



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 06/09/2013 07:02 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 06/09/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 06/10/2013 02:02 AM
First Team Leader Assigned: [REDACTED] Date/Time 06/10/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 06/10/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED], Baby Boy	0 Yrs	Neglect Death	No	[REDACTED]	Birth Mother
Unknown Participant [REDACTED], Unknown	8 Yrs	Drug Exposed Child	No	[REDACTED]	Birth Mother
Unknown Participant [REDACTED], Unknown	9 Yrs	Drug Exposed Child	No	[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:

Family Case ID: [REDACTED], [REDACTED], & [REDACTED]

Open Court Custody/FSS/FCIP No
Closed Court Custody No
Open CPS - No

Indicated:
11-20-2011 / [REDACTED] / Minor Physical Abuse / [REDACTED]
08-02-10 / [REDACTED] / DEI / [REDACTED]



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Fatality No

Screened out Yes (1, [REDACTED])

History (not listed above):

03-19-2009 / [REDACTED] / DEI / Services Recommended and Refused

County: [REDACTED]

Notification: Letter

School/ Daycare: Out for Summer

Native American Descent: Unknown

Directions:

Reporters name/relationship: [REDACTED]

[REDACTED] has two children (unknown). [REDACTED] said the children are being cared for by their grandmother, [REDACTED]. [REDACTED] lives with the grandmother it is unknown who has physical custody of the two children.

On June 9, 2013 [REDACTED] gave birth to a baby boy. The infant was born at 23 weeks; the infant did not make it to a full term of 40 weeks. The infant had a heartbeat, the infant took one breath and then CPR had to be performed. The infant took CPR for an hour before being pronounced deceased. The medical examiner was called but there will not be an autopsy on the child. The medical examiner denied an autopsy. Law enforcement was not contacted about this incident. The district attorney office was contacted by the medical examiner office.

[REDACTED] tested positive for cocaine upon admission to [REDACTED] Community Hospital. [REDACTED] admitted to being a cocaine user, she stated she used cocaine five days prior to coming to the hospital. [REDACTED] also stated she is a daily alcohol drinker. The hospital was unable to test the infant because the infant died today at the hospital, there was no urine sample or stool produced.

[REDACTED] did not receive prenatal care; she stated she went to the OB doctor once. [REDACTED] came to the hospital because she was in labor; she was having vaginal bleeding and contractions. [REDACTED] does not have any history at the hospital according to the reporter. [REDACTED] stated she has had several premature infants in the past that died. [REDACTED] did not give the exact number of premature infants that died.

[REDACTED] was transferred to the labor and delivery unit at [REDACTED] Hospital today at 5:30pm this evening. [REDACTED] could possibly be discharged tomorrow.

There are concerns that the other children might be at risk because of the mother's drug use.

The reporter is unaware of any special needs.

Per TFACTS [REDACTED] children are listed as [REDACTED] (2) and [REDACTED] (4).

Note: @ 8:15pm the referent [REDACTED] was contacted. Ms. [REDACTED] shift had ended, RN [REDACTED] was spoken with by Team Leader, [REDACTED] for additional information.

Investigation/P1-Neglect Death-[REDACTED] Team Leader @ 9:03pm on 06/09/13

Event [20]Alert Started (4795), Status: [20]Alert Started, [REDACTED]
Event [07]Group Started (4795/34181), Status: [07]Group Started, [REDACTED]:
Event [80]Send Started (4795/34690), Status: [80]Message issued, [REDACTED]

[REDACTED] responded at 9:10PM

Child Fatality Team notified by email, [REDACTED], [REDACTED], [REDACTED], [REDACTED],



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

Participant(s)

Name: [REDACTED]
Gender: Male Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Age: 0 Yrs
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Female Date of Birth: [REDACTED] Participant ID: [REDACTED]
SSN: Race: Age: 27 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: Yes
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 55 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED], Unknown

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 8 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED], Unknown

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 9 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/09/2013

Assignment Date: 06/10/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	Yes	[REDACTED] 06/10/2013
2	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	No	[REDACTED] 06/10/2013
3	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	No	[REDACTED] 06/10/2013
4	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	Yes	[REDACTED] 07/25/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The allegation of Neglect Death will be classified as AI/PI.
The allegation of Drug Exposed Child will be identified as AU/PU.

