



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

Intake

Intake ID: [REDACTED]

Intake Taken By: [REDACTED]

Intake Date/Time: 03/14/2013 01:17 PM CT

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [REDACTED]

Date Screened: 03/14/2013

Investigation

Investigation ID: [REDACTED]

First County/Region: [REDACTED]

Date/Time Assigned : 03/15/2013 09:10 AM

First Team Leader Assigned: [REDACTED]

Date/Time 03/14/2013 12:00 AM

First Case Manager: [REDACTED]

Date/Time 03/14/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	12 Yrs	Drug Exposed Child	No	[REDACTED]	Birth Mother
[REDACTED] Unknown	0 Yrs	Drug Exposed Infant	No	[REDACTED]	Birth Mother
[REDACTED] Unknown	0 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother
[REDACTED]	1 Yrs	Drug Exposed Child	No	[REDACTED]	Birth Mother
[REDACTED]	8 Yrs	Drug Exposed Child	No	[REDACTED]	Birth Mother
[REDACTED]	10 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: History Search completed by [REDACTED] Team Leader

TFACTS: YES

Open Court Custody/FSS/FCIP No
Closed FSS/FCIP YES; 12/05/2012 Case # [REDACTED]
Open CPS-Yes, 02/01/2013 Case # [REDACTED] CM
Indicated NO
Fatality No
Screened out 0



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

History (not listed above):

11/20/2012 [REDACTED] DEC, Services recommended and accepted

12/05/2012 # [REDACTED]

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: 1

Prior INV/ASMT of Neglect: 2

Prior INV/ASMT of both Abuse & Neglect: 3

DUPLICATE REFERRAL: No

SSMS Check completed; No indications found

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: [REDACTED]

Reporters name/relationship: [REDACTED] | [REDACTED] | [REDACTED]

Reporter states: [REDACTED] (12), [REDACTED] (10), [REDACTED] (8), and [REDACTED] (7 months) reside with Mother ([REDACTED]). It is reported that the mother gave birth to twin males (Unknown and Unknown [REDACTED]) yesterday 3-13-2013.

The referent states that on 3-13-2013, the mothers urine screened positive for marijuana and cocaine and the living infants urine also screened positive for cocaine on that same day. It is unknown if a meconium test has been conducted or requested. The referent reports that the mother admitted to using cocaine Monday 3-11-2013. The referent adds that the mother also admitted that she uses marijuana and cocaine once a week. It is unknown if the mother abused the drugs in the home or in the presence of the children. It is also reported that that the mother received no prenatal care. It is added that the babies were born at 28 weeks (premature), but one of the twins passed away at [REDACTED] Hospital.

The referent states that the mother has a car seat, but it is unknown if she had made any other preparations for the children. It is added that the mother reported that she has a mother and sister in her life. It has not been observed if the mother is bonding well with the child at this time.

The referent adds that the infants were born at home and on the way to the [REDACTED] Hospital. The referent states that one of the twins passed away at the hospital. The referent adds that the twin that passed away was pronounced deceased at the hospital. The referent adds that the reasons for the infants death are unknown at this time. It is added that the mother has her own reasons why she did not initially want to go to the hospital. It is unknown exactly when the twin passed away. It is added that it is unknown if law enforcement has been notified. No further information is known about the death of the baby at this time.

The reporter states that the mother has prior history with DCS.

No known Special needs/disabilities at this time.

Per SDM: Investigative Track, P1-(Requesting Immediate Contact) [REDACTED] Team Leader 03/13/2013 @ 2:50 pm

County notified via email

Following people notified via email regarding Fatality:



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

[Redacted]

EI DCS & [Redacted]

Child-Fatality-Notification



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 12 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: [Redacted] Unknown

Gender:

Date of Birth: [Redacted]

Partipant ID: [Redacted]

SSN: Race: Age: 0 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: [Redacted] Unknown

Gender: Male

Date of Birth: [Redacted]

Partipant ID: [Redacted]

SSN: Race: Black/African Age: 0 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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 1 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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African 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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 10 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: 03/14/2013

Assignment Date: 03/14/2013

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 Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED] 09/20/2013
2	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED] 09/20/2013
3	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 09/20/2013
4	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED] 09/20/2013
5	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED] 09/20/2013
6	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED] 09/20/2013
7	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	Yes	[REDACTED] 09/20/2013

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker:

Date:

