



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

Case # 2014.051

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	03/28/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	03/28/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████			Relationship to Victim:	██████████	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	██████████		
If child is in DCS custody, list placement type and name:	N/A					

Describe (in detail) circumstances surrounding death/near death:

On 03/25/14 the family received a call from the N.I.C.U. social worker at ██████████ Hospital (██████████) stating that the child had coded on 03/21/14 and had to be revived and was not doing so well and should come be with the child. On 03/26/14 after a meeting with the child's physicians it was decided by family and doctors that the physicians were going to transition the child off the ventilator due to the vent breathing completely for the child, who was also having seizures. On 03/28/14 ██████████ was removed from the vent around 4:00 p.m. and then passed away around 5:30 p.m.

Household Composition:

The mother ██████████
 Father of the ACV ██████████
 ACV- ██████████
 ██████████
 ██████████
 MGM ██████████

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	██████████	Telephone #	() -
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

CPSI ██████████ spoke with ██████████ (mom), and ██████████ (dad) on 03/28/14 around 8:00 p.m., Ms. ██████████ reported that ██████████ (ACV) was born ██████████ around 25 weeks, ██████████ was born prematurely and had not left the hospital since birth. Due to ██████████ premature birth, he has been in the NICU in ██████████ where the child was born, the family relocated to TN. and has been trying to get ██████████ transferred to ██████████ M.C. but due to the child not having TN-Care the hospital would not accept the child so he remained in ██████████ receiving care while the family has been traveling back and forth. On 03/25/14 the family received a call from the N.I.C.U. social worker at ██████████ Hospital (██████████) stating that the child had coded on 03/21/14 and had to be revived and was not doing so well and should come be with the child. On 03/26/14 after a meeting with the child's physicians it was decided by family and doctors that the physicians were going to transition the child off the ventilator due to the vent breathing completely for the child, who was also having seizures. On 03/28/14 ██████████ was removed from the vent around 4:00 p.m. and then passed away around 5:30 p.m.

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

Child was hospitalized in ██████████ as this is where the child was born. Child's parents moved from ██████████ to TN. after the child was born. TN had an open FSS case on the family at the time the child died, CM ██████████ has been monitoring ██████████ has been in weekly contact with the N.I.C.U. Social Worker (██████████) at ██████████ Hospital in ██████████

Intake #: [REDACTED] Investigation #: [REDACTED] Date of Report: 03/28/2014 Case # 2014-051

Describe disposition of body (Death): Child died on 03/28/14 around 5:15 p.m.
 Name of Medical Examiner/Coroner: None Was autopsy requested? No Yes
 Did CPS open an investigation on this Death/Near Death? No Yes
 Was there DCS involvement at the time of Death/Near Death? No Yes
 Type: FSS Case #: [REDACTED]

Describe law enforcement or court involvement, if applicable:
 None

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

CPSI [REDACTED] spoke with the mother [REDACTED] on 03/28/14 and discovered that there were 2 other children in this home. Ms. [REDACTED] disclosed that the other 2 children were [REDACTED] and [REDACTED]. Ms. [REDACTED] reported that both children were currently residing with their father [REDACTED] who resides in [REDACTED]. Ms. [REDACTED] provided CPSI [REDACTED] with contact information for [REDACTED]. CPSI [REDACTED] spoke with [REDACTED] around 8:30 p.m. and he confirmed that both [REDACTED] and [REDACTED] were in his care, CPSI [REDACTED] contacted [REDACTED] Sheriff's Dept. and they were able to perform a wellfair check at Mr. [REDACTED] address of [REDACTED], and reported back to CPSI [REDACTED] around 10:00 p.m. that the children appeared safe, clean and cared for and that there were no safety concerns in the fathers home.

Name: [REDACTED]	Age: 6
Name: [REDACTED]	Age: 8
Name: [REDACTED]	Age: [REDACTED]
Name: [REDACTED]	Age: [REDACTED]
Name: [REDACTED]	Age: [REDACTED]

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
08/22/2013	[REDACTED]	DEC, DEI	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated
11/22/2013	[REDACTED]	Open FSS	[REDACTED]	[REDACTED]	Family Support Services
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information: none

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person: CPSI [REDACTED]	Telephone Number: [REDACTED]
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: LI [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: IC [REDACTED]	Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious No Yes

Intake #:	[REDACTED]	Investigation #:		Date of Referral:	Case # 2014.051 6/30/2014
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Incident Report to this notice.

Email to: [REDACTED]
within forty-eight (48) hours of notification

Include subject line (in RED): **CHILD DEATH [secure email]** or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 03/28/2014 04:53 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 03/28/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 03/30/2014 08:18 PM
First Team Leader Assigned: [REDACTED] Date/Time 03/30/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 03/30/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos	Drug Exposed Infant	Yes	[REDACTED]	Birth Mother
[REDACTED]	11 Mos	Drug Exposed Infant	Yes	[REDACTED]	Birth Father
[REDACTED]	11 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: Facsimile

Notification: Letter

Narrative: This is a non-custody child.