D. Case Workers

Case Worker: [REDACTED]

Date: 08/02/2013

Team Leader: [REDACTED]

Date: 08/06/2013

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:

The infant was deceased upon DCS involvement.
The other two (2) children were observed in the care of the maternal grandmother, [REDACTED]. They were observed free of safety concerns.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

N/A

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

The mother disclosed using cocaine approximately once per week and drinking a beer daily.

The mother denied receiving prenatal care.

The mother disclosed using cocaine throughout the whole pregnancy.

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

The infant was born at 23 weeks.

The mother tested positive for cocaine upon giving birth.

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

N/A

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/07/2013 Contact Method:
 Contact Time: 02:14 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/07/2013
 Completed date: 08/07/2013 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: 08/07/2013 02:17 PM Entered By: [REDACTED]

Closing Case Summary

Childrens Names: [REDACTED], [REDACTED], [REDACTED]
 Worker: [REDACTED]
 County: [REDACTED]
 Referral Date: 6/9/13
 Intake ID: [REDACTED]
 Allegations: Neglect Death; Drug Exposed Child; Drug Exposed Infant
 Alleged Perpetrator: [REDACTED]

This referral states AP gave birth to ACV [REDACTED] on this date at 23 weeks. CPR was performed for an hour prior to being pronounced deceased. The M.E. (medical examiner) was called, but denied an autopsy; they contacted the DA office.

AP tested positive for cocaine and disclosed using five (5) days prior to going to the hospital. AP disclosed drinking alcohol daily. AP did not receive prenatal care. AP went to the hospital due to being in labor. AP was transferred to the [REDACTED] Hospital that evening

CPSA [REDACTED] made attempts to locate ACVs [REDACTED] and [REDACTED]. CPSA [REDACTED] referred to [REDACTED] Hospital, but they were not cooperative. CPSA [REDACTED] requested to have AP call. Personnel agreed. AP called CPSA [REDACTED] and disclosed using cocaine approximately once each week. AP disclosed drinking one (1) beer each day. AP acknowledged she has a problem and wants help. AP stated when she lost her last child she started back using cocaine and checked into a rehabilitation facility. AP stated she was released on medical leave due to being pregnant and the facility not having the appropriate medical staff. AP stated she has not received medical care due to not having health insurance. AP stated she was intending to re-apply for services. AP stated she was taking prenatal pills.

AP stated ACVs [REDACTED] and [REDACTED] were placed in her mothers ([REDACTED]) care at birth. AP denied using or being under the influence of drugs in the presence of ACVs [REDACTED] and [REDACTED]. CPSA [REDACTED] spoke with maternal grandmother, [REDACTED]. Ms. [REDACTED] made consistent statements of AP not being at her home under the influence. Ms. [REDACTED] disclosed being aware of AP using cocaine again while pregnant.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Medical records were received from [REDACTED] and [REDACTED] Hospital. Reports state AP had a placenta disruption. The report states AP disclosed smoking a half pack of cigarettes daily, drinking one (1) beer daily, and last using cocaine five (5) prior to her visit to the ER.

The 740 form is sent to Juvenile Court and the DA.

Safety Assessments were completed on these dates: 6/9/13; 6/10/13; 7/31/13.

- Classify Allegation of Neglect Death as AI/PI.
- Classify Allegation of Drug Exposed Infant as AI/PI.
- Classify Allegation of Drug Exposed Child as AU/PU.

Classification of Allegation Letter A will be sent to alleged perpetrator via certified mail.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/31/2013

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/07/2013

Completed date: 08/07/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]; [REDACTED]

Participant(s)

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/07/2013 02:13 PM Entered By: [REDACTED]

Child Protective Services Assessment worker [REDACTED] (CPSA) made a home visit to follow up with the family.

The following were present during this visit:

[REDACTED] (Maternal Grandmother; Legal Guardian)

[REDACTED] (ACV)

[REDACTED] (ACV)

*Section I: Interview with the child

ACV [REDACTED] was asleep during the visit. ACV [REDACTED] was playing around the home. ACV [REDACTED] refused to speak with CPSA [REDACTED], but he did say, Hello.

