



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 06/11/2013 09:34 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 06/11/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 06/11/2013 02:30 PM
First Team Leader Assigned: [REDACTED] Date/Time 06/11/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 06/11/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [REDACTED] Unknown	0 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother
Unknown Participant [REDACTED] Unknown	6 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: No history found
Open Court Custody/FSS/FCIP No
Closed Court Custody No
Open CPS - NO
Indicated None
Fatality - No
Screened out 0



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

History (not listed above): None

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

Reporters name/relationship: [REDACTED] [REDACTED]

Reporter states: An Unknown male DOB [REDACTED] and Unknown child between 5 or 6 years of age live in the home with their mother, [REDACTED]

The Unknown baby boy was born premature at 24 weeks on 5/25/2013 at [REDACTED] Medical Center and the baby passed away the same day. The mother was drug tested by [REDACTED] Medical Center at birth and she was negative. It is unknown if the baby was drug tested. The physician received the send out results today of the mother's drug screen, and the mother was positive for methamphetamine. There is another child in the home born in 2007.

This was all the information the reporter had at this time. The reporter was not the delivery physician and was not present for the delivery.

Per SDM: Investigation P1-[REDACTED] Team Leader, June 11, 2013 @ 11:03 am
County notified via email

Child Fatality Team Notified:

[REDACTED], Child-Fatality-Notification EI-DCS, [REDACTED]
[REDACTED]



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

Participant(s)

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 29 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:

Name: Unknown Participant [REDACTED] Unknown
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:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 6 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: 06/11/2013

Assignment Date: 06/11/2013

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			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 07/12/2013
2	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	No	[REDACTED] 07/12/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Worker recommends this case be closed.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/12/2013

Team Leader: [REDACTED]

Date: 09/12/2013

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:

[REDACTED] stated that he lives at home with his parents and reported feeling safe with them. He denied any knowledge of drugs or drug use in the 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)?

Dr. [REDACTED] expressed her shock when she received the results of this urine. She stated, "I have never had any concerns about [REDACTED] I was the doctor that saw her last pregnancy and delivered her first child." Dr. [REDACTED] stated, "It is possible that there was a mix up with the lab work and this is not a true screening for [REDACTED] I never would have had any concerns for her at all during either pregnancy."

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

Mrs. [REDACTED] denied that she is or has ever used drugs. She denied any kind of drug use during her pregnancy. Mrs. [REDACTED] stated that she lost her son [REDACTED] due to high blood pressure and going into pre-term labor.



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]

Mrs. [REDACTED] asked if she could prove that she has not used drugs. She stated that she was worried that due to this case people would think that she was using drugs and killed my baby.

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

Mr. [REDACTED] denied that either he or his wife have ever used drugs. He stated that this is a very difficult time for his family due to losing [REDACTED] because of pregnancy complications. He stated that his wife had high blood pressure and lost the child. He denied that he ever had a concern that [REDACTED] has ever used drugs whether or not she was pregnant.

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

The allegations are Drug Exposed Child and Neglect Death. The alleged victim is [REDACTED] [REDACTED] and [REDACTED] [REDACTED] and the alleged perpetrator is [REDACTED], mother. The mother and father adamantly denied any drug use. They were both negative on a urine drug screen. Mrs. [REDACTED] submitted to and was negative on her hair follicle test. Collaterals expressed that they did not have any concerns for the wellbeing of [REDACTED] and denied having concerns about the mother using drugs. This case was staffed with the CPIT and was classified as AUPU. This case will be closed as AUPU.