TFACTS:

Family Case ID: [REDACTED]

Open Court Custody/FCIP No

Open FSS - Yes

[REDACTED]/11-22-13/FSW [REDACTED], Supervisor [REDACTED]

Closed Court Custody No



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

Open CPS No

Substantiated Yes

8/23/13, # [REDACTED] DEI, perp: [REDACTED]

Death According to the enclosed information, This is the 2nd time mom has lost a child to death this way but there was nothing found during the history search to validate this statement.

Screened out 0

History (not listed above): None

County: [REDACTED]

Notification: Letter

School/ Daycare: None provided

Native American Descent: No

Directions: None provided

Reporters Name/ Relationship: [REDACTED]

Reporter states: Quoted verbatim from a faxed referral:

Per reporter, [REDACTED] was born in a hospital in [REDACTED]. He has been in the same hospital since the day he was born. [REDACTED] was born at 22 weeks gestation. He weighed 1 pound and 6 ounces at birth. He is dying. Hospital staff took him off the ventilator today. He may have already died. [REDACTED] has suffered. Reporter feels as if the prematurity was due to moms substance use. Reporter thinks mom is a meth addict. Mom was using meth prior to [REDACTED] birth. It is unknown, for sure, if [REDACTED] was born with drugs in his system. Reporter has heard that he was. Dad shares information about [REDACTED] on Facebook.

Reporter has heard that the DSS that works with the hospital in [REDACTED] is aware of this situation.

This is the 2nd time mom has lost a child to death this way.
Mom is pregnant again.

Special Needs or Disabilities: unknown

Childs current location/is the child safe at this time: unknown

Perpetrators location at this time: unknown

Any other safety concerns for the child(ren) or worker who may respond: unknown

Per TFACTS History, according to intake # [REDACTED] case # [REDACTED] [REDACTED] was born at [REDACTED] in [REDACTED]. The parents' address is listed as [REDACTED]. The parents' phone number is listed as: [REDACTED].

NOTE: Per TFACTS history, there are two other children in the home, but they were not listed in the faxed report: [REDACTED], DOB [REDACTED] (age 6) and [REDACTED], DOB [REDACTED] (age 7)

NOTE: The complete scanned fax document is located in the documents tab.

CM [REDACTED] called the Neonatal Intensive Care Unit at [REDACTED] @ 5:17 pm and spoke with [REDACTED]. She could not confirm that [REDACTED] was a patient in the hospital.

County paged in MIR3

Per SDM: Investigative Track/ P1, Preliminary Near Death Report. At the time of the screening decision, there is no information available that the child has passed away, so it is being assigned with the Drug Exposed Infant (Severe) allegation. [REDACTED] TL on 3-28-14

Notified Child Death Group: [REDACTED]



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

RA [REDACTED] was also copied on the notification email.

Recipients Time Issued Response Received Devices Responses
[REDACTED] 03-28-14 17:57:33 03-28-14 17:58:42 work cell Received
03-28-14 17:57:33 --- personal cell Left Message
03-28-14 17:57:35 --- work email Email Sent

Recon requested by [REDACTED] on 03/28/14 @ 8:20 PM. LI [REDACTED] was given permission from Supervisor [REDACTED] to recon this referral so the allegation can be changed from PND to Death as the ACV passed away about 5:15 PM ET.

Recon request granted by [REDACTED], TL on 03/28/14 @ 9:25 PM. Spoke with [REDACTED] and was informed that the ACV passed away at 5:15 EST today. The allegation of NGD was added and changed from PND.

Notified Child Death Group: [REDACTED]
[REDACTED] was also copied on the notification email



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 25 Yrs (Est)

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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Unable to Age: 11 Mos

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:** [REDACTED] **Age:** 25 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]
 Referral Date: 03/28/2014
 Street Address: [REDACTED],
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]
 Assignment Date: 03/30/2014

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]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/07/2014
2	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/07/2014
3	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 06/07/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: DEI, Allegation Unsubstantiated/Perpetrator Unsubstantiated
 DEI, Allegation Unsubstantiated/Perpetrator Unsubstantiated
 Neglect Death, Allegation Unsubstantiated/Perpetrator Unsubstantiated.

