



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

Case # 2014.097

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	06/23/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	06/21/2014		
Child's Name:	Unknown Female ██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████ / ██████████
Parents' Names:	Mother: ██████████	Father:	██████████			
Alleged Perpetrator's Name:	██████████		Relationship to Victim:	Birth Mother		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					
Describe (in detail) circumstances surrounding death/near death:						
<p>██████████ gave birth to an infant female on ██████████ at ██████████. EMS was contacted at 9:14AM and an ambulance was dispatched to the residence at 9:15AM. ██████████ Police Department Officers ██████████ and ██████████ responded to the home. Officers ██████████ and ██████████ stated that the infant was breathing with assistance from EMS by being stimulated. Officer ██████████ stated that EMS inserted a tube into the infant's mouth to aid the breathing. EMS staff left the residence with the infant and the mother. The infant was pronounced deceased at ██████████ Medical Center on 06/21/2014. The mother was taken to ██████████ Community Hospital to have the placenta removed from her uterus.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	N/A	Telephone #:	(N/A) -			
Street Address:	N/A	City/State/Zip:	N/A			
Describe (in detail) interview with family:						
<p>Child Protective Services Investigator (CPSI) ██████████ spoke with the mother regarding the drug exposed infant case on the half sibling to this infant fatality (intake ██████████). After receipt of this current intake, this CPSI has yet to make contact with the mother, father, or their families. CPSI has made contact with the sibling and their father and step-mother.</p>						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):		deceased- unknown cause				
Name of Medical Examiner/Coroner:	Dr. ██████████ ER physician at ██████████ Medical Center		Was autopsy requested?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes			
Type:	N/A	Case #:	N/A			
Describe law enforcement or court involvement, if applicable:						
<p>██████████ Police Department Officers ██████████ and ██████████ responded to the residence after receiving a 911 call. Officers ██████████ and ██████████ aided EMS in resuscitating the infant. Officers ██████████ and ██████████ last saw the infant as it was in the ambulance and leaving the residence. ██████████ Police Department Detective ██████████ is assigned this investigation.</p>						
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):						

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

RDA 2993

CS-0635, Rev. 08/13

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No action is taken at this time.

Name: [REDACTED]	Age: 1
Name:	Age:

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
03/01/2013	screened out	drug exposed infant	[REDACTED]	[REDACTED]	case was screened out as prenatal abuse
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected? No Yes List organizations requesting information:

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

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

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

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: 06/23/2014 04:26 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/23/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/24/2014 08:26 AM
 First Team Leader Assigned: [REDACTED] Date/Time 06/24/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 06/24/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [REDACTED] Unknown	Deceased	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: [REDACTED]
 Notification: None
 Narrative: TFACTS:
 Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP None found
 Closed Court Custody None found
 Open CPS - None found
 Substantiated None found
 Death None found

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

Screened out 3-1-2013/Intake ID # [REDACTED] /DEI (ACV is [REDACTED], AP is [REDACTED])

History (not listed above):

2-11-2009/Case ID # [REDACTED] /LOS/No Services Needed (Report lists [REDACTED] as the ACV and [REDACTED] as the AP).

County: [REDACTED]

Notification: None

School/ Daycare: N/A

Native American Descent: No

Directions: None given

Reporter's name/relationship [REDACTED]

Reporter states:

The mother, [REDACTED] gave birth to a newborn female (name not known) on 6-21-14 at home. The mother has a one year old child named [REDACTED] who lives in the home with her. The mother also lives with her mother, [REDACTED] is the birth father of [REDACTED]. He has joint custody with Ms. [REDACTED].

Ms. [REDACTED] went to [REDACTED] Emergency Room yesterday morning, 6-21-14, after delivering a 30 week newborn (female) at home. The family tried to perform CPR on the infant because she was not breathing at the time of birth. The infant was not revived. The infant did not take a breath. The infant died at birth on [REDACTED]. The referent does not know what the cause of death was determined to be. It is not believed this was an intentional home birth.

The infant is already at the funeral home. It is unknown if there is going to be an autopsy performed on the infant. Ms. [REDACTED] was transferred to [REDACTED] Medical Center from [REDACTED] ER where she had to have an emergency surgery for a retained placenta.

Ms. [REDACTED] first prenatal visit was on June 17, 2014 which was the only prenatal visit she had this pregnancy. It is unknown why she only had one prenatal visit. At that visit, Ms. [REDACTED] tested positive for Oxycodone and Suboxone. Ms. [REDACTED] admitted the night before delivery that she took a Soma for leg cramps. Ms. [REDACTED] tested positive again after delivery for Oxycodone and Suboxone. Ms. [REDACTED] is Hepatitis-C positive. Ms. [REDACTED] one year old [REDACTED] was born with low birth weight. It is unknown if the one year old had any complications at birth.

Ms. [REDACTED] stated [REDACTED] was currently with [REDACTED] father [REDACTED]. Ms. [REDACTED] could not provide an address or contact number for Mr. [REDACTED]. Ms. [REDACTED] mentioned she does not know when she would be getting [REDACTED] next for her visitation.

Ms. [REDACTED] is scheduled to be discharged today. The referent is not requesting immediate assistance at this time but would like to be contacted by the case worker for further instructions on whether or not Ms. [REDACTED] needs to be discharged at this time.

Special Needs or Disabilities: No

Child's current location/is the child safe at this time: With father (unknown)

Perpetrator's location at this time: [REDACTED] hospital

Any other safety concerns for the child(ren) or worker who may respond: No

Note: This referral was originally called in on 6/22/14 @ 10:17am. The original intake number is # [REDACTED] and is now open assigned # [REDACTED]. The open case does not include an allegation of Child Death for the unknown infant due to the original information indicating that this was a "stillborn death". Per additional information provided by IC [REDACTED] on 6/23/14, a new intake has been



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 2 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

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: Race: Age: 22 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

Contact Comments:

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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

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: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: Deceased

Address: [REDACTED]

Deceased Date: 06/21/2014

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 06/23/2014

Assignment Date: 06/24/2014

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 07/22/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: CPSI presented this case to CPIT and the team decided to unsubstantiate the allegation of Neglect Death as there was no evidence to support an allegation of neglect. [REDACTED] had two prenatal visits the two weeks leading up to the birth and death of [REDACTED]. The report on the placenta indicated two infections and a blood clot. No autopsy was performed. Due to no evidence supporting a neglect death, CPSI is closing this case as Allegation Unsubstantiated/Perpetrator Unsubstantiated.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/22/2014

Team Leader: [REDACTED]

Date: 07/24/2014

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:

The infant could not be observed or interviewed as she was deceased and had been taken to the funeral home. CPSI observed the home at [REDACTED] residence. CPSI observed this home to appear clean and free of safety hazards. CPSI observed a crib and toys in the room for [REDACTED]. CPSI observed working utilities in the home as well as food and drink.

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

CPSI received records from [REDACTED], where [REDACTED] had her prenatal care. These records indicated that [REDACTED] had two prenatal visits the two weeks leading up to the birth of [REDACTED]. The prenatal records showed a urinary tract infection, but no other concerns were reported in the records.



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]

CPSI received records from [REDACTED] Medical Center regarding [REDACTED] and [REDACTED]. The records showed that [REDACTED] was brought to the hospital by ambulance on 06/21/2014 and was intubated. The records showed that [REDACTED] was pronounced deceased while at the hospital and no autopsy was requested. The records showed that the diagnosis was cardiac arrest and apnea of prematurity. The records showed that [REDACTED] was administered Rocephin and Dilaudid and transferred to [REDACTED] Community Hospital for the removal of her placenta.