Team Leader:

Date:

E. Investigation Summary



**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]

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:

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

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

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

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

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: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/20/2013

Contact Method:

Contact Time: 09:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/20/2013

Completed date: 09/20/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2013 10:06 PM Entered By: [REDACTED]

This case was staffed with Investigator Coordinator [REDACTED]. Due to not receiving the Autopsy, the Classification of Neglect Death can not be complete. IC [REDACTED] request that Investigator [REDACTED] email her with the child's DOB and Date of Death so that she can send an email to [REDACTED] regarding the autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/20/2013

Contact Method:

Contact Time: 07:58 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/20/2013

Completed date: 09/20/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/20/2013 10:29 PM Entered By: [REDACTED]

This case was reviewed: The infant (twin) [REDACTED] was pronounced dead upon the admittance into [REDACTED] Hospital. Mom admitted to using marijuana and cocaine daily while the children were in another room in the home. Mom admitted to using both drugs for 10 years. Mom has had 11 pregnancies with only 6 living children. The coroner diagnose the child as having cardiac arrest, acute respiratory failure and premature birth. The Department is still awaiting the autopsy results. The Classification of Drug Abuse has been completed against the mother. Currently, the mother's remaining children, to include the twin infant remain with the maternal Aunt on a Custodial expedite.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/14/2013

Contact Method:

Contact Time: 06:13 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2013

Completed date: 09/19/2013

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: 09/19/2013 11:01 PM Entered By: [REDACTED]

Date: August 14, 2013

Time: 6:13 pm

On 08/14/2013, CPSI III [REDACTED] faxed a request for the autopsy results to the [REDACTED] Medical Examiner's Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/25/2013

Contact Method: Attempted Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2013

Completed date: 09/19/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2013 10:58 PM Entered By: [REDACTED]

Date: June 25, 2013

Time: 9:00 am

On 06/25/2013, a court hearing was scheduled on this case. The Adjudication hearing has been continued to October 15 at 9:00 am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/07/2013

Contact Method:

Contact Time: 10:41 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2013

Completed date: 09/19/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2013 10:55 PM Entered By: [REDACTED]

Date: June 7, 2013

Time: 10:41 am

On 06/07/2013, CPSI III [REDACTED] faxed a request for the autopsy results to the [REDACTED] Medical Examiner's Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2013

Contact Method:

Contact Time: 11:59 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2013

Completed date: 09/19/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2013 10:42 PM Entered By: [REDACTED]

Date: April 10, 2013

Time: 11:59 am

On 04/10/2013, CPSI III [REDACTED] received an e-mail from Regional General Counsel [REDACTED] stating that the Adjudication Hearing on this family had been continued to June 25, 2013 at 9:00 am per the GAL's request. She stated that CPSI III did not need to be present at the April 23 court hearing.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/26/2013

Contact Method:

Contact Time: 11:41 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2013

Completed date: 09/19/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2013 10:52 PM Entered By: [REDACTED]

Date: March 26, 2013

Time: 11:41 am

On 03/26/2013, CPSI III [REDACTED] received the Medical records from [REDACTED] on [REDACTED] and they stated the following:

Baby girl [REDACTED] was brought into the ED in full cardiac arrest. The records state that the information received is tha mom was approximately 28 weeks pregnant without any prenatal care. It is reported that she was having stomach pains, went to the bathroom, and delivered the baby in the toilet. She took the baby out of the toilet and placed it on the bed. She was not aware she was having twins. It is further reported that this mom has had eleven pregnancies with six living children.

Baby girl [REDACTED] was pronounced deceased at 2254. The Medical Examiner was called by [REDACTED] and [REDACTED] PD was also called to take a report. [REDACTED] Medical Center reports that mom tested positive for cocaine use.