D. Case Workers

Case Worker: [REDACTED] Date: 06/07/2014
 Team Leader: [REDACTED] Date: 06/09/2014

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:

CPSI was assigned this case on 03/31/14 due to the infant ([REDACTED]) dying while in the N.I.C.U. at [REDACTED] in [REDACTED], and the family residing in TN. [REDACTED] was born in [REDACTED] on 08/11/13 at around 25 weeks due to placenta eruption which caused a blood clot. The child had other complications such as a breach birth, and was born with no heart beat, and a collapsed lung. Child remained in the N.I.C.U., and shortly



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]

after his birth he was diagnosed with Hypertension Pulmonary Disorder which caused the child to remain on a ventelator. On 03/21/14 child coded and was placed on a special jet ventelator to oxygenate his blood more rapidly, but the child continued to deteriorate and have seizures. On 03/25/14 parents and physicians decided that the child would be taken off the ventelator and thus he passed on 03/28/14. [REDACTED] has a history of prenatal drug use and was under investigation in [REDACTED] during her pregnancy and then moved to Tn. after the child was born were Tn. recieved an FSS referral involving [REDACTED] and the mothers other 2 older children. On 05/21/14 these alleagations were presented to the CPITeam with all members agreeing to the classfyication of Unsubstantiating on all allegation. [REDACTED] is currently 32 weeks pregnant with another child, on bed rest and admitted to [REDACTED] until she delivers the current preganancy.

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

[REDACTED] was born in [REDACTED] on 08/11/13 at around 25 weeks due to pleasenta eruption which caused a blood clot. The child had other complications such as a breach birth, and was born with no heart beat, and a collapsed lung. Child remained in the N.I.C.U, and shortly after his birth he was diagnosed with Hypertension Pulmonary Disorder which caused the child to remain on a ventelator.

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

CM asked about the positive drug screen at the time of [REDACTED] birth, [REDACTED] stated that was his fault. He said in [REDACTED] he had been smoking pot and exposed [REDACTED] to it second-hand. [REDACTED] denied using illegal substances during her pregnancy with [REDACTED]

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

Reporter states: Quoted verbatim from a faxed referral:

Per reporter, [REDACTED] was born in a hospital in [REDACTED] He has been in the same hospital since the day he was born. [REDACTED] was born at 22 weeks gestation. He weighed 1 pound and 6 ounces at birth. He is dying. Hospital staff took him off the ventilator today. He may have already died. [REDACTED] has suffered. Reporter feels as if the prematurity was due to moms substance use. Reporter thinks mom is a meth addict. Mom was using meth prior to [REDACTED] birth. It is unknown, for sure, if [REDACTED] was born with drugs in his system. Reporter has heard that he was. Dad shares information about [REDACTED] on Facebook.

Reporter has heard that the DSS that works with the hospital in [REDACTED] is aware of this situation.

This is the 2nd time mom has lost a child to death this way.
 Mom is pregnant again.

Special Needs or Disabilities: unknown

Childs current location/is the child safe at this time: unknown

Perpetrators location at this time: unknown

Any other safety concerns for the child(ren) or worker who may respond: unknown

Per TFACTS History, according to intake # [REDACTED] case # [REDACTED] [REDACTED] was born at [REDACTED] in [REDACTED] [REDACTED]. The parents' address is listed as: [REDACTED]. The parents' phone number is listed as [REDACTED]

NOTE: Per TFACTS history, there are two other children in the home, but they were not listed in the faxed report: [REDACTED], DOB [REDACTED] (age 6) and [REDACTED], DOB [REDACTED] (age 7)

NOTE: The complete scanned fax document is located in the documents tab.

CM [REDACTED] called the Neonatal Intensive Care Unit at [REDACTED] @ 5:17 pm and spoke with [REDACTED] She



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]

could not confirm that [REDACTED] was a patient in the hospital.

County paged in MIR3

Per SDM: Investigative Track/ P1, Preliminary Near Death Report. At the time of the screening decision, there is no information available that the child has passed away, so it is being assigned with the Drug Exposed Infant (Severe) allegation. [REDACTED] TL on 3-28-14

Notified Child Death Group: [REDACTED]
 [REDACTED] was also copied on the notification email.

Recipients Time Issued Response Received Devices Responses
 [REDACTED] 03-28-14 17:57:33 03-28-14 17:58:42 work cell Received
 03-28-14 17:57:33 --- personal cell Left Message
 03-28-14 17:57:35 --- work email Email Sent

Recon requested by [REDACTED] on 03/28/14 @ 8:20 PM. LI [REDACTED] was given permission from Supervisor [REDACTED] to recon this referral so the allegation can be changed from PND to Death as the ACV passed away about 5:15 PM ET.

Recon request granted by [REDACTED], TL on 03/28/14 @ 9:25 PM. Spoke with [REDACTED] and was informed that the ACV passed away at 5:15 EST today. The allegation of NGD was added and changed from PND.