CPSI received records from [REDACTED] Community Hospital regarding [REDACTED] after the delivery of the infant. The records showed that the placenta was torn with ragged edges and was in pieces. It was noted that there were foul smelling membranes. A Surgical Pathology Report was done on the placenta that showed there were two infections as well as a blood clot that restricted blood flow to the placenta.

CPSI received the report from the [REDACTED] Police Department which stated that officers responded and that [REDACTED] and the infant were transported by ambulance to [REDACTED] Medical Center.

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

CPSI interviewed [REDACTED] who reported that she had woken up that morning on 06/21/2014 and felt that she had to make a bowel movement. [REDACTED] stated that she sat on the toilet and pushed a few times and the baby came out. She stated that she began screaming and her friend called 911. She stated that the ambulance responded and one ambulance took [REDACTED] and another took her to the hospital. [REDACTED] stated that [REDACTED] was alive and breathing but the ambulance workers said the airway was clogged and put a tube in the baby's throat. [REDACTED] stated that she did not remember much at the hospital as she was given medication to calm her down. She stated that she was then told her baby did not make it. [REDACTED] reported that she was taken to [REDACTED] Community Hospital and that a doctor had removed her placenta. She stated that later, Dr. [REDACTED] from [REDACTED] Clinic, came in and examined her and found that some of the placenta had been left inside her. [REDACTED] stated that Dr. [REDACTED] said that her placenta was rotten. [REDACTED] stated that she had completed the Intensive Outpatient Program with [REDACTED] as she was court ordered during a private custody petition. [REDACTED] stated that her daughter, [REDACTED] has been residing with the father, [REDACTED], during this. [REDACTED] stated that she felt it was best for [REDACTED] to be with her father as [REDACTED] is trying to cope with the loss of [REDACTED]. CPSI suggested grief counseling multiple times to [REDACTED]. [REDACTED] submitted a urine drug screen and tested negative. CPSI asked [REDACTED] to have an alcohol and drug assessment as there were concerns listed in the referral. [REDACTED] complied and her assessment which gave no recommendations.

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:

Child Protective Services Investigator (CPSI) [REDACTED] received this investigation case of neglect death on 06/23/2014. The alleged child victim was [REDACTED] and the alleged perpetrator was [REDACTED]. The referral alleged that [REDACTED] had given birth to [REDACTED] at a residence while using the bathroom. The referral alleged that the infant did not take a breath and that the infant died on [REDACTED]. The referral alleged that [REDACTED] has a one year old child named [REDACTED] who was currently with the father, [REDACTED]. There were concerns reported regarding drug usage.

CPSI received the initial referral and later found out the infant had taken a breath, was alive, and was later pronounced deceased at [REDACTED] Medical Center. CPSI contacted Lead Investigator (LI) [REDACTED] and Investigative Coordinator (IC) [REDACTED]. This referral was separated into two referrals, one for the drug exposed infant regarding [REDACTED] and one for the neglect death regarding [REDACTED].



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]

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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/06/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/08/2015

Completed date: 02/08/2015

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/08/2015 05:47 PM Entered By: [REDACTED]

LI [REDACTED] staffed with CPSI [REDACTED] SDM could not be completed because the child was deceased.

Notified by [REDACTED], Deputy Director of Investigations, that all tasks have been completed and case can be closed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/23/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/23/2015

Completed date: 01/23/2015

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: 01/23/2015 02:10 PM Entered By: [REDACTED]

All information has been entered and awaiting Central Office review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/06/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/02/2014

Completed date: 12/02/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/02/2014 04:14 PM Entered By: [REDACTED]

LI [REDACTED] staffed with CPSI [REDACTED]. There has been no additional contact with the family. CPSI provided mother with grief counseling information. Father had filed private petition when sibling was born and received custody. At some point custody was changed to 50-50, but after this child's death father filed petition to him having full custody and it was subsequently changed back.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/21/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/21/2014

Completed date: 10/21/2014

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: 10/21/2014 01:38 PM Entered By: [REDACTED]

This case was reviewed by Lead Investigator (LI) [REDACTED] and was found to be ready for closure, as all investigative tasks have been completed. LI [REDACTED] then submitted the case to Investigations Coordinator (IC) [REDACTED] for review. IC [REDACTED] has reviewed and approved this case to be submitted to the Regional Investigations Director (RID) [REDACTED] for further review.

The following documents have been scanned into the documents section of the investigation case:

Mother's A&D assesment
 Mother's pre-natal records
 Hospital records where the child was taken at the time of death
 Death Certificate



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 10/15/2014 Contact Method:
 Contact Time: 04:50 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/15/2014
 Completed date: 11/15/2014 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/15/2014 04:01 PM Entered By: [REDACTED]
 LI [REDACTED] staffed with CPSI [REDACTED]. All tasks have been completed. Medical records were scanned into TFACTS along with death certificate. There was no autopsy. Case ready to be closed and reviewed.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 09/17/2014	Contact Method:
Contact Time: 03:43 PM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 09/17/2014
Completed date: 10/15/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 09/17/2014 02:45 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] submitted the Child Death Summary on this investigation to Lead Investigator [REDACTED] and Investigative Coordinator [REDACTED]

[REDACTED] Summary:

The Department of Children's Services (DCS) Child Protective Services Investigations Unit received a referral on 06/23/2014 with an allegation of Child Neglect Death regarding non custody child [REDACTED] was an infant born on [REDACTED] and died 06/21/2014.

[REDACTED] was born to [REDACTED] on 06/21/2014 at a residence in the bathroom. [REDACTED] felt that she needed to have a bowel movement and when she pushed, [REDACTED] came out. Emergency Medical Services were contacted and responded to the home and began working on [REDACTED] as there were concerns with her breathing. [REDACTED] was intubated and transported to [REDACTED] Medical Center. [REDACTED], MD pronounced [REDACTED] deceased at 2:16PM on 06/21/2014.

The investigation into this incident was conducted by [REDACTED] Police Department Detective [REDACTED] and DCS Investigator [REDACTED].

The report to DCS listed the mother, [REDACTED], as the alleged perpetrator of Child Neglect Death. [REDACTED], responding [REDACTED] Police Department Officers, [REDACTED] mother, and [REDACTED] friend (made the 911 call) were all interviewed.

As part of the investigation, [REDACTED] was interviewed. [REDACTED] reported that she did not know she was pregnant until she felt the baby move and that she had 2-3 prenatal visits. [REDACTED] reported that she did not feel as if she were in labor, but that she needed to have a bowel movement. [REDACTED] stated that she pushed and the baby came out. 911 was contacted and she and the baby were transported to [REDACTED] Medical Center. [REDACTED] stated that she was not in the room with the baby but was informed several hours later that the baby had died. [REDACTED] stated she was then transferred to [REDACTED] Community Hospital for the removal of her placenta. [REDACTED] friend, [REDACTED], was interviewed as he was present at the residence when the delivery occurred. [REDACTED] reported that he was asleep and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

woke up to [REDACTED] screaming. He stated he ran to the bathroom where [REDACTED] was and that she was holding a baby in her arms and screaming. [REDACTED] stated that he called 911 and the ambulance responded and took [REDACTED] and the baby to the hospital. [REDACTED] mother, [REDACTED], reported that she was not with [REDACTED] but received a phone call from [REDACTED] the morning of the birth. [REDACTED] stated that [REDACTED] told her that she had delivered the baby and for [REDACTED] to get to the hospital. The responding officers stated that they arrived and assisted Emergency Medical Services with the infant and had the infant transported to the hospital. They did not conduct any interviews. Medical records were reviewed as there was no autopsy ordered. Medical records showed that [REDACTED] had attended prenatal visits at [REDACTED] Clinic the two weeks leading up to the delivery and no concerns were noted. Records showed that the placenta had been examined and was found to have two infections and a blood clot. The death certificate noted that the child's death was a natural cause of respiratory failure premature delivery.