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: 09/23/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 03:51 PM Entered By: [REDACTED]

case reviewed. this case came in due to a premature infant dying in utero, the fetus was 25 weeks. mother was negative on admission but a test later in the lab stated she was positive for methamphetamines. the mother had an older child in the home. The mother's regular OB/GYN was not the doctor that delivered as she was not on call. the regular OB/GYN reported never having any concerns of drug use on either pregnancy and the mother was negative on a prenatal test. the mother and father denied drug use and were negative at first response. the mother took a hair follicle test on her own accord and it was negative. The mother and OB/GYN feel that this is a lab error

TL [REDACTED] has requested a copy of the death certificate and the Coordinator of the FAtality rEview team that covers [REDACTED] has replied and stated that DCS would need to get this from Vital Records. TL [REDACTED] sent an inquiry to TL [REDACTED] who serves on the fatality review team for another county [REDACTED]. She will inquire to see if the medical examiner in [REDACTED] can obtain a copy as the child died in [REDACTED] county at the hospital there. TL [REDACTED] reports that there has been several instances at the [REDACTED] hospitals where there have been false tests for methamphetamines.

classification is approved, 740 will be mailed to the judge and district attorney on 10/1/13.
 case is approved for closure



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: 09/23/2013

Contact Method:

Contact Time: 09:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 08:54 AM Entered By: [REDACTED]

[REDACTED] County TL, [REDACTED] responded by email with contact person's name for the Child Fatality review Team that covers [REDACTED] County. An Email was then sent to [REDACTED], with the Department of Health who is the Fetal Infant Mortality Review & Child Fatality Review Program Director requesting assistance in obtaining a copy of the death certificate.



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: 09/20/2013

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 08:51 AM Entered By: [REDACTED]

case reviewed. Death Certificate is needed for file. Email Sent to the supervisors in [REDACTED] and [REDACTED] county to request information on contact person for the Child Fatality Review TEam for [REDACTED] county so that a Death certificate could be requested.



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: 09/18/2013 Contact Method:
 Contact Time: 08:20 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/18/2013
 Completed date: 09/18/2013 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: 09/18/2013 07:21 PM Entered By: [REDACTED]

Safety Assessment score:
Initial: Safe

Permanency: [REDACTED] is currently in the care and custody of his parents. He is enrolled at [REDACTED] Elementary and is reportedly doing well. He appears to have achieved permanency through the home that the family has been residing in for the past few years. He is very bonded with his parents.

Family Support: The family has a support system of friends and family to help them meet their daily needs.

Wellbeing: The child is currently six years old. He is shy but engages with Cm when talking about a topic that interests him. He is mild mannered and very polite.

Medical: No concerns noted.

Mental/Behavioral Health: No concerns noted.

Substance Abuse: No Concerns noted.

Education: [REDACTED] currently attends [REDACTED] Elementary and is in the 1st grade. He is reportedly doing very well.

Development: [REDACTED] is six years old and appears to be on track for his age.

Ending Summary:

The allegations are Drug Exposed Child and Neglect Death. The alleged victim is [REDACTED] and [REDACTED] and the alleged perpetrator is [REDACTED], mother. The mother and father adamantly denied any drug use. They were both negative on a urine drug screen. Mrs. [REDACTED] submitted to and was negative on her hair follicle test. Collaterals expressed that they did not have any concerns for the wellbeing of [REDACTED] and denied having concerns about the mother using drugs. This case was staffed with the CPIT and was classified as AUPU. This case will be closed as AUPU.



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: 09/18/2013

Contact Method: Face To Face

Contact Time: 05:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Family Home

Created Date: 09/20/2013

Completed date: 09/20/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2013 01:07 PM Entered By: [REDACTED]

Cm spoke to the parents while in the home. Cm advised them that the case would be closed after this contact. It was reported to the parents that the allegations were classified as Unfounded. Cm asked the parents if they were in need of anything at this time and they stated no. Cm reminded them of counseling services that were available for them if they felt it was needed. They acknowledged this and thanked Cm [REDACTED] Cm thanked them for their time and left the home.



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:	09/18/2013	Contact Method:	Face To Face
Contact Time:	05:20 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	09/18/2013
Completed date:	09/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2013 07:00 PM Entered By: [REDACTED]

CM made a follow-up contact with ACV [REDACTED]. [REDACTED] and his parents were observed to be sitting outside on the swing when Cm arrived. [REDACTED] stated that he is currently a 1st grade student at [REDACTED] Elementary school. He reported that playing is his favorite thing to do at school. [REDACTED] showed Cm his dog [REDACTED] who was also outside in the backyard. [REDACTED] wanted to show Cm [REDACTED] his collection of Avon perfume bottles. Cm, [REDACTED] and his parents walked over to the storage shed. [REDACTED] showed Cm [REDACTED] several of his favorite bottles. Cm congratulated him on his collection. He was observed to be dressed appropriately and was clean. He appeared healthy during this visit.