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

None

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: 06/11/2014

Contact Method:

Contact Time: 11:02 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/11/2014

Completed date: 06/11/2014

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: 06/11/2014 10:02 AM Entered By: [REDACTED]

Date: 6-11-14

Purpose: Case Review for Closure

LI [REDACTED] reviewed this case and approving for closure. The Classification summary will be forwarded to the Juvenile Court. The case will be filed under the caregiver [REDACTED]

3-28-14

Date of Referral: 3-28-14

Initial Notification to Juvenile Court: 3-31-14

Notification to DA: 3-31-14

Law Enforcement Notification: 3-31-14

CAC Notification: 3-31-14

SDM Safety Assessment: 3-28-14

FAST: 5-26-14 completed by FSS [REDACTED] services intensity low.

CS-0740 Sent to [REDACTED] Juvenile Court: 6-11-14

Case Closure Date: 6-11-14



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:	System Completed
Contact Date:	06/11/2014	Contact Method:	
Contact Time:	10:57 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/11/2014
Completed date:	07/12/2014	Completed By:	System Completed
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type:	Original	Entry Date/Time:		Entered By:	
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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:	06/07/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/07/2014
Completed date:	06/07/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/07/2014 01:27 PM Entered By: [REDACTED]

CM [REDACTED] was assigned this case on: 03/31/14

Priority Response Code: 1

Allegations Assessed and Assigned by Central Intake: DEI/ PND/ CD

Notification to Juvenile Court: 03/31/14

Notification to the Reporter: 03/31/14

CPSI [REDACTED] is recommending this case for closure on this date with the following allegations of DEI classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated. The allegation of Neglect Deat classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated. CPSI was assigned this case on 03/31/14 due to the infant ([REDACTED]) dying while in the N.I.C.U. at [REDACTED] in [REDACTED] and the family residing in TN. [REDACTED] was born in [REDACTED] on 08/11/13 at around 25 weeks due to pleasenta eruption which caused a blood clot. The child had other complications such as a breach birth, and was born with no heart beat, and a collapsed lung. Child remained in the N.I.C.U, and shortly after his birth he was diagnosed with Hypertension Pulmonary Disorder which caused the child to remain on a ventalator. On 03/21/14 child coded and was placed on a special jet ventalator to oxygenate his blood more rapidly, but the child continued to deteriorate and have seizures. On 03/25/14 parents and physicians decided that the child would be taken off the ventalator and thus he passed on 03/28/14. [REDACTED] has a history of prenatal drug use and was under investigation in [REDACTED], during her pregnancy and then moved to Tn. after the child was born were Tn. recieved an FSS referaal involvuing [REDACTED] and the mothers other 2 older children. On 05/21/14 case presented to the CPITeam and all allegations unsubstantiated. [REDACTED] is currently 32 weeks preganat with another child and on bed rest and admitted to [REDACTED] until she delivers th current preganancy. SDM Safety Assesment was completed on 03/31/14. 740 completed on 06/07/14 and a copy will be forwarded to the [REDACTED] Juvenile Court.



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:	06/06/2014	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	06/07/2014
Completed date:	06/07/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/07/2014 01:24 PM Entered By: [REDACTED]

CPSI [REDACTED] met with [REDACTED] on this date at [REDACTED] Medical Center to see [REDACTED] and [REDACTED]. CM arrived at the women's center and met with Ms. [REDACTED] who reported that [REDACTED] was still at work and did not come to the hospital until around 7:00 ish. CPSI explained that he presented the case to the CPITeam on 05/21/14 and all allegations were unsubstantiated at this time. Ms. [REDACTED] seemed glad to hear this and appeared that she was doing well, Ms. [REDACTED] appeared very optimistic when we spoke of the current pregnancy. CPSI discussed how long Ms. [REDACTED] would be staying in the hospital, to which Ms. [REDACTED] reported that she was to stay in the hospital until her baby was born approximately 4 or 5 weeks. Ms. [REDACTED] reported to CPSI that she was having a little girl and that she was excited as all her other children have been boys. learned that Ms. [REDACTED] was going to be having a girl. Ms. [REDACTED] shared that Mr. [REDACTED] had found a therapist that he could go and talk to and that she has support at the hospital currently, we discussed that CPSI would be closing the current investigation and asked if there was anything they needed, she did not report any issues at this time. CPSI provided contact information to Ms. [REDACTED] and ended the 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:	05/21/2014	Contact Method:	Face To Face
Contact Time:	07:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/07/2014
Completed date:	06/07/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/07/2014 12:59 PM Entered By: [REDACTED]