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] County Child Protective Investigation Team on 08/13/2014. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

When the interviews were completed, there did not appear to be any concerns regarding abuse or neglect. [REDACTED] appeared upset during her interview and had to take breaks and she was crying. [REDACTED] was observed to appear as she was staring blankly during her interview and appearing lethargic. [REDACTED] was drug screened and was negative for all tested substances.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/15/2014

Contact Method:

Contact Time: 03:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/15/2014

Completed date: 09/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2014 02:44 PM Entered By: [REDACTED]

LI [REDACTED] staffed with CPSI [REDACTED] Family received death certificate and brought to CPSI [REDACTED] and it has been scanned into TFACTS. The new fatality form will be completed this week and case note entered. Case can then be sent for review to IC [REDACTED]



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

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	08/18/2014	Contact Method:	
Contact Time:	09:54 AM	Contact Duration:	Less than 05
Entered By:	██████████	Recorded For:	
Location:		Created Date:	08/18/2014
Completed date:	09/17/2014	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning**Participant(s)**

██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 08/18/2014 09:13 AM Entered By: ██████████

Child Protective Services Investigator (CPSI) ██████████ received this investigation case of neglect death on 06/23/2014. The alleged child victim was ██████████ and the alleged perpetrator was ██████████. The referral alleged that ██████████ had given birth to ██████████ at a residence while using the bathroom. The referral alleged that the infant did not take a breath and that the infant died on ██████████. The referral alleged that ██████████ has a one year old child named ██████████ who was currently with the father, ██████████. There were concerns reported regarding drug usage.

CPSI received the initial referral and later found out the infant had taken a breath, was alive, and was later pronounced deceased at ██████████ Medical Center. CPSI contacted Lead Investigator (LI) ██████████ and Investigative Coordinator (IC) ██████████. This referral was separated into two referrals, one for the drug exposed infant regarding ██████████, and one for the neglect death regarding ██████████.

CPSI received records from ██████████ Clinic, where ██████████ had her prenatal care. These records indicated that ██████████ had two prenatal visits the two weeks leading up to the birth of ██████████. The prenatal records showed a urinary tract infection, but no other concerns were reported in the records.

CPSI received records from ██████████ Medical Center regarding ██████████ and ██████████. The records showed that ██████████ was brought to the hospital by ambulance on 06/21/2014 and was intubated. The records showed that ██████████ was pronounced deceased while at the hospital and no autopsy was requested. The records showed that the diagnosis was cardiac arrest and apnea of prematurity. The records showed that ██████████ was administered Rocephin and Dilaudid and transferred to ██████████ Community Hospital for the removal of her placenta.

CPSI received records from ██████████ Community Hospital regarding ██████████ after the delivery of the infant. The records showed that the placenta was torn with ragged edges and was in pieces. It was noted that there were foul smelling membranes. A Surgical Pathology Report was done on the placenta that showed there were two infections as well as a blood clot that restricted blood flow to the placenta.

CPSI received the report from the ██████████ Police Department which stated that officers responded and that ██████████ and the infant were transported by ambulance to ██████████ Medical Center.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

CPSI interviewed [REDACTED] who reported that she had woken up that morning on 06/21/2014 and felt that she had to make a bowel movement. [REDACTED] stated that she sat on the toilet and pushed a few times and the baby came out. She stated that she began screaming and her friend called 911. She stated that the ambulance responded and one ambulance took [REDACTED] and another took her to the hospital. [REDACTED] stated that [REDACTED] was alive and breathing but the ambulance workers said the airway was clogged and put a tube in the baby's throat. [REDACTED] stated that she did not remember much at the hospital as she was given medication to calm her down. She stated that she was then told her baby did not make it. [REDACTED] reported that she was taken to [REDACTED] Community Hospital and that a doctor had removed her placenta. She stated that later, Dr. [REDACTED] from [REDACTED] Clinic, came in and examined her and found that some of the placenta had been left inside her. [REDACTED] stated that Dr. [REDACTED] said that her placenta was rotten. [REDACTED] stated that she had completed the Intensive Outpatient Program with [REDACTED] as she was court ordered during a private custody petition. [REDACTED] stated that her daughter, [REDACTED] has been residing with the father, [REDACTED], during this. [REDACTED] stated that she felt it was best for [REDACTED] to be with her father as [REDACTED] is trying to cope with the loss of [REDACTED]. CPSI suggested grief counseling multiple times to [REDACTED]. [REDACTED] submitted a urine drug screen and tested negative. CPSI asked [REDACTED] to have an alcohol and drug assessment as there were concerns listed in the referral. [REDACTED] complied and her assessment which gave no recommendations.

CPSI was given two names of alleged fathers to [REDACTED] reported having relations with [REDACTED] as well as [REDACTED] during the time she became pregnant. CPSI had made efforts to locate and speak with [REDACTED] and then was given the second name. CPSI discussed this with LI [REDACTED] and it was decided to not pursue efforts to locate either alleged father as there is no way to determine the father as no DNA can be done.

CPSI presented this case to CPIT and the team decided to unsubstantiate the allegation of Neglect Death as there was no evidence to support an allegation of neglect. [REDACTED] had two prenatal visits the two weeks leading up to the birth and death of [REDACTED]. The report on the placenta indicated two infections and a blood clot. No autopsy was performed. Due to no evidence supporting a neglect death, CPSI is closing this case as Allegation Unsubstantiated/Perpetrator Unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/15/2014	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	08/18/2014
Completed date:	09/15/2014	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/18/2014 08:51 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] arrived at the home of [REDACTED] and his wife [REDACTED] to see [REDACTED]. CPSI observed [REDACTED] to appear clean and well cared for. [REDACTED] asked [REDACTED] to say CPSI's name and she did. CPSI praised [REDACTED] for speaking well. CPSI observed the home to appear clean and free of safety hazards. [REDACTED] and [REDACTED] bought [REDACTED] a toddler bed and [REDACTED] stated that she has not let [REDACTED] sleep in it yet because she feels [REDACTED] is too small for the bed. CPSI explained that the case involving [REDACTED] would be submitted for closure. [REDACTED] stated that she was happy about that. [REDACTED] called [REDACTED] to inform him of the case closure. [REDACTED] stated that he was glad the case was being closed and that CPSI did not have concerns regarding [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/13/2014	Contact Method:	Face To Face
Contact Time:	09:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/14/2014
Completed date:	09/13/2014	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2014 08:44 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] presented this case to CPIT on this date. CPSI discussed the medical records that show that the placenta had two infections and a blood clot that restricted blood flow to the placenta. The team also discussed the records on the mother from [REDACTED] Medical Center as well as her prenatal records from [REDACTED] Clinic. The team discussed that it appears from these records that the mother did not neglect the infant and that the infections were missed by the doctors involved. The team agreed to unsubstantiate the allegation of neglect death. CPSI stated that the mother had her A&D assessment that had no recommendations and that CPSI received the report from this assessment and that the mother was honest with her drug usage. CPSI stated that the mother was negative on the drug screen provided by CPSI. The team signed off on the CPIT forms to classify as Allegation Unsubstantiated/Perpetrator Unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 08/13/2014 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/14/2014
 Completed date: 09/13/2014 Completed By: System Completed
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2014 08:48 AM Entered By: [REDACTED]

Child Protective Services received medical records from [REDACTED] Medical Center on the mother, [REDACTED]. The records show that [REDACTED] was brought to the Emergency Department after delivering an infant at a residence while on the toilet. The records show that [REDACTED] was given Dilaudid and Rocephin medications while at the hospital. She was then transferred to [REDACTED] Community Hospital for the removal of her placenta.