*Section II: Interview with the grandmother

Ms. [REDACTED] stated the children were doing well. Ms. [REDACTED] apologized for being disrespectful with CPSA [REDACTED] as she did not understand why ACVs were involved. CPSA [REDACTED] explained again as Ms. [REDACTED] was awakened out of her sleep during the previous explanation. Ms. [REDACTED] stated she and her paramour bought ACVs plenty of clothes and supplies in preparation for school. Ms. [REDACTED] expressed no concerns during this time.

*Section III: Interview with the father

N/A

*Section IV: Interview with other household members

N/A

Section V: CPSA [REDACTED] observed:

CR - Summary



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

ACVs appeared healthy and well dressed. ACV [REDACTED] appeared comfortable in his environment with Ms. [REDACTED]. ACV [REDACTED] woke up while CPSA [REDACTED] was at the home and immediately went to Ms. [REDACTED]. The family interacted appropriately with each other. Ms. [REDACTED] was very engaging, cooperative, and respectful towards CPSA [REDACTED]. No concerns were observed at this time.

*Section VI: Next Steps:

Prepare this case for closure.

*Section VII: NCPP/FSTM

There is an NCPP that was completed with AP through an FSTM and can be found in the family case file as well as in TFACTS.

*Section VIII: IPA: note restrictions and visitation plans

N/A



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:	07/27/2013	Contact Method:	Attempted Face To Face
Contact Time:	11:57 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	08/05/2013
Completed date:	08/05/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]; [REDACTED]

Participant(s)

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/05/2013 04:51 PM Entered By: [REDACTED]

CPSA [REDACTED] conducted a F2F visit with AP. CPSA [REDACTED] explained the process of being Indicated by DCS. AP expressed understanding. AP stated she is going to get detoxed the following week in order to be able to sign up for in-patient treatment.

CPSA [REDACTED] attempted a HV with ACVs. Ms. [REDACTED] paramour stated ACVs and Ms. [REDACTED] were gone shopping. CPSA [REDACTED] agreed to return at a time for a HV.

At approximately 3:00 p.m., CPSA [REDACTED] received a phone call from Ms. [REDACTED]. A HV was scheduled for 7/31/13 at 3:30 p.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 06/10/2013 Contact Method:
 Contact Time: 01:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/10/2013
 Completed date: 07/11/2013 Completed By: TFACTS, [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: 06/10/2013 01:03 PM Entered By: [REDACTED]

Closing Case Summary

Childrens Names: [REDACTED], [REDACTED], [REDACTED]
 Worker: [REDACTED]
 County: [REDACTED]
 Referral Date: 6/9/13
 Intake ID: [REDACTED]
 Allegations: Neglect Death; Drug Exposed Child
 Alleged Perpetrator: [REDACTED]

This referral states AP gave birth to ACV [REDACTED] on this date at 23 weeks. CPR was performed for an hour prior to being pronounced deceased. The M.E. (medical examiner) was called, but denied an autopsy; they contacted the DA office.

AP tested positive for cocaine and disclosed using five (5) days prior to going to the hospital. AP disclosed drinking alcohol daily. AP did not receive prenatal care. AP went to the hospital due to being in labor. AP was transferred to the [REDACTED] Hospital that evening

CPSA [REDACTED] made attempts to locate ACVs [REDACTED] and [REDACTED]. CPSA [REDACTED] referred to [REDACTED] Hospital, but they were not cooperative. CPSA [REDACTED] requested to have AP call. Personnel agreed. AP called CPSA [REDACTED] and disclosed using cocaine approximately once each week. AP disclosed drinking one (1) beer each day. AP acknowledged she has a problem and wants help. AP stated when she lost her last child she started back using cocaine and checked into a rehabilitation facility. AP stated she was released on medical leave due to being pregnant and the facility not having the appropriate medical staff. AP stated she has not received medical care due to not having health insurance. AP stated she was intending to reapply for services. AP stated she was taking prenatal pills.