On May 21, 2014 at approximately 7:30am, CM [REDACTED] arrived at [REDACTED] Medical Center to see [REDACTED] and [REDACTED]. CM arrived at the women's center and met Mr. [REDACTED] and Ms. [REDACTED] who were walking outside for a cigarette. CM met with Mr. [REDACTED] and Ms. [REDACTED] in Ms. [REDACTED] assigned hospital room, [REDACTED]. Ms. [REDACTED] appeared healthy as compared to the last time CM saw her. Ms. [REDACTED] had put on a what appeared to be a healthy amount of weight. Ms. [REDACTED] skin appeared to be of a healthy tone and not as pale as the last time CM saw her. Ms. [REDACTED] had a happy affect when speaking of her pregnancy, though she did express that she wanted to go home and that she missed [REDACTED] and [REDACTED]. CM asked how long Ms. [REDACTED] would be staying in the hospital, to which Ms. [REDACTED] informed CM that she was to stay in the hospital until her baby was born. CM learned that Ms. [REDACTED] was going to be having a girl. CM discussed urine drug screen with Mr. [REDACTED] who consented. Mr. [REDACTED] was clean of all substances on urine drug screen. Ms. [REDACTED] shared with CM that Mr. [REDACTED] had prostatitis. Ms. [REDACTED] shared that Mr. [REDACTED] had found a therapist that he could go and talk to. CM discussed case closure with Mr. [REDACTED] and Ms. [REDACTED]. Ms. [REDACTED] shared that she was going to contact CM once the baby was born.



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:	05/21/2014	Contact Method:	Correspondence
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/07/2014
Completed date:	06/07/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/07/2014 12:52 PM Entered By: [REDACTED]

On 05/21/14 at approximately 1pm, CPSI [REDACTED] presented the following case to the [REDACTED] CPITeam with the following members present: [REDACTED] (CPS LI), [REDACTED] (CAC), [REDACTED] (CAC), [REDACTED] (Police Department), [REDACTED] (Sheriffs Dept.), [REDACTED] (Juvenile Court), [REDACTED] (H SANurse), [REDACTED] (DAs Office), and [REDACTED] (Health). Final recommendation was for Allegation (DEI) to be Unsubstantiated and Perpetrators [REDACTED] and [REDACTED] to be Unsubstantiated with victims [REDACTED]. Final recommendation was for Allegation (N.D.) to be Unsubstantiated and Perpetrators [REDACTED] to be Unsubstantiated with victims [REDACTED]. All members agreed with the presented classifications and signed the appropriate forms. No prosecution will be pursued. Forms have been placed in the hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/21/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/10/2014

Completed date: 06/10/2014

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: 06/10/2014 03:31 PM Entered By: [REDACTED]

CPSI [REDACTED] participated in the child death review debriefing involving the child death of [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: 05/15/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/10/2014

Completed date: 06/10/2014

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: 06/10/2014 03:35 PM Entered By: [REDACTED]

DCS nurse [REDACTED] was given a CD of [REDACTED]'s medical records on this date for review to determine whether the mother's drug use was a contributing factor in the child's premature birth and subsequent death.



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: 05/15/2014

Contact Method:

Contact Time: 09:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2014

Completed date: 05/15/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2014 08:23 AM Entered By: [REDACTED]

Admin review-

The mother is currently in the hospital. PSI had drug screened the mother and she was negative. At this time the mother if wanting services is interested in grief counseling . Due to the negative drug screens CPSI will not refer to [REDACTED] CPSI will provide the mother with information to the local mental health where she can receive grief counseling. CPSI has requested and received medical records on ACV which will be reviewed by RN [REDACTED]. CPSI will re-present case back to CPIT on 5-21-14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/28/2014

Contact Method:

Contact Time: 11:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2014

Completed date: 05/15/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2014 07:51 AM Entered By: [REDACTED]

Death Case

The mother is currently in the hospital having issues with her pregnancy. CPSI spoke with the hospital social worker. The mother stated they were not giving her a large success rate as to the continuation of her pregnancy. CPSI has requested the records twice from the hospital. CPSI will let [REDACTED] review the records. CPSI has found out the ACV never has been in TN.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/15/2014

Completed date: 05/15/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2014 08:32 AM Entered By: [REDACTED]

Case presented to CPIT on this day. Due to Jurisdictional questions since the ACV was never in TN more information is needed. Case was continued and will be re-presented in May.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/02/2014	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/03/2014
Completed date:	04/03/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
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: 04/03/2014 01:15 PM Entered By: [REDACTED]