Diagnosis: Cardiac arrest, Acute respiratory failure, and premature birth



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/26/2013 Contact Method: Face To Face
 Contact Time: 09:30 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 09/19/2013
 Completed date: 09/19/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Court Hearing,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2013 10:35 PM Entered By: [REDACTED]
 Date: March 26, 2013
 Time: 9:30 am
 Location: Juvenile Court

On 03/26/2013, the Preliminary Hearing was held on this case. The children were remained in DCS Custody and the mother and father were awarded supervised visitation. [REDACTED], the father of [REDACTED] and the twins, was present at court as well and agreed to submit to a drug test by DCS. All of the children were present at court and were sad that they could not be with their mom, but were happy to know they would be remaining with their aunt, [REDACTED]. The mother was sad about losing her children, but she was happy that they would remain with family. The Adjudication hearing is set for April 23, 2013 at 9:00 am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2013

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2013

Completed date: 09/19/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2013 10:22 PM Entered By: [REDACTED]

Date: March 25, 2013

Time: 3:00 pm

On 03/25/2013, CPSI III [REDACTED] received a telephone call from the Social Worker at [REDACTED] Ms. [REDACTED] stated that [REDACTED] has a possible Grade 4 bleed on the brain. She stated that things could go either way for him. CPSI III informed Ms. [REDACTED] that [REDACTED] was now in the custody of the Department of Children's Services and the order would be faxed over to her. CPSI III faxed a copy of the Protective Custody Order to the Social Worker.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2013

Contact Method:

Contact Time: 02:32 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2013

Completed date: 09/19/2013

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: 09/19/2013 10:24 PM Entered By: [REDACTED]

Date: March 25, 2013

Time: 2:32 pm

On 03/25/2013, CPSI III [REDACTED] faxed a request for the autopsy results to the [REDACTED] Medical Examiner's Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/21/2013

Contact Method:

Contact Time: 03:16 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2013

Completed date: 09/19/2013

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: 09/19/2013 10:17 PM Entered By: [REDACTED]

Date: March 21, 2013

Time: 3:16 pm

Location: Juvenile Court

On 03/21/2013, the Petition and Protective Custody Order were filed and the children were placed in the custody of the Department of Children's Services and placed via Custodial Expedited Placement with the maternal aunt, [REDACTED]. The Preliminary hearing is set for March 26, 2013 at 9:30 am and the Adjudication Hearing has been set for April 23, 2013 at 9:00 am. All parties have been notified of the scheduled court hearings.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/19/2013

Completed date: 09/19/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/19/2013 10:11 PM Entered By: [REDACTED]

Date: March 20, 2013

Time: 12:00 pm

On 03/20/2013, the legal referral was completed and sent to the Legal Department. All placement forms were completed and sent to the appropriate persons.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2013

Contact Method: Face To Face

Contact Time: 10:15 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/19/2013

Completed date: 09/19/2013

Completed By: [REDACTED]

Purpose(s): Permanency

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/19/2013 10:08 PM Entered By: [REDACTED]

Date: March 20, 2013

Time: 10:15 am

Location: [REDACTED]

On 03/20/2013, CPSI III [REDACTED] made a visit to the maternal aunt's home to complete the Expedited Placement paperwork and conduct a home observation. The Expedited packet was completed with the aunt and the home environment was observed. The home was clean and free of clutter. Food was observed in the cabinets and refrigerator. The home consisted of three bedrooms and 2 bathrooms with a spacious living room area and a spacious kitchen. CPSI was able to observe [REDACTED] while in the home. [REDACTED] was in her walker, playing and laughing and she displayed an appropriate bond with Ms. [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/20/2013

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/21/2013

Completed date: 06/21/2013

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: 06/21/2013 11:42 AM Entered By: [REDACTED]

Date: March 20, 2013

Time: 9:00 am

Location: [REDACTED]

On 03/20/2013, this case was presented at Morning CPIT. The CPIT disposition is Coordinate with Homicide and Present to CPIT Review on April 4, 2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/18/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/21/2013

Completed date: 06/21/2013

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: 06/21/2013 11:40 AM Entered By: [REDACTED]

Date: March 18, 2013

Time: 12:00 pm

On 03/18/2013, background checks were completed on [REDACTED] and the following was found:

SSMS: no history found

JSSI General Sessions Check: Violation of Vehicle Registration Law(2006)-[REDACTED] / Theft of Property \$500 or less(2006)

JSSI Criminal Sessions Check: Theft of Property \$10,000-\$60,000(2006)- Disposed

TFACTS: no history found

Felony Record: no history found

National Sex Offender Registry: no history found

Methamphetamine Offender Registry: no history found

Department of Health Vulnerable Persons Check: no history found



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/18/2013 Contact Method: Face To Face
 Contact Time: 09:30 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/21/2013
 Completed date: 06/21/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Collateral Contact, Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/21/2013 11:33 AM Entered By: [REDACTED]
 Date: March 18, 2013
 Time: 9:30 am- 11:30 am
 Location: DCS Office [REDACTED]