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: 09/12/2013

Contact Method: Attempted Face To Face

Contact Time: 12:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Family Home

Created Date: 09/12/2013

Completed date: 09/12/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/12/2013 05:46 PM Entered By: [REDACTED]

Cm attempted to make a follow-up contact with [REDACTED] at the family home. This attempt was unsuccessful due to no answer at the door. Cm to follow-up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/12/2013	Contact Method:	Attempted Face To Face
Contact Time:	11:45 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	School	Created Date:	09/12/2013
Completed date:	09/12/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/12/2013 05:45 PM Entered By: [REDACTED]

Cm attempted to make a follow-up visit with [REDACTED] at [REDACTED] Elementary School. This attempt was unsuccessful. CM was advised that he was not/has not been enrolled there at any point. Cm confirmed that the child is not enrolled at [REDACTED] Elementary School.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/10/2013	Contact Method:	Attempted Face To Face
Contact Time:	03:35 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	09/12/2013
Completed date:	09/12/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/12/2013 05:40 PM Entered By: [REDACTED]

Cm attempted to make a follow-up contact at the family home. This attempt was unsuccessful due to no answer at the door. Cm to follow-up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/12/2013	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/18/2013
Completed date:	09/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2013 07:23 PM Entered By: [REDACTED]

Received Medical records From [REDACTED]
 Review of medical records show that Principal diagnosis was severe per-eclampsia with secondary diagnosis as intrauterine death affecting management of the mother, poor fetal growth, mother with single stillborn, other procedures noted was medical induction of labor. Final diagnosis was 24 week intrauterine fetal demise, severe preeclampsia. The fetus weighed 1 lb 2oz.
 Records show that Mrs. [REDACTED] went to the hospital because the baby had not been moving as frequently as normal and her blood pressure was high. She was admitted to the hospital for treatment and observation. After being admitted and the babys heart beat could not be located and it was determined that the baby had died. Due to the risk to the mothers health, labor was induced and she delivered the baby. Mother was prescribed the normal type meds at discharge, pain medication. Xanax was given to the mother at the hospital due to the situation and a prescription given at discharge.

Admittance information states no use of alcohol or drugs.

There is a drug test report that was collected on 5/25/31 and results show positive for methamphetamine on 5/31/13 . the report states that this is not confirmed. These are the same test results that the mother provided to DCS earlier.

There is a pathology report on the placenta included in the records. The Diagnosis is:
 Trimmed Weight, 200 grams. Velamentous insertion of the umbilical cord, umbilical cord with a 3 vessel pattern, extensive placental infarction involving approximately 80% of placental volume, intraplacental hematomas, meconium macrophages within fetal membranes, chronic basal deciduitis with plasma cells, clinical history of intrauterine fetal demise at 24 weeks gestation.



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: 08/01/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 07:24 PM Entered By: [REDACTED]

Case staffed with TL [REDACTED] Discussed status of medical records. Some records have been received. There was no autopsy completed on the baby. Need to obtain copy of the death certificate.



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: 08/01/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 08:48 AM Entered By: [REDACTED]

case reviewed and staffed with cm [REDACTED] Medical records have been received. No autopsy was performed on the infant. CM needs to follow up on obtaining the death certificate



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: 07/17/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 07:25 PM Entered By: [REDACTED]

Cm received medical records from [REDACTED]. Review of prenatal records show regular visits with no concerns noted. It is noted that any use of alcohol or drugs were denied. There are no concerns noted about drug use. There is a significant family history of diabetes and hypertension noted in the file. The mother was drug tested on 2/4/13 and was negative for all drugs.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/17/2013	Contact Method:	Phone Call
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/18/2013
Completed date:	09/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2013 07:27 PM Entered By: [REDACTED]