CPSI [REDACTED] met with [REDACTED] at the family home on this date. [REDACTED] invited investigator into the home and we sat in the living room and discussed the allegations on the case. [REDACTED] reported that she was tired but doing well, family has been through a lot in the last month or two. [REDACTED] explained that [REDACTED] was not at home due to working late. Investigator [REDACTED] observed [REDACTED] and [REDACTED] to be clean appropriately dressed and healthy, they were running in and out of house as they were out in the yard playing since the weather was nice. [REDACTED] reported that the children went back to school today and that she did not have notes for them missing the days but that the school was aware that they had a death in the family. Investigator [REDACTED] asked [REDACTED] to complete a urine drug screen and she complied. [REDACTED] was negative for all drugs screened for but reported having a prescription for Xanax. CPS [REDACTED] observed the home to be clean and no safety concerns were noticed all utilities were working and there was plenty of food. [REDACTED] reported that she was currently 23 weeks pregnant and that at this point she was doing well. CPSI [REDACTED] completed appropriate paperwork and releases to obtain medical records from [REDACTED] in [REDACTED] where [REDACTED] was being treated before he passed away on 03/28/14. Investigator [REDACTED] completed the visit to the home and explained that he still needed to meet with [REDACTED] and get a urine screen from him before the case could move forward. [REDACTED] reported that she would speak with [REDACTED] and contact Investigator [REDACTED] to schedule a time for [REDACTED] to come by the office or investigator to return to the home to drug screen [REDACTED]. Investigator [REDACTED] ended the home visit at this time after giving the family copies of needed necessary paperwork and contact information for investigator.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2014

Contact Method:

Contact Time: 10:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/31/2014

Completed date: 03/31/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/31/2014 01:51 PM Entered By: [REDACTED]

CM [REDACTED] was assigned this case on: 03/31/14

Priority Response Code: 1

Allegations Assessed and Assigned by Central Intake: DEI/ PND/ CD

Notification to Juvenile Court: 03/31/14

Notification to the Reporter: 03/31/14

Researched TFACTS History:

Reporter states: Quoted verbatim from a faxed referral:

Per reporter, [REDACTED] was born in a hospital in [REDACTED]. He has been in the same hospital since the day he was born. [REDACTED] was born at 22 weeks gestation. He weighed 1 pound and 6 ounces at birth. He is dying. Hospital staff took him off the ventilator today. He may have already died. [REDACTED] has suffered. Reporter feels as if the prematurity was due to moms substance use. Reporter thinks mom is a meth addict. Mom was using meth prior to [REDACTED] birth. It is unknown, for sure, if [REDACTED] was born with drugs in his system. Reporter has heard that he was. Dad shares information about [REDACTED] on Facebook.

Reporter has heard that the DSS that works with the hospital in [REDACTED] is aware of this situation.

This is the 2nd time mom has lost a child to death this way.

Mom is pregnant again.

Special Needs or Disabilities: unknown

Childs current location/is the child safe at this time: unknown

Perpetrators location at this time: unknown

Any other safety concerns for the child(ren) or worker who may respond: unknown

Per TFACTS History, according to intake # [REDACTED] case # [REDACTED] [REDACTED] was born at [REDACTED] in [REDACTED].

The parents' address is listed as: [REDACTED] The parents' phone number is listed as: [REDACTED]

NOTE: Per TFACTS history, there are two other children in the home, but they were not listed in the faxed report:



Tennessee Department of Children's Services
Case Recording Summary

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

[REDACTED], DOB [REDACTED] (age 6) and [REDACTED], DOB [REDACTED] (age 7)

NOTE: The complete scanned fax document is located in the documents tab.

CM [REDACTED] called the Neonatal Intensive Care Unit at [REDACTED] @ 5:17 pm and spoke with [REDACTED]. She could not confirm that [REDACTED] was a patient in the hospital.

County paged in MIR3

Per SDM: Investigative Track/ P1, Preliminary Near Death Report. At the time of the screening decision, there is no information available that the child has passed away, so it is being assigned with the Drug Exposed Infant (Severe) allegation. [REDACTED] TL on 3-28-14

Notified Child Death Group: [REDACTED]
 RA [REDACTED] was also copied on the notification email.

Recipients Time Issued Response Received Devices Responses
 [REDACTED] 03-28-14 17:57:33 03-28-14 17:58:42 work cell Received
 03-28-14 17:57:33 --- personal cell Left Message
 03-28-14 17:57:35 --- work email Email Sent

Recon requested by [REDACTED] on 03/28/14 @ 8:20 PM. LI [REDACTED] was given permission from Supervisor [REDACTED] to recon this referral so the allegation can be changed from PND to Death as the ACV passed away about 5:15 PM ET.

Recon request granted by [REDACTED], TL on 03/28/14 @ 9:25 PM. Spoke with [REDACTED] and was informed that the ACV passed away at 5:15 EST today. The allegation of NGD was added and changed from PND.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/31/2014	Contact Method:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/10/2014
Completed date:	06/10/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/10/2014 03:21 PM Entered By: [REDACTED]

On 03/31/14 at approximately 10am, CPSI [REDACTED] convened CPIT by contacting Investigator [REDACTED] of the [REDACTED] Police Department. CPSI and Inv. [REDACTED] discussed the case regarding the death of [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: 03/31/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/10/2014

Completed date: 06/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/10/2014 03:23 PM Entered By: [REDACTED]

On 03/31/14 at approximately 10am, CPSI [REDACTED] forwarded a copy of this report to the [REDACTED] Juvenile Court via US mail.