On 03/18/2013, a Child and Family Team Meeting was held with the family. Present at the meeting were the following people:

[REDACTED], birth mother
 [REDACTED], maternal uncle
 [REDACTED], maternal aunt
 [REDACTED], maternal grandmother
 [REDACTED], child
 [REDACTED], child
 [REDACTED], child
 [REDACTED], child
 [REDACTED], Family Service Worker
 [REDACTED], TL
 [REDACTED], CPSI III
 [REDACTED], Facilitator

The situation that prompted the meeting and the strengths and needs were discussed in the meeting. Ms. [REDACTED] shared with the team about her drug usage and what occurred involving the birth of the twins. It was determined that the children would be removed from the mother's custody and the maternal aunt, [REDACTED] and the maternal grandmother, [REDACTED] agreed to take custody of the children. Ms. [REDACTED] stated that she would like to take all of the children in her custody if possible and she did not need any assistance from DCS to care for the children. It was discussed with the aunt that the Expedited had to be approved by the Regional Administrator. Ms.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

[REDACTED] stated that she was in agreement with her sister and her mom getting the children. The decision was made to complete an Expedited Placement and complete Legal paperwork. The mother will enroll in a drug rehab program. The children were upset about not being with their mom, but were happy to remain with family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/15/2013

Contact Method:

Contact Time: 09:55 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/15/2013

Completed date: 03/15/2013

Completed By: [REDACTED]

Purpose(s): 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: 03/15/2013 11:49 AM Entered By: [REDACTED]

On 3/14/13, the Department received a referral for Drug Exposed Infant and Drug Exposed Child. The referral states that the mothers urine screened tested positive for marijuana and cocaine and the living infants urine also screened positive for cocaine on that same day. It is unknown if a meconium test has been conducted or requested. The referent reports that the mother admitted to using cocaine Monday 3-11-2013. The referent adds that the mother also admitted that she uses marijuana and cocaine once a week. It is unknown if the mother abused the drugs in the home or in the presence of the children. It is also reported that the mother received no prenatal care. It is added that the babies were born at 28 weeks (premature), but one of the twins passed away at [REDACTED] Hospital.

The referent states that the mother has a car seat, but it is unknown if she had made any other preparations for the children. It is added that the mother reported that she has a mother and sister in her life. It has not been observed if the mother is bonding well with the child at this time.

The referent adds that the infants were born at home and on the way to the [REDACTED] Hospital. The referent states that one of the twins passed away at the hospital. The referent adds that the twin that passed away was pronounced deceased at the hospital. The referent adds that the reasons for the infants death are unknown at this time. It is added that the mother has her own reasons why she did not initially want to go to the hospital. It is unknown exactly when the twin passed away. It is added that it is unknown if law enforcement has been notified. No further information is known about the death of the baby at this time.

The referral was assessed and assigned by Team Leader [REDACTED] on 3/14/2013, to CPSI CM3, [REDACTED] Response was completed on 3/14/13. The referent letter was mailed on 3/14/13. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy. Documentation of face to face contact should be entered within 24 hours of face to face contact with the family. Case must be classified at 30 days from the date of the referral. The case will reach fifteen days on 3/29/13, thirty days on 4/14/13, and sixty days on 5/14/13.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2013

Contact Method: Face To Face

Contact Time: 06:56 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 05/15/2013

Completed date: 05/15/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2013 04:28 PM Entered By: [REDACTED]

Date: March 14, 2013

Time: 6:56 pm

Location: [REDACTED]

On 03/14/2013, CPSI III [REDACTED] spoke with the maternal grandmother, [REDACTED]. She stated that her daughter is a really good mother, but the drugs have taken over. She stated that her children are grown now and they don't tell her anything. She stated that she didn't know anything at all about her daughter using any type of drugs. She stated that she maintained her home and the children so she didn't know anything different. She stated that she see the mother and the children every other weekend. She stated that the children have never complained or said anything about their mom using drugs. She stated that she and her daughter have always assisted the mom when needed because she doesn't work so nothing was different.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/14/2013 Contact Method:
 Contact Time: 06:49 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/21/2013
 Completed date: 06/21/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/21/2013 10:52 AM Entered By: [REDACTED]
 Date: March 14, 2013
 Time: 6:49 pm