Cm contacted the [REDACTED] Medical Examiners Office and spoke with [REDACTED]. Cm was advised that the MEs office had received a report about this child but Dr. [REDACTED] (Medical Examiner) ruled that there was not a reason for an autopsy due to prematurity. It was reported that there is not an autopsy completed unless a mother is further along in her pregnancy. CM thanked her for her time and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/17/2013	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/18/2013
Completed date:	09/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2013 07:26 PM Entered By: [REDACTED]
 Cm sent a request to [REDACTED] Hospital for complete medical records on [REDACTED] and the birth of the baby, [REDACTED]
 Request sent to [REDACTED] for prenatal records on [REDACTED]



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: 07/01/2013

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 08:46 AM Entered By: [REDACTED]

reviewed case with CM [REDACTED] she is waiting on medical records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/28/2013	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/18/2013
Completed date:	09/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2013 07:47 PM Entered By: [REDACTED]

Cm [REDACTED] staffed this case with TL [REDACTED]. CM was advised that she needed to obtain the prenatal records and records from the hospital. CM and TL [REDACTED] discussed checking to see if an autopsy was completed and obtaining a copy of the death certificate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/28/2013	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/23/2013
Completed date:	09/23/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/23/2013 08:44 AM Entered By: [REDACTED]

case reviewed and staffed with cm [REDACTED] discussed status of case. Advised CM [REDACTED] to obtain all the medical records, autopsy report if one was done and death certificate for the child.



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: 06/21/2013

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Other Community Site

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 07:48 PM Entered By: [REDACTED]

CM [REDACTED] presented case to CPIT. Discussed reports from medical personnel and drug testing, the, hair follicle. Discussed mothers medical condition and gestation age of the child. Findings are that child was still born due to preeclampsia. CPIT classified case as unfounded. Present was Det [REDACTED] ADA [REDACTED] CAC staff [REDACTED] and [REDACTED]



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: 06/21/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 07:49 PM Entered By: [REDACTED]

Cm received faxed report from Physician Services on the hair follicle test results on [REDACTED]. The results were negative on all drugs. Specifically the test for methamphetamine was negative.



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: 06/19/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 07:50 PM Entered By: [REDACTED]

TL [REDACTED] received a call from Physician Services that [REDACTED] was at their facility and stating that she wanted to take a hair follicle test and have it sent to DCS. They advised that a form would need to be completed and faxed to them for this to be sent to DCS. Form was completed and faxed to physician services



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: 06/18/2013

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 07:50 PM Entered By: [REDACTED]

TL [REDACTED] received another call from Mrs. [REDACTED]. She would like to take a hair follicle test to show that she has not used any drugs. This was discussed and Mrs. [REDACTED] was advised on local agencies that will do hair follicles. TL [REDACTED] inquired on how she and the family were doing at this time. Mrs. [REDACTED] expressed her grief and how she is trying to handle it. TL [REDACTED] discussed counseling and support groups for families that have lost children. Discussed a few of the local resources and advised that CM [REDACTED] would provide additional information to her and her family. Mrs. [REDACTED] again expressed wanting to clear her name and prove that she had not used drugs. TL [REDACTED] explained the steps of the investigation and offering services to the family. TL advised that the drug test reports she had left for review had been reviewed, however the reports show positive and that they are not confirmed and would need further testing. Advised that a medical person would have to review these results and explain so this would be clear.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/17/2013 Contact Method:
 Contact Time: 01:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/23/2013
 Completed date: 09/23/2013 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/23/2013 08:41 AM Entered By: [REDACTED]

TL [REDACTED] advised CM [REDACTED] that she had taken a call at Noon today about this case. CM [REDACTED] provided the details of the referral and information received up to this point as TL [REDACTED] had been on leave the previous week. [REDACTED] reviewed the medical reports, drug tests that the mother had left for review. CM [REDACTED] advised that this is the information that she had been provided as well. CM [REDACTED] advised that the mother offered to take a hair follicle test and feels that this would be a good tool as the mother completely denies any drug use. the father denies as well and they were clean. the mother's regular doctor had no concerns and does not feel that there was any drug use.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/17/2013	Contact Method:	Phone Call
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/18/2013
Completed date:	09/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2013 07:52 PM Entered By: [REDACTED]