These records will be scanned into TFACTS documents.

—



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/11/2014	Contact Method:	Phone Call
Contact Time:	04:01 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/14/2014
Completed date:	09/11/2014	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2014 09:37 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED] A&D assessment, via phone at the above date and time. [REDACTED] reported that he completed the assessment on [REDACTED] and that he did not recommend her to complete IOP again. [REDACTED] stated that he would fax the assessment to CPSI.

CPSI received the assessment and will scan into TFACTS documents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/04/2014

Contact Method: Correspondence

Contact Time: 06:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/08/2014

Completed date: 08/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2014 08:27 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] received a text message from [REDACTED] at the above date and time. [REDACTED] stated that she had gotten her alcohol and drug assessment with [REDACTED] and that [REDACTED] stated that she did not need any treatment. CPSI stated that CPSI needed a copy of the assessment and [REDACTED] stated that she would try to get it. She later text CPSI and stated that [REDACTED] would not give the assessment to her but would send it to CPSI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/23/2014

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/24/2014

Completed date: 08/09/2014

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: 07/24/2014 06:38 AM Entered By: [REDACTED]

LI [REDACTED] presented case to CPIT. All requested medical records have not been received. Autopsy was not performed. Decision made to bring the case back for review when all medical records had been obtained.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/18/2014 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 08/14/2014
 Completed date: 08/14/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/14/2014 09:30 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] arrived at the home of [REDACTED] and his wife [REDACTED] to see [REDACTED]. CPSI observed [REDACTED] playing in the floor. [REDACTED] brought toys over to CPSI to play with. CPSI spoke with [REDACTED] via phone as he was out of town with the military. [REDACTED] reported that he was going to file for custody of [REDACTED] again. He stated that he is just uncomfortable with the DCS case and that he feels it is best for [REDACTED] to not be around [REDACTED] at this time. CPSI observed the home to appear clean and free of safety hazards. CPSI observed [REDACTED] to appear clean and well cared for. [REDACTED] reported that [REDACTED] has been doing great and that [REDACTED] has come by a few times to see [REDACTED] but she has not let [REDACTED] go alone with [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/17/2014 Contact Method:
 Contact Time: 05:15 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/17/2014
 Completed date: 08/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/17/2014 04:17 PM Entered By: [REDACTED]

SDM entered with the score of safe as none of the immediate harm factors warrant a yes response due to the child being deceased of natural causes. The FAST assessment was entered in regards to the sibling to the deceased infant with a score of low intensity of services.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 07/17/2014 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/14/2014
 Completed date: 08/17/2014 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2014 09:09 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] and Lead Investigator (LI) [REDACTED] discussed that the mother has given two names of possible fathers to this infant. As no father has been established and paternity cannot be done, no further efforts will be pursued to make contact with alleged father.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 07/17/2014 Contact Method:
 Contact Time: 02:50 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/17/2014
 Completed date: 08/17/2014 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 01:56 PM Entered By: [REDACTED]

Email sent to [REDACTED] regarding status of birth and death certificates.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/17/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/24/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 01:54 PM Entered By: [REDACTED]

LI [REDACTED] staffed with CPSI [REDACTED]. There is an open investigation of sibling. We have ongoing staffings on this case. Remaining major task is to interview the alleged father [REDACTED] and to determine clearly who was present in the home. Obtain birth and death certificates. Have requested records from [REDACTED] Clinic, Dr. [REDACTED] who we believe has the medical information regarding the placenta.

CPSI reports having conversations with mother regarding grief counseling. At this time, we would classified unsubstantiated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/16/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/05/2014
 Completed date: 08/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/05/2014 09:55 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] received medical records via fax from [REDACTED] Community Hospital. These records show that [REDACTED] was transferred to [REDACTED] Community Hospital due to retained placenta 3 hours after delivery despite traction and pitocin. The placenta was noted to be in the birth canal and was removed. It was also noted the placenta was in pieces with ragged edges. It was also documented that there were foul smelling membranes and [REDACTED] was given antibiotics. These records will be scanned into TFACTS documents tab.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/15/2014 Contact Method:
 Contact Time: 03:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/05/2014
 Completed date: 08/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/05/2014 12:25 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] received medical records from [REDACTED] Clinic on [REDACTED]. The records show that [REDACTED] was seen on 06/17/2014 for OB physical. The note showed that [REDACTED] was "doing well and should continue routine care". It was noted that [REDACTED] was urged to not use Suboxone during pregnancy. The records show that [REDACTED] was positive for Suboxone on 06/11/2014.

There was also a record from [REDACTED] Services that stated it was a surgical pathology report. This report was in regards to the placenta. The report stated that the final microscopic diagnosis is : Chorioamnionitis and funisitis are present. Negative for microscopic evidence of meconium stain
 Sections of placenta parenchyma show a focus of placental infarction and adherent blood and fibrin clot material
 Scattered foci of dystrophic calcification are noted
 Negative for definitive thrombosis



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/15/2014

Completed date: 08/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/15/2014 02:52 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] received the certified letter back in the mail with a return to sender sticker that stated there was no mail recepticle.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/15/2014

Contact Method: Face To Face

Contact Time: 12:26 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 08/08/2014

Completed date: 08/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/08/2014 08:19 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] met with [REDACTED] at her home at the above date and time. CPSI and [REDACTED] discussed the alcohol and drug assessment at [REDACTED] stated that she had completed the program there but would call [REDACTED] for a new assessment. CPSI advised [REDACTED] again to talk with [REDACTED] about counseling for grief. [REDACTED] stated that she would.

Narrative Type: Addendum 1 Entry Date/Time: 08/14/2014 09:25 AM Entered By: [REDACTED]

[REDACTED] reported that she believes that a man named [REDACTED] is the father of the child, but she is not sure as she had been with him and with [REDACTED] during the same time.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/14/2014 Contact Method:
 Contact Time: 03:25 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/14/2014
 Completed date: 08/05/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/14/2014 05:33 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] faxed releases on [REDACTED] to [REDACTED] Community Hospital and [REDACTED] [REDACTED] Clinic requesting records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/17/2014

Completed date: 08/05/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 04:44 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] presented this case in CPIT on this date. CPSI updated the team regarding medical records, interview with the mother, and remaining tasks. CPSI will continue to gather medical records from [REDACTED] [REDACTED] Clinic where the mother reportedly had prenatal visits and [REDACTED] Community Hospital where the mother was seen after the delivery. CPSI discussed the medical records regarding the infant from [REDACTED] Medical Center.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/14/2014

Completed date: 08/05/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/14/2014 04:36 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] received the police report from the 911 call resulting in [REDACTED] Police Department officers responding to [REDACTED] when [REDACTED] delivered the infant at the residence. The report stated that [REDACTED] and the child were both transported by EMS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/03/2014 Contact Method: Face To Face
 Contact Time: 05:27 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/11/2014
 Completed date: 07/30/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/14/2014 05:02 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] arrived at [REDACTED] at 5:27PM on 07/03/2014. Present at the home were [REDACTED] (mother) and [REDACTED] reported that she had attended [REDACTED] Clinic in [REDACTED] TN for her prenatal care. She stated that she does not know why she would have tested positive for Suboxone unless it was due to her cousin. [REDACTED] stated that her cousin takes Suboxone by crushing it up and putting it in his drink. [REDACTED] stated that she may have taken a drink by mistake. [REDACTED] stated that she would have tested positive for Oxycodone by Dilaudid and Morphine.