On 03/14/2013, this case was staffed with TL [REDACTED] after the interviews were conducted and the decision was made that due to the allegations of drug use by the mother and the death of one of the siblings, legal would be consulted in regards to an IPA. The maternal aunt, [REDACTED] agreed to be a resource for the children. She stated that they children were already with her due to her sister being in the hospital. All background checks were completed on the maternal aunt and no history was found on Code X, TFACTS, SSMS. Local Law enforcement checks did show prior history that was older than 5 years old and was either no prosecution or disposed. Legal was consulted and an IPA was approved by DCS Assistant General Counsel, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/14/2013	Contact Method:	Face To Face
Contact Time:	06:46 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/15/2013 04:20 PM Entered By: [REDACTED]
 Date: March 14, 2013
 Time: 6:46 pm
 Location: [REDACTED]

On 03/14/2013, CPSI III [REDACTED] spoke with the maternal aunt [REDACTED]. Ms. [REDACTED] stated that two of her sister's children have been staying with her since this happened. She stated that she always knew her sister smoked marijuana but did not know about the cocaine. She stated that she was shocked and upset about her using drugs period. She stated that she has always assisted her when needed and the kids spend time at her house all of the time. She stated that her sister is not a bad mother, but just gets mixed up with the wrong guy and crowd. She stated that where the mother lives does not help the situation either.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/14/2013	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/14/2013
Completed date:	05/14/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/14/2013 02:37 PM Entered By: [REDACTED]
 Date: March 14, 2013
 Time: 6:30 pm

HOUSEHOLD COMPOSITION

[REDACTED] (mother) [REDACTED]
 [REDACTED] Middle School / 7th - father is [REDACTED] DOB: [REDACTED] and is not active
 [REDACTED] / 5th - father is [REDACTED] DOB: [REDACTED] and is not active
 [REDACTED] / 2nd -father is [REDACTED] DOB: [REDACTED] and is not active
 [REDACTED] father is [REDACTED] DOB: [REDACTED]
 [REDACTED] -father is [REDACTED]
 [REDACTED] - deceased

COLLATERAL CONTACTS

[REDACTED] (sister) [REDACTED]
 [REDACTED] (brother) [REDACTED]
 Pediatricians: Dr. [REDACTED] Pediatrics



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Open	Organization:	██████████

██████████ Clinic - ██████████

TNCARE Insurance



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2013

Contact Method: Face To Face

Contact Time: 06:15 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 05/14/2013

Completed date: 05/14/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2013 02:17 PM Entered By: [REDACTED]

Date: March 14, 2013

Time: 5:40 pm

Location: [REDACTED]

On 03/14/2013, the following forms were explained to and signed by the mother:

Authorization for Release of Information and HIPAA Protected Health Information to the Department of Children's Services and Notification of Release

Authorization for Release of Child Specific Information and HIPAA Protected Health Information from the Department of Children's Services and Notification of Release for each child

HIPAA Notice of Privacy Practices- Client Acknowledgement

Notification of Equal Access to Programs and Grievance Procedures

Native American Heritage Veto Verification for each child

Authorization for Release of Information to the Department of Children's Services: TennCare Eligibility for each child

Acknowledgement of Receipt of Client Rights Handbook



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/14/2013 Contact Method: Face To Face
 Contact Time: 05:40 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 05/13/2013
 Completed date: 05/13/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): Parent/Caretaker Interview, Alleged Perpetrator Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/13/2013 04:06 PM Entered By: [REDACTED]

Date: March 14, 2013

Time: 5:40 pm

Location: [REDACTED]