TL [REDACTED] received a voicemail from [REDACTED] asking for a return call about her case. TL [REDACTED] returned her call and Ms [REDACTED] wanted to clear her name as she states that she is not a drug user and there had to be a mix up on the test. She had left some drug test results at the office for review from her hospital stay. She believes that these tests show that she was not positive. She reports that she spoke with someone at the hospital and they stated that this could have happened.



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: 06/12/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 07:53 PM Entered By: [REDACTED]

Notice of Child Fatality (form 0635) faxed to the office of child safety. Confirmation of receipt of fax received.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/11/2013	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/18/2013
Completed date:	09/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2013 07:56 PM Entered By: [REDACTED]
 TL [REDACTED] emailed Notice of Child Fatality to [REDACTED]; [REDACTED]; Child-Fatality-Notification EI-DCS; [REDACTED]



**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: 06/11/2013

Contact Method: Face To Face

Contact Time: 03:50 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Family Home

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview, Other Persons Living in Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 07:54 PM Entered By: [REDACTED]

CM [REDACTED] met with the mother and father, [REDACTED] and [REDACTED] and introduced herself and explained that a referral had been received on the family. CM [REDACTED] asked for permission to enter the home and received consent from Mrs. [REDACTED]. CM discussed the information regarding this referral. Mrs. [REDACTED] denied that she is or has ever used drugs. She denied any kind of drug use during her pregnancy. Mrs. [REDACTED] stated that she lost her son [REDACTED] due to high blood pressure and going into pre-term labor. Mrs. [REDACTED] asked if she could prove that she has not used drugs. She stated that she was worried that due to this case people would think that she was using drugs and killed my baby. CM explained the confidentiality of this case to Mrs. [REDACTED]. CM [REDACTED] spoke to her about obtaining a hair follicle test. She stated that she would go this week.

CM spoke to Mr. [REDACTED] regarding the allegations. He denied that either he or his wife have ever used drugs. He stated that this is a very difficult time for his family due to losing [REDACTED] because of pregnancy complications. He stated that his wife had high blood pressure and lost the child. He denied that he ever had a concern that [REDACTED] has ever used drugs whether or not she was pregnant.

Both Mr. and Mrs. [REDACTED] agreed to be drug tested and both were negative on all panels.

The home was observed to have two bedrooms and one bathroom. It was very clean and appropriate with plenty of food.



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:	06/11/2013	Contact Method:	Face To Face
Contact Time:	03:35 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 02:45 PM Entered By: [REDACTED]

Cm made response with ACV [REDACTED] at the family home. Cm sat outside on the front porch with him to talk. [REDACTED] reported that he likes to play with worms and was currently looking for them under the stone pavers leading to the house. [REDACTED] stated that he lives at home with his parents and reported feeling safe with them. He denied any knowledge of drugs or drug use in the home. He was observed to be clean, happy, and healthy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/11/2013	Contact Method:	Attempted Face To Face
Contact Time:	03:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Family Home	Created Date:	07/11/2013
Completed date:	07/11/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2013 02:40 PM Entered By: [REDACTED]

The ACV [REDACTED] was stillborn on 05/25/2013, 17 days prior to this referral being made.



