differently and states she was simply "whiney". Mrs. [REDACTED] was unable to give an explanation for why the child was not immediately taken for medical care once ingestion of the drug was suspected. She stated that, after the 2 older children were off to school, she lay down with the child for a morning nap, though she denies sleeping and conveyed she simply lay beside the child as the child slept. Mrs. [REDACTED] then reported the child began to have more trouble breathing and was "snoring", so she attempted to wake her. She stated she was unable to wake the child and began to get worried. She states she then got herself and the child ready to go to the doctor, which took about 40 minutes. Mrs. [REDACTED] reported she then transported the child to [REDACTED] in [REDACTED] at approximately 9:30-9:40am. She stated she contacted 911 en route to the hospital to inform them of the situation and stayed on the phone with the operator until she arrived at the entrance of [REDACTED]. Shortly after arriving at [REDACTED] and being treated/stabilized, the child was transported to [REDACTED] where she is currently in the PICU. Mrs. [REDACTED] provided her pill bottle to the hospital staff. CM [REDACTED] viewed the prescription and found it was filled on February 8, 2012 with a quantity of 45 8mg pills. Mrs. [REDACTED] advised that she takes 2 1/2 - 3 pills per day as her need dictates. She reported Dr. [REDACTED], of [REDACTED] actually prescribes her this amount but, due to TennCare policies regarding payment for the drug, must write the amount of medication



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████ ██████████

Case Status: Close

Organization: ██████████ ██████████

to be taken as is written on the pill bottle. If taken as prescribed on the pill bottle, Mrs. ██████ should have had 24 pills remaining. Mrs. ██████ stated she takes Suboxone in both pill and strip form and currently also has 30 strips of the medication at her home. CM ██████ asked Mrs. ██████ to complete a drug screen; however, she was unable to give a urine sample. After contacting TL ██████ and obtaining further instruction, CM ██████ advised Mrs. ██████ of the need to complete an IPA; CM explained an IPA and its requirements. CM expressed that Mrs. ██████ and Mr. ██████ after he arrives, will have only supervised contact with the child as deemed appropriate by PICU staff. CM explained that no other individuals are to have contact with the child. CM also asked Mrs. ██████ for the name of a family member, with a clean background and no previous DCS involvement that would be willing and able to care for the parent's 2 older children pending further investigation and a CFTM. Mrs. ██████ advised that Mr. ██████ mother, ██████, would be appropriate. She reported that her own mother would not be able to pass the background check due to a previous drug charge. CM contacted TL ██████ who gave approval for the IPA and completed all required checks, which came back clean for Mrs. ██████. A waiver was obtained for her husband, ██████ who had a drug charge from 1988. CM then added that the children will be in the care of relatives to the IPA form. Mrs. ██████ read the form and signed her agreement. DCS Legal ██████ also gave IPA approval.

CM ██████ completed required paperwork with Mrs. ██████ on this date.

CM ██████ explained the Parents Bill of Rights, Client Rights Handbook, Native American Heritage Veto Verification, HIPAA Notice of Rights Privacy Practice, MRS pamphlet with how DCS cases are investigated, and the Equal access to programs and services forms. Family signed all needed forms and they are located in the case file. CM gathered information from the family to initiate/ update the Genogram, FAST, and FFA (if needed). Family signed Authorization of Release of Information and this is located in the case file.

CM ██████ then spoke with ██████ ██████ about his account of the incident upon his arrival at the hospital. Mr. ██████ informed CM that the child went to bed at approximately 7:00pm on the night of 2/20/13. He stated she was fine except for a "wheezing" in the nose that she had not had previously. He reported the parents were up off and on with her during the night due to the wheezing. Mr. ██████ informed CM that the child sleeps with the parents in their bedroom. Mr. ██████ denied the child having any major breathing problems previously except for an occasional runny nose and cough. When asked about the events that occurred on the morning of 2/21/13, Mr. ██████ reported he was up getting the 2 older children ready for school while Mrs. ██████ who was sitting on the bed with the child, was up drinking her coffee. He stated this is routine for the family, and he transports the older children to school every morning while Mrs. ██████ picks them up. Mr. ██████ reported things were fine with the child when he left to take the older children to school at approximately 7:00-7:30am. CM explained the need to complete an IPA and its requirements, such as supervised contact only for the parents as deemed appropriate by PICU staff, the child will have no other visitors, and the children being placed into the care of relatives pending further investigation and a CFTM. Mr. ██████ read and signed his agreement with the IPA.

CM ██████ would like to note that ██████ and ██████ were later added to the list of individuals allowed to visit with the child as all children have been placed in their care by way of IPA.