On 03/14/2013, CPSI III [REDACTED] made a face to face visit at the hospital to speak with the mother, [REDACTED] Ms. [REDACTED] stated that she has been using drugs for about 10 years. She stated that her drugs of choice are cocaine and marijuana. She stated that she used drugs at least once a week. She stated that when she used drugs in the house, the children would be in the house, but she would be in her room. She stated that the children knew she smoked marijuana, but not the cocaine. She stated that she didn't really smoke marijuana as much after she got involved with DCS, but she did continue to use cocaine. Ms. [REDACTED] stated that she was involved with DCS because she admitted to using drugs while pregnant with her 7 month old, [REDACTED]. She stated that she stopped using drugs when she was about 7 months pregnant with [REDACTED] and when she gave birth, both of them tested negative. She stated that she does not know what made her start using drugs. She stated that she did hang around people that were using drugs as well so that was an influence. She stated that during this pregnancy, she made the prenatal appointments but never went because she knew she was using drugs. She stated that she used drugs on that Monday and decided that was going to be her last time because she had a prenatal appointment for March 25th. She stated that she was hurting real bad on that Wednesday but tried not to think much of it because she always hurt. She stated that evening the pain was consistent and did not stop. Ms. [REDACTED] stated that about 9:30pm - 9:40pm, she knew that this was it. She stated that had pain in her back and her behind. She stated that she went to the bathroom and sat on the toilet and she called her friend to come over. She stated that she was on the toilet for about 3 minutes and the baby began to come out and was just hanging partially out. She stated that her friend got there and called 911. She stated that 911 told her friend to have her to lie down on the bed and push. She stated that she was pushing but the baby still would not come out. She stated that she propped up a little more and was able to push a little more and the baby came out. She stated that EMT arrived about 3 minutes later and the baby was in the sac on the bed. She stated that the EMT's broke the sac and got the baby out and worked on her for a little while and then had the ambulance to transport the baby on to the hospital. She stated that they waited on another ambulance to come and get her and on the way to the hospital, she delivered the other baby in the ambulance and they brought her to [REDACTED]. Ms. [REDACTED] stated that she was scared to go to the hospital because she knew she had been using drugs and she didn't want DCS to get involved again. She stated that she didn't expect to deliver her



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

babies so soon and had decided to get clean. Ms. [REDACTED] stated that although she had been using drugs, her children never missed school and her lights were never turned off. She stated that she would get depressed and would do drugs.

Ms. [REDACTED] reports having no rent due to living in subsidized housing. She reports being unemployed. She reports receiving a utility check to pay her utility bill. She reports only receiving \$792 in Food Stamps and no other financial assistance. She reports [REDACTED] being in Special Education Math classes. She reports the children are not involved in any extracurricular activities. She reports concerns of behavior issues with [REDACTED] due to behavior management and suspensions. She reports her children being healthy. She reports her mother, her sister, and her brother being diabetics and taking Metformin. She reports a history of drugs. She reports history of Domestic Violence with [REDACTED]. She reports previous criminal history and previous DCS history. She reports her family strengths as taking good care of her children and loving them. She reports her family needs as a job and counseling. She reports no involvement in the community. She reports her family supports as her mom [REDACTED] her sister [REDACTED] and her brother [REDACTED]. She reports the home consists of three bedrooms and one bathroom.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2013

Contact Method: Attempted Phone Call

Contact Time: 03:37 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2013

Completed date: 05/14/2013

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2013 03:17 PM Entered By: [REDACTED]

Date: March 14, 2013

Time: 3:37 pm

On 03/14/13, CPSI III [REDACTED] attempted a phone call to the Referent, but there was no answer. CPSI III left a voice mail message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/14/2013	Contact Method:	
Contact Time:	03:15 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/14/2013
Completed date:	05/14/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/14/2013 03:26 PM Entered By: [REDACTED]
 Date: March 14, 2013
 Time: 3:15 pm

On 03/14/2013, a previous history search was completed in TFACTS and the following was found:

[REDACTED] 7/30/12- 11/20/12 Drug Exposed Child Services Recommended and Accepted victims: [REDACTED] and [REDACTED] perp: [REDACTED] birth mother

[REDACTED] 01/31/13 Sexual Abuse victim: [REDACTED] perps: [REDACTED] school mate and [REDACTED] school mate



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2013

Contact Method:

Contact Time: 01:17 PM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2013

Completed date: 05/14/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2013 03:44 PM Entered By: [REDACTED]