AP stated ACVs [REDACTED] and [REDACTED] were placed in her mothers ([REDACTED]) care at birth. AP denied using or being under the influence of drugs in the presence of ACVs [REDACTED] and [REDACTED]. CPSA [REDACTED] spoke with maternal grandmother, [REDACTED]. Ms. [REDACTED] made consistent statements of AP not being at her home under the influence. Ms. [REDACTED] disclosed being aware of AP using cocaine again while pregnant.

Medical records were received from [REDACTED] and [REDACTED] Hospital. Reports state AP had a



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

placenta disruption. The report states AP disclosed smoking a half pack of cigarettes daily, drinking one (1) beer daily, and last using cocaine five (5) prior to her visit to the ER.

The 740 form is sent to Juvenile Court and the DA.

Safety Assessments were completed on these dates: 6/9/13; 6/10/13.

- Classify Allegation of Neglect Death as AI/PI.
- Classify Allegation of Drug Exposed Child as AU/PU.

Narrative Type: Created In Error Entry Date/Time: 08/07/2013 02:13 PM Entered By: [REDACTED]

System Completed



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/10/2013 Contact Method:
 Contact Time: 08:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/10/2013
 Completed date: 06/10/2013 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: 06/10/2013 12:22 PM Entered By: [REDACTED]

On 6/9/13, at 7:02 p.m., a P 1 referral was called into Central Intake. The referral was screened into [REDACTED] County at 9:03 p.m. with allegations of Neglect Death and Drug Exposed Child against [REDACTED]. The alleged victims are [REDACTED], [REDACTED], and [REDACTED]. The referral was assessed and assigned by TL [REDACTED] to Case Manager [REDACTED]. Response is due on: 6/10/13. It is unknown at this time if the children are of Native American descent. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. CM [REDACTED] will contact the referent within 30 days if necessary.

Referral number [REDACTED] states:

[REDACTED] has two children (unknown). [REDACTED] said the children are being cared for by their grandmother, [REDACTED]. [REDACTED] lives with the grandmother it is unknown who has physical custody of the two children.

On June 9, 2013 [REDACTED] gave birth to a baby boy. The infant was born at 23 weeks; the infant did not make it to a full term of 40 weeks. The infant had a heartbeat, the infant took one breath and then CPR had to be performed. The infant took CPR for an hour before being pronounced deceased. The medical examiner was called but there will not be an autopsy on the child. The medical examiner denied an autopsy. Law enforcement was not contacted about this incident. The district attorney office was contacted by the medical examiner office.

[REDACTED] tested positive for cocaine upon admission to [REDACTED] Hospital. [REDACTED] admitted to being a cocaine user, she stated she used cocaine five days prior to coming to the hospital. [REDACTED] also stated she is a daily alcohol drinker. The hospital was unable to test the infant because the infant died today at the hospital, there was no urine sample or stool produced.

[REDACTED] did not receive prenatal care; she stated she went to the OB doctor once. [REDACTED] came to the hospital because she was in labor; she was having vaginal bleeding and contractions. [REDACTED] does not have any history at the hospital according to the reporter. [REDACTED] stated she has had several premature infants in the past that died. [REDACTED] did not give the exact number of premature infants that died.

[REDACTED] was transferred to the labor and delivery unit at [REDACTED] Hospital today at 5:30pm this evening. [REDACTED] could



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

possibly be discharged tomorrow.

There are concerns that the other children might be at risk because of the mother's drug use.

The reporter is unaware of any special needs.

TFACTS History check was conducted upon case assignment. CPSA [REDACTED] observed in TFACTS the following:

01/12/2009; Inv. ID [REDACTED]

Allegation: DEI

AP [REDACTED]

ACV [REDACTED]

Classification: Services Recommended and Refused

07/31/2010; Inv. ID [REDACTED]

Allegation: DEI

AP [REDACTED]

ACV [REDACTED]

Classification: AI/PI

Notice of Report is sent to Juvenile Court.

Notice of Case Assignment (Reporter Letter) was sent.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/09/2013 Contact Method: Face To Face
 Contact Time: 09:30 PM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/10/2013
 Completed date: 06/10/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Initial ACV Face To Face, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]; [REDACTED]; [REDACTED]

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 06/10/2013 12:32 PM Entered By: [REDACTED]

CPSA [REDACTED] was notified of a P1 referral being made in [REDACTED].