[REDACTED] stated that she did not know she was pregnant until she felt the baby. She stated that she had her periods and did not think she was pregnant. [REDACTED] stated that she told her mother that she felt like she was pregnant and took a home pregnancy test that was positive. She stated that she went to the Health Department to confirm this. [REDACTED] stated that she was not having contractions the day she delivered. She stated that Dr. [REDACTED] Clinic, told her that the placenta had an infection when he saw her at [REDACTED] Community Hospital after the delivery. [REDACTED] stated that she felt like she had to have a bowel movement and that she was grunting and the baby came out. She stated that she had 2 or 3 prenatal visits. [REDACTED] stated that Dr. [REDACTED] told her to have Dr. [REDACTED] (High Risk OB at [REDACTED]) do her 6 week follow up appointment.

CPSI asked [REDACTED] to begin with when she woke up the morning she delivered. [REDACTED] stated that she woke up and had to pee and that she was not sure what time this was. She stated that she felt like she had to have a bowel movement and went to the bathroom. [REDACTED] stated that she pushed about two times and could feel the baby coming out. She stated that she reached down under her and grabbed the baby. [REDACTED] stated that she sat on the toilet and held the infant. She stated that she was screaming and that [REDACTED] called for an ambulance. [REDACTED] stated that it happened so fast she could not say how long it was between the delivery and the 911 call and the time it took EMS to arrive. [REDACTED] stated that this occurred at [REDACTED] home and that she is not sure of the address. [REDACTED] stated that she, [REDACTED] and [REDACTED] were present at the home. She stated that she was not sure what [REDACTED] was doing. [REDACTED] stated that EMS kept asking her if she was ok and they cut the umbilical cord and put her in the ambulance. [REDACTED] stated that she was not sure but she thought she was in one ambulance and the baby was in another ambulance.

[REDACTED] stated that [REDACTED] was called but the EMS workers told her the baby was not stable enough for transport. She stated that Dr. [REDACTED] told her that the baby was born "in a window where she would not live". [REDACTED] stated that it



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

was described to her that if the baby had been born a week prior or a week later that it would have lived. [REDACTED] stated that when she arrived at [REDACTED] Medical Center that she was not in a room with the infant. She stated that she cannot remember if she was given any updates about the infant while she was there. She stated that she just remembers that they told her the baby did not make it. [REDACTED] stated that [REDACTED] was at her [REDACTED] house with her brother. She stated that she has [REDACTED] for 7 days and the father, [REDACTED], has her for 7 days. [REDACTED] stated that she lets [REDACTED] go see the [REDACTED] during her week. [REDACTED] stated that her brother [REDACTED] was at their [REDACTED] house with [REDACTED].

[REDACTED] stated that she got the phone call around 9 something that [REDACTED] had delivered the baby and to get to the hospital. She stated that she went and got [REDACTED] from her mother's home and called [REDACTED] fiance' [REDACTED], to pick up [REDACTED].

[REDACTED] stated that she went to rehab from October 2013 to March 2014. She stated that it was a program through [REDACTED] with [REDACTED] stated that it was outpatient treatment and that she completed the program but did not attend the graduation. She stated that she had problems with transportation on graduation day. [REDACTED] stated that she was the transportation for [REDACTED] and that she was working two jobs and could not take [REDACTED] that day.

[REDACTED] stated that her drug of choice was pain pills and that she did not use regularly. [REDACTED] stated that she was never an addict but that she would take a pill sometimes. She stated that even [REDACTED] new she did not need treatment but that she was ordered by the court to complete treatment. She stated that she even passed a hair follicle. [REDACTED] stated that she took a pain pill on Sunday and a few nerve pills from her aunt due to the death of her baby. She stated that she is having [REDACTED] keep [REDACTED] right now as she is very emotional and does not want [REDACTED] to feel her pain. [REDACTED] stated that she has a prescription for antibiotics due to the infection her placenta had. She stated that Dr. [REDACTED] told her that the infection would have caused her to deliver early. She stated that the placenta had torn and that it had a bad odor and that Dr. [REDACTED] stated it was as if the placenta was rotten. [REDACTED] stated that her last OB appointment she was told she had a urinary tract infection. [REDACTED] stated that she named the infant [REDACTED].

[REDACTED] submitted a urine drug screen and tested negative for all tested substances. CPSI observed the home to appear clean and appropriate with food, water, and electric. CPSI took photographs of [REDACTED] room.

Narrative Type: Addendum 1 Entry Date/Time: 01/29/2015 10:06 AM Entered By: [REDACTED]

In order to engage the family, this CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CM also provided the family with a brochure describing the Multiple Response Approach. This CPSI provided the family with a copy of the Parent's Bill of Rights, Client's Rights Handbook, Notification of Equal Access to Services Grievance Procedures, Notice of Privacy Practices, and Native American Veto Heritage on this date. CPSI obtained signed acknowledgements of such and copies have been placed in the file.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/03/2014 Contact Method: Attempted Face To Face
 Contact Time: 11:01 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 07/16/2014
 Completed date: 07/30/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview,Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/16/2014 04:24 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] and [REDACTED] Police Department Detective [REDACTED] arrived at [REDACTED] at 11:01AM on 07/03/2014. This is the residence of [REDACTED], her mother [REDACTED], and her brother [REDACTED]. Present at the home were [REDACTED] and [REDACTED]. [REDACTED] reported that [REDACTED] was out with her friend [REDACTED] in [REDACTED] looking at headstones for the infant that passed. [REDACTED] stated that she works at the nursing home behind [REDACTED] in [REDACTED]. [REDACTED] reported that she was at work the day she got the phone call that [REDACTED] had delivered the baby. [REDACTED] stated that she got a call from [REDACTED] saying that she had the baby and to come to the hospital. [REDACTED] stated that she was very tired and that she had gotten home from [REDACTED] a few hours prior. She stated that she did not ask [REDACTED] any questions and that she was in shock. [REDACTED] stated that [REDACTED] was at [REDACTED] mothers home, [REDACTED] at [REDACTED] TN. [REDACTED] stated that she went to [REDACTED] home and got [REDACTED] and called [REDACTED] the step mother to [REDACTED] and told her to come get [REDACTED] stated that she drove back to her residence with [REDACTED] and [REDACTED] met her there to get [REDACTED] stated that she still does not know where [REDACTED] gave birth and that it was not something that she had thought to ask. [REDACTED] reported that [REDACTED] had been seeing Dr. [REDACTED] at [REDACTED] Clinic for her prenatal visits. [REDACTED] reported that [REDACTED] claims to not be on drugs but [REDACTED] is not sure. [REDACTED] stated that she has never known [REDACTED] to have a drug problem but that [REDACTED] had completed drug classes that were ordered by the court during the custody battle over [REDACTED] stated that [REDACTED] claimed that [REDACTED] was the father of the infant but that she did not know for sure. [REDACTED] stated that [REDACTED] was "sent off" during the time that [REDACTED] got pregnant and that he believes the father is a guy named [REDACTED] stated that [REDACTED] is afraid of DCS and that [REDACTED] thinks that DCS wants to take [REDACTED] away from her. [REDACTED] stated that she thinks that [REDACTED] may be on drugs and is afraid of getting caught and that is why she is not making herself available for DCS. CPSI gave [REDACTED] CPSI's contact information and asked that [REDACTED] call CPSI when she returns home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/03/2014