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:	06/11/2013	Contact Method:	Phone Call
Contact Time:	03:10 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/18/2013
Completed date:	09/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2013 08:12 PM Entered By: [REDACTED]

CM contacted Dr. [REDACTED] of [REDACTED] to gather additional information regarding the circumstances surrounding the loss of mother's pregnancy. CM spoke to Dr. [REDACTED] who reported the following: Mrs. [REDACTED] went to [REDACTED] Medical Center labor and delivery unit with elevated blood pressure when she was 25 weeks pregnant. She was then diagnosed with Pre-eclampsia. Her blood pressure then spiked and there was an abruption. CM was advised that when an abruption occurs the placenta detaches from the uterine wall. The child died in utero and was delivered "in call". CM was advised that this referred to the child being delivered still in the placental sack. The mother was drug screened at the hospital and was negative on all panels. CM was advised that all urine specimens are then sent off site to a lab for further testing. Dr. [REDACTED] stated that the results of the "send out" urine were positive for methamphetamines. Dr. [REDACTED] expressed her shock when she received the results of this urine. She stated, "I have never had any concerns about [REDACTED] I was the doctor that saw her last pregnancy and delivered her first child." Dr. [REDACTED] stated, "It is possible that there was a mix up with the lab work and this is not a true screening for [REDACTED] I never would have had any concerns for her at all during either pregnancy." 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: 06/11/2013

Contact Method: Phone Call

Contact Time: 03:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 09/18/2013

Completed date: 09/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/18/2013 08:02 PM Entered By: [REDACTED]

Cm contacted the referent to gather additional information regarding this referral. The referent had no additional concerns at this time. Cm was advised by the referent that the mother attended [REDACTED] for her pre-natal care under Dr. [REDACTED]. Cm was given contact information for Dr. [REDACTED]. Cm thanked the referent for their time and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/11/2013	Contact Method:	Correspondence
Contact Time:	02:45 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/18/2013
Completed date:	09/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2013 08:20 PM Entered By: [REDACTED]
Cm convened CPIT with Detective [REDACTED] by phone per regional protocol.
Cm convened CPIT with DA [REDACTED] via fax per regional protocol.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/11/2013	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/18/2013
Completed date:	09/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2013 07:57 PM Entered By: [REDACTED]
 CM [REDACTED] was assigned the case, case was staffed with TL [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/11/2013 Contact Method:
 Contact Time: 10:34 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: DCS Office Created Date: 09/18/2013
 Completed date: 09/18/2013 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: 09/18/2013 07:59 PM Entered By: [REDACTED]

Date of Referral: 06/11/2013

This case was assigned as an Investigation case to CM [REDACTED] on 6/11/2013 at 9:34AM for [REDACTED] County. All times are recorded in [REDACTED]. The response priority was P 1 and the allegations are Drug exposed child and neglect death. The alleged victim is [REDACTED] and [REDACTED] and the alleged perpetrator is [REDACTED] mother. Referent was contacted on 06/11/2013 by phone. The Juvenile Judge, [REDACTED] was notified on 7/1/13 by email. The District Attorney, [REDACTED] was notified by fax. Response was met on 6/11/13 at 03:35PM.

Family Composition:

Victim[s]: [REDACTED] (deceased)

Victims Mother: [REDACTED]

Victims Father: [REDACTED]

Allegations and Presenting Problems:

An Unknown male DOB [REDACTED] and Unknown child between 5 or 6 years of age live in the home with their mother, [REDACTED]. The Unknown baby boy was born premature at 24 weeks on 5/25/2013 at [REDACTED] Medical Center and the baby passed away the same day. The mother was drug tested by [REDACTED] Medical Center at birth and she was negative. It is unknown if the baby was drug tested. The physician received the send out results today of the mother's drug screen, and the mother was positive for methamphetamine. There is another child in the home born in 2007. This was all the information the reporter had at this time. The reporter was not the delivery physician and was not present for the delivery.

CPS/DCS History: There is no previous history with this family



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Criminal Background Checks: Cm completed local and internet checks on [REDACTED] and [REDACTED] and found no records.

Family Story:

On 6/11/13 CM [REDACTED] explained MRS and gave a pamphlet to the family, the Clients Rights Handbook to include the Parents Bill of Rights and HIPPA and provided the family with copies of each and kept copies of signature pages for the HIPPA and Clients Rights Handbook. CM asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification. The notification of equal access to programs and services and grievance procedures acknowledgement was also signed and dated. CM obtained demographic information and completed the pictorial tool. CM obtained all appropriate releases of information at that time.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/11/13 9:34 AM

Date of Assessment: 6/11/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____