Date: March 14, 2013

Time: 1:17 pm

On 03/14/2013, the Department of Children's Services received a referral with the allegations of Drug Exposed Infant, Drug Exposed Child, and Neglect Death. The alleged victims are Unknown Baby Boy [REDACTED] Unknown Baby Girl [REDACTED] [REDACTED] [REDACTED], and [REDACTED]. The alleged perpetrator is the birth mother, [REDACTED]. The report states that on 3-13-2013, the mothers urine screened positive for marijuana and cocaine and the living infants urine also screened positive for cocaine on that same day. It is unknown if a meconium test has been conducted or requested. The referent reports that the mother admitted to using cocaine Monday 3-11-2013. The referent adds that the mother also admitted that she uses marijuana and cocaine once a week. It is unknown if the mother abused the drugs in the home or in the presence of the children. It is also reported that that the mother received no prenatal care. It is added that the babies were born at 28 weeks (premature), but one of the twins passed away at [REDACTED] Hospital. The referent states that the mother has a car seat, but it is unknown if she had made any other preparations for the children. It is added that the mother reported that she has a mother and sister in her life. It has not been observed if the mother is bonding well with the child at this time. The referent adds that the infants were born at home and on the way to the [REDACTED] Hospital. The referent states that one of the twins passed away at the hospital. The referent adds that the twin that passed away was pronounced deceased at the hospital. The referent adds that the reasons for the infants death are unknown at this time. It is added that the mother has her own reasons why she did not initially want to go to the hospital. It is unknown exactly when the twin passed away. It is added that it is unknown if law enforcement has been notified. No further information is known about the death of the baby at this time. The reporter states that the mother has prior history with DCS.



Tennessee Department of Children's Services
Notice of Child Fatality/Near Fatality

ND
 1 ASS 12
 1 JAN 13

Investigation #:	[REDACTED]	Date of Notification:	03/14/13	Date of Death/ Incident:	03/13/13
Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY			
Child's Name:	[REDACTED]	DOB:	[REDACTED]	TFACTS #	[REDACTED]
Gender:	Male: <input type="checkbox"/>	Female: <input checked="" type="checkbox"/>	Race/Ethnicity:	Black or A	County/Region:
Parent's Name(s):	Mother: [REDACTED]	Father:	[REDACTED]		
Was child in custody at time of incident?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>	Adjudication:		
If child is in DCS custody, list placement type and name:					

Describe (in detail) cause or circumstance regarding the death/injury: On 03/14/2013, the Department of Children's Services received a referral with the allegations of Drug Exposed Infant, Drug Exposed Child, and Neglect Death. The referent states that on 3-13-2013, the mother's urine screened positive for marijuana and cocaine and the living infant's urine also screened positive for cocaine on that same day. It is unknown if a meconium test has been conducted or requested. The referent reports that the mother admitted to using cocaine Monday 3-11-2013. The referent adds that the mother also admitted that she uses marijuana and cocaine once a week. It is unknown if the mother abused the drugs in the home or in the presence of the children. It is also reported that the mother received no prenatal care. It is added that the babies were born at 28 weeks (premature), but one of the twins passed away at [REDACTED] Hospital. The referent states that the mother has a car seat, but it is unknown if she had made any other preparations for the children. It is added that the mother reported that she has a mother and sister in her life. It has not been observed if the mother is bonding well with the child at this time. The referent adds that the infants were born at home and on the way to the [REDACTED] Hospital. The referent states that one of the twins passed away at the hospital. The referent adds that the twin that passed away was pronounced deceased at the hospital. The referent adds that the reasons for the infant's death are unknown at this time. It is added that the mother has her own reasons why she did not initially want to go to the hospital. It is unknown exactly when the twin passed away. It is added that it is unknown if law enforcement has been notified. No further information is known about the death of the baby at this time.

Describe (in detail) interview with family: On 03/14/2013, CPSI III, [REDACTED] spoke with the mother, [REDACTED] at the [REDACTED] Medical Center. Ms. [REDACTED] stated that she has been using drugs for about 10 years. She stated that her drugs of choice are marijuana and cocaine. She stated that she uses drugs at least once a week. She stated that if she did it at home, she would do it in her room and the kids would be in their room or another part of the home. She stated that her kids and family knew she smoked marijuana, but they did not know she used cocaine. She stated that didn't really smoke marijuana as much after DCS got involved with her family the last time, but she did continue her cocaine use. She stated that she did use drugs when she was pregnant with her 7 month old, but she stopped when she was about 7 months. She stated that she tested positive when she was going to her prenatal visits, but when she gave birth, she and the baby were clean because she had stopped using. Ms. [REDACTED] stated that she is unsure as to what actually made her start using drugs. She stated that she was around other people using drugs and that did play apart in her using drugs. She stated that made appointments to get prenatal care with the twins, but she never went to any of them. She stated that she knew she was using drugs so she didn't want the doctor to know. She stated that the last time she used drugs was on Monday. She stated that made an appointment for April 25 so she had made up her mind to quit using so that she could be clean for the appointment and throughout the rest of her pregnancy. Ms. [REDACTED] stated that always hurt during this pregnancy, but Wednesday was really bad. She stated that the pain never went away and that evening it was consistent. She stated that she didn't want to go to the doctor because she knew she had been using and knew that DCS would get involved again. She stated that about 9:30 pm, the pain was in her back and her behind and she knew that the babies were coming. She stated that she had to use the bathroom and was on the toilet and the baby started coming out. She stated that she sat on the toilet for about 3 minutes and the baby was just hanging out. She stated that she called her friend and told her what was going on and to come and help her. She stated that when her friend got there, she called 911 and they told her to get her to lie down and prop her up to start pushing. She stated that she was pushing but the baby still wouldn't come out. Ms. [REDACTED] stated that she was propped up a little more and was able to puch a little more and that's when she came out. She stated that the EMT's got there about 3 minutes later and the baby was in the sac and lying on the bed. She stated that