Contact Method: Face To Face

Contact Time: 10:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 07/16/2014

Completed date: 07/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/16/2014 04:16 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] and [REDACTED] Police Department Detective [REDACTED] arrived at [REDACTED] [REDACTED] at 10:50AM on 07/03/2014. This address was also reported to be where [REDACTED] has stayed. [REDACTED] and her son [REDACTED] came out of the home upon arrival. [REDACTED] reported that the [REDACTED] family does not reside at this residence and that they had moved to [REDACTED]. [REDACTED] reported that the [REDACTED] family had left the house a mess and that the landlord and her worked to clean the home up. [REDACTED] reported concerns that the [REDACTED] family was using drugs but she had not witnessed this. CPSI thanked [REDACTED] for her time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/03/2014 Contact Method: Attempted Face To Face
 Contact Time: 10:43 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 07/16/2014
 Completed date: 07/30/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/16/2014 04:13 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] and [REDACTED] Police Department Detective [REDACTED] arrived at [REDACTED] at 10:43AM on 07/03/2014. This residence was reported to be that of [REDACTED], legal guardian to [REDACTED]. No one answered then Detective [REDACTED] knocked. CPSI observed various crushed soda and beer cans in the driveway and took a photograph.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/03/2014	Contact Method: Face To Face
Contact Time: 10:30 AM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 07/11/2014
Completed date: 07/30/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/11/2014 12:46 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] and [REDACTED] Police Department Detective [REDACTED] arrived at [REDACTED] [REDACTED] was present at the home. [REDACTED] reported that he resides in this home with his mother, [REDACTED] stated that he is the brother to [REDACTED] stated that [REDACTED] had spent the night at the residence and she woke up in the morning and he heard her screaming. [REDACTED] stated that [REDACTED] was in the bathroom and he walked near the bathroom and [REDACTED] said that she was hurting. [REDACTED] stated that [REDACTED] was present and walked through the kitchen. [REDACTED] stated that this was about 8:50 to 9:10 in the morning. He stated that [REDACTED] stood up and was holding the infant in her hands. [REDACTED] stated that he called 911. [REDACTED] stated that he, [REDACTED] and [REDACTED] were the only ones present that morning. [REDACTED] stated that his mom was not home and that [REDACTED] was at their grandmother's residence at [REDACTED]. He stated that the grandmother is [REDACTED]

[REDACTED] stated that he is not sure if [REDACTED] is the father of the baby. He stated that [REDACTED] was friend's with [REDACTED] brother, [REDACTED] stated that [REDACTED] was "sent off" when [REDACTED] got pregnant. He stated that [REDACTED] was sent off by his own request and that DCS had been involved. [REDACTED] stated that he had not talked to [REDACTED] since last night and is not sure where he is. He stated that [REDACTED] may know where [REDACTED] is and that [REDACTED] works at [REDACTED] stated that he saw [REDACTED] "maybe Wednesday or Thursday" after the funeral. He stated that [REDACTED] had come by last night.

[REDACTED] reported that [REDACTED] did not say anything the morning she delivered the infant at the residence He stated that she did not speak that she was in shock. He stated that he could hear the baby making noises and that is was alive. [REDACTED] stated that EMS had been at the home for 10-15 minutes then they left with the baby and [REDACTED]

CPSI walked through the home and observed the bathroom in which the birth would have occurred. Photographs were taken of this room as well as the bedroom [REDACTED] would have spent the night in. CPSI observed this home to appear cluttered with food and trash. It appeared as if the home had not been cleaned in some time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/03/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/11/2014
Completed date:	07/30/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/11/2014 12:44 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] mailed a letter via certified mail to [REDACTED] at [REDACTED], [REDACTED] asking [REDACTED] to contact CPSI.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method: Correspondence

Contact Time: 06:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 05:07 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) contacted the [REDACTED] County EMS and [REDACTED] Police Department to request copies of their reports regarding this incident. CPSI then faxed a request on letter head to these agencies.

[REDACTED] Police Department fax: [REDACTED]
 [REDACTED] County EMS fax: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/02/2014 Contact Method: Attempted Phone Call
 Contact Time: 05:35 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/02/2014
 Completed date: 07/30/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 05:25 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] attempted to reach [REDACTED] via phone on 07/02/2014 at 5:35PM on the number [REDACTED] reported this number to be her mother's. No one answered and CPSI left a message. CPSI then tried to reach [REDACTED] on the number in which [REDACTED] had previously called CPSI on which is [REDACTED] brother answered the phone and stated that [REDACTED] was not home. CPSI asked if their mother was home and he stated no. CPSI asked if the brother knew where [REDACTED] was or if there was another number to reach her and he responded no. CPSI stated that CPSI is supposed to meet with [REDACTED] tomorrow and asked if [REDACTED] would be home. Her brother stated that [REDACTED] and their mother were going to look at tombstones and there is a doctor appointment and that they would not be home. CPSI asked when the family was planning on leaving and he stated 8:00AM. CPSI asked that he have [REDACTED] or his mother call CPSI when either of them gets to the home today. He stated that he would.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/01/2014 Contact Method: Phone Call
 Contact Time: 04:19 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/02/2014
 Completed date: 07/30/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 05:20 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED] via phone on 07/01/2014 at 4:19PM. [REDACTED] had called CPSI and left a message that she had received the note on the house at [REDACTED]. CPSI stated that CPSI wanted to meet with [REDACTED] to discuss some concerns reported. [REDACTED] stated that was fine. CPSI and [REDACTED] discussed scheduling a visit on 07/03/2014. [REDACTED] stated that she had an appointment and could not do that date. CPSI asked when the appointment was and [REDACTED] stated in the afternoon. CPSI stated that the meeting could be in the morning and scheduled it for 9:00AM. [REDACTED] stated that would work.

[REDACTED] called CPSI back a few minutes later and stated that she may not be home at 9:00AM and that she resides with her mother and if her mother was not working that day then they would be going to [REDACTED] to look at tombstones for the baby that passed away. CPSI stated that was fine and suggested that the family meet with CPSI in the morning and then go to [REDACTED] after the meeting to look at tombstones and attend the appointment. [REDACTED] stated that she was not sure if that would work. CPSI asked about the appointment. [REDACTED] stated that she has an eye appointment at 2:50PM in [REDACTED]. CPSI stated that the visit would not last long enough to cause any issues with getting to [REDACTED] in time for the appointment. [REDACTED] asked that CPSI call Thursday morning to make sure that she was around.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/27/2014

Contact Method:

Contact Time: 02:57 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/27/2014

Completed date: 07/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/27/2014 02:04 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] scan emailed the medical records on the infant from [REDACTED] Medical Center to DCS nurse [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/27/2014 Contact Method:
 Contact Time: 01:45 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/27/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/27/2014 02:02 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] went to [REDACTED] Medical Center to pick up the medical records regarding the infant. CPSI obtained these records and was informed the birth certificate would not be ready until it had been sent to [REDACTED] and returned. CPSI observed the records to indicate that the infant arrived at the hospital at 9:44AM and was pronounced deceased at 10:25AM by [REDACTED] MD. CPSI has scanned these records into TFACTS documents.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/27/2014

Contact Method:

Contact Time: 11:50 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/27/2014

Completed date: 07/24/2014

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: 06/27/2014 11:06 AM Entered By: [REDACTED]