CPSA [REDACTED] called [REDACTED] to inform the staff of a referral being made to prevent a duplicate. CPSA [REDACTED] inquired regarding the contact information provided to ensure it was that of AP, not Ms. [REDACTED] in order to locate ACVs [REDACTED] and [REDACTED]. Personnel were not cooperative. CPSA [REDACTED] later inquired the whereabouts of ACV [REDACTED]. Personnel were not cooperative throughout the entire night. CPSA [REDACTED] requested to speak with AP. Personnel agreed to let AP know and she will be able to call CPSA [REDACTED] back.

Child Protective Services Assessment worker [REDACTED] (CPSA) made a home visit to initiate this investigation.

The following were present during this visit:

[REDACTED] (Maternal Grandmother; Legal Guardian)
 [REDACTED] (ACV)
 [REDACTED] (ACV)

In order to engage the family, CPSA [REDACTED] explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSA [REDACTED] also provided the family with a brochure describing the Multiple Response Approach. CPSA [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSA [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.

*Section I: Interview with the child

ACV [REDACTED] was unable to be observed due to being taken to the morgue prior to CPSA [REDACTED] being



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

contacted.

ACV ██████████ was asleep during the visit; she was observed. ACV ██████████ was observed and not able to speak with CPSA ██████████ due to his mental incapability.

***Section II: Interview with the mother**

CPSA ██████████ spoke with AP via telephone. AP stated she was watching TV today in ██████████, (6/9/13) and felt minor pains that she disregarded. AP stated she went to the bathroom and felt her sac break when wiped. AP stated she then went to the ER in ██████████, where ACV ██████████ was delivered. AP stated she makes regular visits with ACVs ██████████ and ██████████. AP denied using drugs around ACVs ██████████ and ██████████ or being under the influence.

AP stated she has a drug problem and needs help. AP stated she had an infant fatality prior to this recent one; her child was born with 90% of his organs dead. AP stated that took a toll on her and she began abusing cocaine. AP stated she signed into a rehabilitation center in ██████████, but was released on medical leave due to being pregnant and the facility not having the appropriate medical staff to care for her. AP stated the facility held her position and she will return tomorrow (6/10/13). AP stated she has a list of rehabilitation centers and will find another if she is not able to return the previous.

***Section III: Interview with the father**

N/A; CPSA ██████████ attempted a visit to APs home where the father, ██████████ resides as well. An older adult male answered the door and stated he does not know anyone named ██████████ or ██████████. AP later stated she and Mr. ██████████ reside in the back part of the home; a male adult resides in the front part of the home.

***Section IV: Interview with other household members**

CPSA ██████████ made a visit to the maternal grandmothers (██████████) home in ██████████. CPSA ██████████ apologized for the time of the visit as the family was asleep. Ms. ██████████ invited CPSA ██████████ into the home. Ms. ██████████ stated AP does not reside in the home. Ms. ██████████ stated she was aware of AP using cocaine, but AP never came to her home under the influence as she would not allow it. Ms. ██████████ stated she has had ACVs ██████████ and ██████████ since birth; AP has supervised visitation. Ms. ██████████ stated ACVs ██████████ and ██████████ attend ██████████ in ██████████. Ms. ██████████ stated she rarely sees AP and usually does not know her whereabouts. Ms. ██████████ stated her paramour, ██████████ was contacted by AP to request transportation to the hospital in ██████████, due to labor pains.

Section V: CPSA ██████████ observed:

CPSA ██████████ observed ACVs ██████████ and ██████████ healthy and free of safety concerns. The home was observed free of clutter and health hazards. AP and Ms. ██████████ were cooperative with CPSA ██████████. No further concerns were observed at this time.

***Section VI: Next Steps:**

Follow up with AP and services.

***Section VII: NCPP/FSTM**

N/A

***Section VIII: IPA: note restrictions and visitation plans**

N/A



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Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/9/13 7:02 PM

Date of Assessment: 6/9/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 2

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 or 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: _____