the EMT's broke the sac and got the baby out. She stated that they did not work on her very long at all and told the other EMT to take her on to the hospital. She stated that they called for another ambulance to come and get her. She stated that she was fine until they hit a bump and the baby boy came on out and they brought them to the [REDACTED]. She stated that they took the baby girl to [REDACTED]. She stated that she had made up her mind to get clean after using on Monday, but she thought she would be delivering her babies so early. Ms [REDACTED] stated that although she is a drug user, she still took very good care of her children. She stated that they never missed school, her lights have never been off, they always had what they needed, and they were always fed. She stated that she had never been involved with DCS concerning her other children until the last time. She stated that she would get depressed about her life and want to do the drugs. She stated that the father does not live in [REDACTED] but he is not involved with the children. She stated that she did text him about the babies, but he has not responded.

On 03/14/13, the maternal aunt, [REDACTED] and the maternal grandmother, [REDACTED] were interviewed at the [REDACTED]. Both stated that Ms [REDACTED] is a really good mother to her children and they did not know she was using cocaine. The sister stated that she knew she would marijuana, but she had no idea about the cocaine. The grandmother stated that she did not know her daughter was using drugs at all. She stated that they always try to keep things from her and don't tell her things. She stated that the kids never said anything and she sees them mostly every other weekend. The sister stated that she spends a lot of time with the kids and they never said anything to her about their mother using drugs. Both the grandmother and the aunt stated that the mother does not get any help from the fathers of her children so they help her out when needed.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization: n/a

Describe disposition of body (Fatality): Infant died enroute to the hospital

Name of Medical Examiner or Coroner: [REDACTED] County [REDACTED] Medical Examiner Was autopsy requested? Yes No

Did CPS open an investigation on this Fatality/Near Fatality? Open Closed

Was there an open investigation at the time of Fatality/Near Fatality? Yes No

If so, describe (in detail) law enforcement or court involvement: There is an open investigation involving Sexual Abuse against the child, [REDACTED]. The case was presented at Morning CPIT and the disposition is DCS to Handle as Appropriate.

Alleged perpetrator and relationship to child: [REDACTED] birth mother

Describe (in detail) action taken to ensure safety of other children (list names and ages of children) and or victim (Near Fatality) (attach safety plan, if applicable):

[REDACTED] 11 years- IPA with maternal aunt [REDACTED] 12 years -IPA with maternal aunt
 [REDACTED] 8 years- IPA with maternal aunt [REDACTED] 7 months -IPA with maternal aunt
 [REDACTED] 3 days old- still in hospital

Prior DCS involvement, include dates, findings, and/or adjudications:

[REDACTED] 7/30/12- 11/20/12 Drug Exposed Child Services Recommended and Accepted, victims: [REDACTED] perps: [REDACTED] school mater and [REDACTED] birth mother perp: [REDACTED] school mate
 Case is still open and actively being investigated

Has there been any media inquiry or is attention expected? Yes No

Contact Person/Phone Number(s) (include CM, TL, and TC): [REDACTED] CPSI III [REDACTED]

	[REDACTED]	TL [REDACTED] TC [REDACTED]
ATTACH a copy of the <u>TFACTS Incident Report</u> or Form <u>CS-0496, Serious Incident Report</u> to this notice if TFACTS is inoperable:		Yes <input type="checkbox"/> No <input type="checkbox"/>

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 3/14/13 1:17 PM

Date of Assessment: 3/14/13 12:00 AM

Assessment Type: Initial Closing Other

Number of Children in the Household: 6

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

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 (1)

[Redacted]

Children Not Removed (5)

[Redacted]

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____