LI [REDACTED] staffed case with [REDACTED], We discussed status of case and that we are currently attempting to obtain pre-natal records, EMS records, LE report and hospital records. She advised if we have difficulties to contact [REDACTED]. She did not advise of any other action steps we needed to take.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/26/2014 Contact Method: Attempted Face To Face
 Contact Time: 03:14 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 06/26/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/26/2014 03:28 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] arrived at [REDACTED] on 06/26/2014 at 3:14PM. CPSI observed two vehicles in the driveway in front of the home. CPSI knocked and no one answered. CPSI did not hear any noise from inside the home. CPSI left a note requesting a phone call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/26/2014

Contact Method:

Contact Time: 03:02 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/26/2014

Completed date: 07/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 03:26 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] arrived at [REDACTED] Medical Center on 06/26/2014 at 3:02PM to collect medical records. CPSI was informed that the records are not ready as they have not all been signed off on. CPSI was asked to come back the following day (06/27/2014) and the records should be ready. CPSI was also informed that there is being a birth certificate created and that it will be going to [REDACTED] and will not be ready for a copy until [REDACTED] has returned it.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/26/2014 Contact Method: Attempted Face To Face
 Contact Time: 02:50 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/26/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 03:18 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] arrived at [REDACTED] on 06/26/2014 at 2:50PM. CPSI observed a white truck in the driveway with a flat tire. CPSI knocked on the door several times and no one answered. CPSI left a note requesting a phone call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/25/2014 Contact Method: Phone Call
 Contact Time: 05:39 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/30/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 08:01 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED] (step-mother to [REDACTED]) via phone on 06/25/2014 at 5:39PM. [REDACTED] stated that [REDACTED] is [REDACTED] grandmother and that [REDACTED] is [REDACTED] mother. [REDACTED] stated that [REDACTED] is a "junkie". [REDACTED] stated that [REDACTED] called her and [REDACTED] said that DCS called and asked about her being positive at [REDACTED] Community Hospital. [REDACTED] stated that [REDACTED] said she was only positive because [REDACTED] Medical Center had given her Oxycodone and Morphine after she had delivered the baby and arrived at their hospital.

[REDACTED] stated that she talked with [REDACTED] as [REDACTED] has a dry cleaning business in [REDACTED] and [REDACTED] takes her and [REDACTED] clothes there. She stated that [REDACTED] said that [REDACTED] called [REDACTED] from [REDACTED] Community Hospital and asked [REDACTED] to pick [REDACTED] up and that [REDACTED] would not do it. [REDACTED] stated that [REDACTED] cannot stand [REDACTED]

[REDACTED] stated that she looked back at her text messages and on June 17, 2014 [REDACTED] text and said she had gone to the doctor and that she was having a girl.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/25/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/17/2014

Completed date: 07/23/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/17/2014 04:42 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] presented this case to CPIT on this date. CPSI informed the team of the referral and that there has been no information gathered at this time as contact with the mother has not yet been made and CPSI has not obtained any medical records yet. CPSI explained that visits to various homes have been attempted to make contact with the family, but no contact has been made. CPSI will bring this case back next meeting.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/25/2014	Contact Method:	
Contact Time:	08:25 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/25/2014
Completed date:	07/24/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 06/25/2014 07:55 AM Entered By: [REDACTED]

LI [REDACTED] staffed with CPSI [REDACTED]. Due to LI being on leave, this was our first conversation. Infant was not initially included on the intake as it was believed to have been stillborn. CPSI [REDACTED] was involved regarding the sibling with allegation of drug exposed child. However, it was subsequently determined that infant was a live delivery. Child was alive at the scene, but died prior to being placed on [REDACTED]. Unsure at this time if infant died in route to the hospital or at the hospital. EMS contact has not returned calls. CPSI [REDACTED] has entered initial notes and date of death.

CPSI [REDACTED] staffed with IC [REDACTED] on Monday and a follow up call will be held this week.

CPSI [REDACTED] made contact with ACV [REDACTED] and step mother [REDACTED]. Funeral services were yesterday at [REDACTED] Funeral Home.

No autopsy was ordered.

Next Steps: Obtained all medical records, interviews with mother and reported child's father, [REDACTED] who is 17. The birth allegedly occurred at his residence. [REDACTED] lives with his family who will need to be interviewed. Mother had one prior screen out on older child and her medical records will need to be obtained. Mother, [REDACTED], lives with her mother and members of that household will need to be interviewed. Also, LE reports.

Notification of Child Fatality report needs completed today.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/24/2014 Contact Method:
 Contact Time: 05:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/26/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2014 01:18 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) received this intake, after the initial intake ([REDACTED]) was submitted. More information was found out regarding the infant and was added to this new intake and submitted to CPSI [REDACTED]

Reporter states:

The mother, [REDACTED] gave birth to a newborn female (name not known) on [REDACTED] at home. The mother has a one year old child named [REDACTED] who lives in the home with her. The mother also lives with her mother, [REDACTED] is the birth father of [REDACTED]. He has joint custody with Ms. [REDACTED]

Ms. [REDACTED] went to [REDACTED] Emergency Room yesterday morning [REDACTED] after delivering a 30 week newborn (female) at home. The family tried to perform CPR on the infant because she was not breathing at the time of birth. The infant was not revived. The infant did not take a breath. The infant died at birth on [REDACTED]. The [REDACTED] does not know what the cause of death was determined to be. It is not believed this was an intentional home birth.

The infant is already at the funeral home. It is unknown if there is going to be an autopsy performed on the infant. Ms. [REDACTED] was transferred to [REDACTED] Medical Center from [REDACTED] ER where she had to have an emergency surgery for a retained placenta.

Ms. [REDACTED] first prenatal visit was on June 17, 2014 which was the only prenatal visit she had this pregnancy. It is unknown why she only had one prenatal visit. At that visit, Ms. [REDACTED] tested positive for Oxycodone and Suboxone. Ms. [REDACTED] admitted the night before delivery that she took a Soma for leg cramps. Ms. [REDACTED] tested positive again after delivery for Oxycodone and Suboxone. Ms. [REDACTED] is Hepatitis-C positive. Ms. [REDACTED] one year old ([REDACTED]) was born with low birth weight. It is unknown if the one year old had any complications at birth.

Ms. [REDACTED] stated [REDACTED] was currently with [REDACTED] father [REDACTED]. Ms. [REDACTED] could not provide an address or contact number for Mr. [REDACTED]. Ms. [REDACTED] mentioned she does not know when she would be getting [REDACTED] next for her visitation.

Ms. [REDACTED] is scheduled to be discharged today. The referent is not requesting immediate assistance at this time but



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

would like to be contacted by the case worker for further instructions on whether or not Ms. [REDACTED] needs to be discharged at this time.

Special Needs or Disabilities: No

Child's current location/is the child safe at this time: With father (unknown)

Perpetrator's location at this time: [REDACTED] hospital

Any other safety concerns for the child(ren) or worker who may respond: No

Note: This referral was originally called in on [REDACTED] @ 10:17am. The original intake number is # [REDACTED] and is now open assigned # [REDACTED]. The open case does not include an allegation of Child Death for the unknown infant due to the original information indicating that this was a "stillborn death". . Per additional information provided by IC [REDACTED] on 6/23/14, a new intake has been created for the Child Death allegation. The new information is as follows: "Per Law Enforcement, EMS was able to get the infant breathing for a short period of time. The infant was then transferred from home to the Hospital. It is unknown exactly when the infant died, whether it was during the transport, or after the infant arrived at the Hospital." Due to this additional information, the infant's death is no longer considered a "stillborn death" and will be submitted to [REDACTED] County for Child Death Investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/24/2014 Contact Method: Phone Call
 Contact Time: 01:55 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/24/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/24/2014 01:27 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED] Social Worker at [REDACTED] Community Hospital on 06/24/2014 at 1:55PM. [REDACTED] stated that the mother was brought to the hospital on [REDACTED] in the morning. [REDACTED] stated that the mother was given some sedation and that she was taken to a sterile area and had her placenta removed and that it had been stuck. The mother left the hospital on 06/22/2014 at approximately 12:35PM against medical advice (AMA).