On 03/31/14 at approximately 10am, CPSI [REDACTED] forwarded a copy of this report to the [REDACTED] Child Protective Investigative Team, including: [REDACTED] Juvenile Court, [REDACTED] District Attorneys Office, [REDACTED] Sheriffs Department, [REDACTED] Police Department, and the Childrens Advocacy Center via US mail and fax.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/15/2014

Completed date: 05/15/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/15/2014 08:00 AM Entered By: [REDACTED]

ACV passed away Friday evening. ACV was born at 25 weeks. The family lived in [REDACTED] when the ACV was born. The mom went to the hospital and had placenta disruption. ACV was delivered while the mother was using the bathroom. ACV was born with no heartbeat and a collapsed lung. The child was resuscitated. ACV had pulmonary hyper-disorder. The hospital is not sure if the drug use caused medical issues but thinks it is a factor, but there is no documentation to support it. The family had been trying to get ACV transferred to TN but due to insurance issues they have not been able to. On the 21st the ACV was reported to have stopped breathing. They put the child on a ventilator. On the 25th the hospital spoke to the parents and stated he was not doing well and the ventilator was doing all the work. On the 25th they discussed with the parents child being took off the ventilator. They placed child on morphine, [REDACTED] will be contacted to see if the family would be appropriate for services, The family lives in [REDACTED] CPSI will convene CPIT and complete all required investigative tasks.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/29/2014

Contact Method:

Contact Time: 07:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/01/2014

Completed date: 04/01/2014

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: 04/01/2014 03:29 PM Entered By: [REDACTED]

CPSI [REDACTED] completed the Notice of Child Death/Near Death form and forwarded it to the fatality email group



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/29/2014

Contact Method: Attempted Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/01/2014

Completed date: 04/01/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2014 03:26 PM Entered By: [REDACTED]

On this date CPSI [REDACTED] attempted to contact [REDACTED] to discuss whether her children [REDACTED] and [REDACTED] had returned to her home from [REDACTED] Ms. [REDACTED] was unavailable via phone and CPSI left a message.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/28/2014

Contact Method: Phone Call

Contact Time: 10:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/01/2014

Completed date: 04/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2014 03:24 PM Entered By: [REDACTED]

CPSI [REDACTED] was contacted by [REDACTED] sheriff [REDACTED] and it was reported that the deputy had completed a wellfair check on [REDACTED] and [REDACTED]. The children are located at thier fathers home located at [REDACTED]. Deputy reported that both children were clean and appropriatly dressed, that the home wa clean and appropriate with working utilities and that there was ample food in the home. Deputy reported no visible signs of drug use and that all adults were aproprate. Inv. [REDACTED] thanked deputy and ended the call



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/28/2014

Contact Method: Phone Call

Contact Time: 09:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/01/2014

Completed date: 04/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2014 03:20 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] . sheriff [REDACTED] and requested a wellfair check on [REDACTED] and [REDACTED]
 [REDACTED] The children are located at thier fathers home located at [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: 03/28/2014

Contact Method: Phone Call

Contact Time: 08:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/01/2014

Completed date: 04/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2014 02:02 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted [REDACTED] @ [REDACTED] on this date. [REDACTED] reported that he currently has [REDACTED] and [REDACTED] in his custody since 03/26/14 when they were brought to him by his sister, due to the mother ([REDACTED]) and her boyfriend ([REDACTED]) having to attend to their child in the hospital. At this point [REDACTED] stated that the mother was a pill head and that he was unsure that he even allowing the children to return at this point, he then stated that this was the 2nd child the mother has had die due to birth issues and that he felt it was due to drugs. CPSI explained that he had received a referral on the children and needed to ensure their safety and that he would be asking the local sheriff to come by and complete a wellfare check of the children in his home. At first Mr. [REDACTED] was very reluctant to give Inv. [REDACTED] his address but after the safety aspects were addressed and explained he appeared to be comfortable and provided the address of [REDACTED]. Mr. [REDACTED] assured CPSI that the children were safe, he discussed that they did attend school in [REDACTED] and went to [REDACTED], he reported that they had missed 2 days last week and that he and [REDACTED] would need to discuss the plans, Inv. [REDACTED] asked Mr. [REDACTED] to contact him if the children returned to Ms. [REDACTED]. Inv. [REDACTED] provided contact information and ended the call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/28/2014

Contact Method: Attempted Face To Face

Contact Time: 08:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/07/2014

Completed date: 06/07/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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: 06/07/2014 02:02 PM Entered By: [REDACTED]