Upon arrival at ██████ Hospital, CM spoke with Nurse ██████ who informed CM that the child is not in good condition, is unresponsive, and may possibly be brain dead. She reported tests are continuing to be performed. The child had a skeletal survey which found no old or new fractures. CM was informed by Dr. ██████ that the child's liver and kidney enzymes are elevated. The cause is currently unknown. A CT scan was performed and an area was found at the back of the brain that appeared to not be receiving adequate blood flow. Dr. ██████ advised that this could have a number of causes such as an infection or stroke. A lumbar puncture was then completed to rule out the possibility of an infection. An MRI was scheduled to be performed the following day on 2/22/13. Blood work and other test results are pending at this time. CM ██████ obtained 2 pictures of ██████ who CM observed to be on a ventilator with tubing inserted into her body, before leaving the hospital at about 5:45pm.

CM ██████ completed the SDM Safety Assessment on this date and assessed all children as Conditionally Safe as they were placed into the care of relatives by way of IPA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 02/21/2013 Contact Method:
Contact Time: 12:31 PM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: Created Date: 05/15/2013
Completed date: 05/15/2013 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Well Being
Contact Type(s): Case Summary
Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2013 06:03 PM Entered By: [REDACTED]

CM [REDACTED] was assigned this case on: 2/21/13
Priority Response Code: 1
Allegations Assessed and Assigned by Central Intake: DEC
Notification to Juvenile Court: 2/22/13
Notification to the Reporter: 2/22/13
Researched TFACTS History: No History

Reporter states: [REDACTED] (1) is with her mother [REDACTED] at [REDACTED] Pediatric [REDACTED]

[REDACTED] brought [REDACTED] into the clinic today and she was in cardiac arrest. The clinic got her breathing again and transferred her to [REDACTED] ICU [REDACTED] reported that [REDACTED] got into her Suboxone and took 5 of them. The reporter did not get a chance to gather any additional information on the family as [REDACTED] had to be transferred to a different hospital to tend to her needs. There are no additional concerns at this time.

[REDACTED] CM3.
County Notified at 12:16pm CST on 2/21/13.
Child Fatalities Group [REDACTED]

[REDACTED] notified at 12:19pm CST on 2/21/13.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 03/08/2013
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

- A. Reason For Involvement:
- B. Family Story:

II. Assessment of Family Strengths and Needs/Risks:

- A. Family Significant Strengths:
- B. Family Significant Needs/Risks/Concerns:

III. Person Information:

- A. Children:
- B. Adults:
- C. Family Together History:
- D. Other Significant Relationships:
- E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
██████████		CPS All Other Intakes	██████████

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
03/08/2013	Court Order	Custody Removal (Initial)		██████████	
03/08/2013	Court Order	Custody Removal (Initial)		██████████	
03/08/2013	Court Order	Custody Removal (Initial)		██████████	

IV. Assessment of Safety:

VI. Assessment of Permanence:

03/08/2013 - [REDACTED] - CANS - [REDACTED] - Mother reported no functioning issues with the child, and the child seems to have positive interaction with both her nuclear and extended families. The child has been in the care of both biological parents up until this point.

03/21/2013 - [REDACTED] - CANS - [REDACTED] - The parents appear to have family supports that assist with the care of the children as needed. They currently have stable housing.

03/21/2013 - [REDACTED] - CANS - [REDACTED] - The parents appear to have family supports that assist with the care of the children as needed. They currently have stable housing.

03/08/2013 - [REDACTED] - CANS - [REDACTED] - Mother reported no functioning issues with the child, and the child seems to have positive interaction with both her nuclear and extended families. The child has been in the care of both biological parents up until this point.

03/21/2013 - [REDACTED] - CANS - [REDACTED] - The parents appear to have family supports that assist with the care of the children as needed. They currently have stable housing.

03/21/2013 - [REDACTED] - CANS - [REDACTED] - The parents appear to have family supports that assist with the care of the children as needed. They currently have stable housing.

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	03/15/2013	03/31/2013
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	03/06/2013	03/31/2013
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	05/06/2013	05/31/2013
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	05/01/2013	05/31/2013
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	08/05/2013	08/31/2013
[REDACTED]	Support Services/ Family Support Services	Approved	[REDACTED]	03/19/2013	04/08/2013
[REDACTED]	Support Services/ Family Support Services	Approved	[REDACTED]	03/19/2013	04/08/2013
[REDACTED]	Support Services/ Family Support Services	Approved	[REDACTED]	03/19/2013	04/08/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	08/01/2013	08/31/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	04/08/2013	05/31/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	07/15/2013	07/31/2013
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	06/01/2013	06/30/2013

Worker's Signature

Date

Supervisor's Signature

Date



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Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 2/21/13 11:20 AM

Date of Assessment: 2/21/13 12:00 AM

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

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.



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____