CPSI [REDACTED] was unable to see this child as he is deceased as on 5:00 p.m. on 03/28/14. Child was located at [REDACTED] located in [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:	03/28/2014	Contact Method:	Phone Call
Contact Time:	07:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/01/2014
Completed date:	04/01/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/01/2014 09:49 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] and [REDACTED] (mom/dad) family reported [REDACTED] (ACV) passed away this day around 5:15 pm. CPSI [REDACTED] spoke with [REDACTED] (mom), and [REDACTED] (dad) on 03/28/14 around 7:30 p.m., [REDACTED] reported that [REDACTED] (ACV) was born 08/11/13 around 25 weeks, [REDACTED] was born prematurely and had not left the hospital since birth. Due to [REDACTED] premature birth, he has been in the NICU in [REDACTED]. were the child was born, the family relocated to TN. and has been trying to get [REDACTED] transferred to [REDACTED]. but due to the child not having TN-Care the hospital would not accept the child so he remained in [REDACTED] receiving care while the family has been traveling back and forth. On 03/25/14 the family received a call from the N.I.C.U. social worker at [REDACTED] ([REDACTED]) stating that the child had coded on 03/21/14 and had to be revived and was not doing so well and should come be with the child. On 03/26/14 after a meeting with the child's physicians it was decided by family and doctors that the physicians were going to transition the child off the ventilator due to the vent breathing completely for the child, who was also having seizures. On 03/28/14 [REDACTED] was removed from the vent around 4:00 p.m. and then passed away around 5:30 p.m. Ms. [REDACTED] reported two siblings in the home [REDACTED] [REDACTED], DOB [REDACTED] (age 6) and [REDACTED] [REDACTED], DOB [REDACTED] (age 7) are currently with their father in [REDACTED]. At this time the mother [REDACTED] does not have an address just a phone number in which she has provided CPSI [REDACTED]. [REDACTED] reported she and [REDACTED] are coming back to TN to make funeral arrangements for [REDACTED] [REDACTED] reported that they children in [REDACTED]. would possibly return on Sunday, CPSI explained that when the children returned he would need to see them and possibly screen both her and [REDACTED] stated that she would contact Inv. [REDACTED] when they returned, Inv. [REDACTED] explained that he would be following up with [REDACTED] and checking on the children, at this time Ms. [REDACTED] began to report that [REDACTED] was wanted in TN. and that he had a drug history, she stated that she was afraid that he would not allow the children to return, CPSI discussed with [REDACTED] the custody arrangement and she reported they did not have one as they were in the process of getting this through medication in [REDACTED]. Inv. [REDACTED] explained he would contact the father and contact her back.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/28/2014

Contact Method: Phone Call

Contact Time: 07:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/01/2014

Completed date: 04/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2014 09:30 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with CM [REDACTED] who has been assigned and working the FSS case with the family. CM [REDACTED] advised CPSI that she had visited with the family on Tuesday 03/25/14, she stated that the family composition is Household Composition:

The mother [REDACTED]

Father of the ACV [REDACTED]

ACV: [REDACTED]

[REDACTED]

MGM [REDACTED]

[REDACTED]

CM [REDACTED] reported that when she met with the family on 03/25/14 she screened the father/step-dad and he was positive for opiates and THC. She reported that the mother [REDACTED] was currently around 17 weeks pregnant and at a doctors visit, and that the children were fine. She also reported that the family had recieved information from [REDACTED] hospital in [REDACTED] were [REDACTED] was that he was not doing well and that they needed to get to the hospital as soon they are able, CM [REDACTED] worked with the family to obtain a gas card as they reported they were not financially able to go at this time. CM [REDACTED] reported that she thought that the other 2 children [REDACTED] and [REDACTED] were staying with the grandmother while the mom and step-dad were in [REDACTED] CM [REDACTED] provided contact information to CPSI of [REDACTED], she also stated that she has been conversing with the social worker at [REDACTED] Hospital [REDACTED] to keep her updated on [REDACTED] progress, Ms. [REDACTED] can be reached at [REDACTED] and we ended the conversation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/28/2014

Contact Method:

Contact Time: 07:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/31/2014

Completed date: 04/01/2014

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: 04/01/2014 08:36 AM Entered By: [REDACTED]

LI [REDACTED] was notified by CI. CI reviewed the case with LI [REDACTED] who contacted CPSI [REDACTED] [REDACTED] CPSI was advised to call the r/s, the hospital, the FSS worker to get an up date in the case, and to call the family.

LI contacted IC [REDACTED], [REDACTED]s, TC [REDACTED] and [REDACTED]. IC, RA and TC was notified of the Death. CI was called to get referral allegations changed to Death.