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/24/2014 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 06/30/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children ConcerningParticipant(s)Narrative Details

Narrative Type: Original Entry Date/Time: 06/30/2014 07:55 AM Entered By: [REDACTED]

Purpose of Contact: Initial ACV interview, Parent/Caretaker interview.

Date/Time of Contact: 06/24/2014 at 1:00PM

Demographics:

[REDACTED] (ACV) DOB: [REDACTED]
 [REDACTED] Not at home due to being in [REDACTED]
 [REDACTED] step-mother as of [REDACTED]

Content: Child Protective Services Investigator (CPSI) [REDACTED] made face to face contact with [REDACTED] and [REDACTED] (step-mother to [REDACTED] at their home ([REDACTED])). [REDACTED] stated that [REDACTED] (mother to [REDACTED] and the infant) had said that she had an infection in her placenta. [REDACTED] reported that the funeral for the infant was being done at [REDACTED] Funeral Home.

[REDACTED] stated that [REDACTED] got partial custody back of [REDACTED] in March and that it was late April or early May when [REDACTED] told [REDACTED] about the pregnancy. [REDACTED] stated that she and [REDACTED] used to be best friends and still get along well. [REDACTED] stated that the morning that the infant was born at home, [REDACTED] mother, [REDACTED] called [REDACTED] and said that [REDACTED] had given birth at home and that [REDACTED] needed to come get [REDACTED] [REDACTED] stated that she picked [REDACTED] up at [REDACTED] home ([REDACTED]). [REDACTED] stated that she went to the hospital and took [REDACTED] with her to check on [REDACTED] and the baby. [REDACTED] stated that the doctors would not let anyone back except for [REDACTED] and [REDACTED] [REDACTED] stated that her sister works at the hospital ([REDACTED]) and that she held [REDACTED] while [REDACTED] tried to see what was going on with [REDACTED] and the baby. [REDACTED] stated that [REDACTED] cousin ([REDACTED]) was at the hospital and said that the doctors could not get [REDACTED] and the baby stable enough to fly to [REDACTED] Medical Center. [REDACTED] stated that she and [REDACTED] left the hospital and went home. She stated that [REDACTED] called later and was crying and asked about [REDACTED] [REDACTED] stated that when she was at [REDACTED] residence picking up [REDACTED] brother ([REDACTED]) said that if something happened to the baby that it would be all on [REDACTED] and that [REDACTED] had gone to the doctor that this would not have happened.

[REDACTED] stated that [REDACTED] called yesterday and said that she was getting "fixed" as in her tubes tied. [REDACTED] stated



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

that she does not know if that actually occurred or not. [REDACTED] stated that [REDACTED] said she got out of the hospital on Sunday and that she had gotten the baby a dress for the funeral and picked a burial plot. [REDACTED] stated that [REDACTED] asked that [REDACTED] bring [REDACTED] to the funeral and [REDACTED] told [REDACTED] that it was not appropriate for [REDACTED] to be around all these people being upset and crying.

CPSI could not interview [REDACTED] as she is too young. CPSI observed [REDACTED] to appear clean and well cared for. CPSI observed [REDACTED] snacking on some puffs.

This CPSI along with the family identified the family's strengths: [REDACTED] is healthy and has her needs met at her father's home.

Also identified were the following needs or concerns: [REDACTED] had an infant that passed away.

Permanence: [REDACTED] resides part time at her father's home and part time at her mother's home.

Wellbeing: [REDACTED] has her well-being needs met with her family. [REDACTED] is too young to be offered counseling for the death of her sibling.

At this time, the family feels they are able to address all safety/permanence/well-being needs at this time.

Observation: CPSI walked through the home and observed [REDACTED] bedroom to have a crib, toys, clothes, dresser, television, and other items. [REDACTED] showed CPSI toys she has while looking at her room. CPSI observed working utilities in the home. No safety hazards were observed.

Plan: CPSI will make contact with [REDACTED] for an interview and drug screen.

Juvenile Court is notified of all cases on a monthly basis in accordance with local protocol. At the conclusion of the case, a 740 is submitted to the supervisor for review and signature, and then submitted to Juvenile Court on a monthly basis in accordance with local protocol.

For all Severe Abuse, CPIT Team (the DA and CAC) is notified on this date via via fax and email per local protocol.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/24/2014

Contact Method: Correspondence

Contact Time: 11:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 07/23/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 11:12 AM Entered By: [REDACTED]

CPIT was convened on 06/24/2014.

[REDACTED] and [REDACTED] with the DA's office was notified on 06/24/2014 via email. Detective [REDACTED] was notified on 06/23/2014 via phone.

Juvenile Court will be notified via monthly report of assigned cases per local protocol by [REDACTED], Team Leader of [REDACTED] County CPS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/24/2014

Contact Method: Correspondence

Contact Time: 11:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/23/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 04:39 PM Entered By: [REDACTED]

CPIT was convened on 06/24/2014.

[REDACTED] and [REDACTED] with the DA's office was notified on 06/24/2014 via email. Detective [REDACTED] was notified on 06/23/2014 via phone.

Juvenile Court will be notified via monthly report of assigned cases per local protocol by [REDACTED], Team Leader of [REDACTED] County CPS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/23/2014 Contact Method: Phone Call
 Contact Time: 06:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/29/2015
 Completed date: 01/29/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Referent Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/29/2015 10:10 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] spoke with the referent via phone. The referent had no further information to add to the report made. The referent declined the letter of notification.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/23/2014 Contact Method: Phone Call
 Contact Time: 05:19 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/24/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/24/2014 10:52 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED], girlfriend to [REDACTED] and caretaker for [REDACTED], on 06/23/2014 at 5:19PM. [REDACTED] number is [REDACTED] CPSI and [REDACTED] arranged for CPSI to see [REDACTED] at their [REDACTED] on 06/24/2014 at 1:00PM.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/23/2014 Contact Method: Phone Call
 Contact Time: 05:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/24/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 10:46 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED] Police Department Officer [REDACTED] [REDACTED] on 06/23/2014 at 5:00PM. Officer [REDACTED] stated that when he arrived at the home, the mother had already given birth to the child. Officer [REDACTED] stated that the baby was breathing and that the EMT stated that the baby's airway was clogged. He stated that the EMT put a tube down the baby's throat and called [REDACTED]. Officer [REDACTED] stated that the father appeared upset, scared, and worried. He stated that the mother appeared the same and that she was taken out on a stretcher to the hospital. Officer [REDACTED] stated that the mother gave birth in the bathroom. Officer [REDACTED] stated that the mother said she had stomach pains and that she tried to get the bathroom and that she felt like she might get sick and throw up. He stated that the mother said she sat there for a little while and then yelled for the father as she was giving birth. Officer [REDACTED] stated that the baby was a girl. He stated that his report only says that the baby was transported by EMS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/23/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 04:37 PM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] staffed this case with Investigative Coordinator (IC) [REDACTED] CPSI and IC discussed getting the date of death entered for the infant and establishing the infant as Unknown Female [REDACTED] until a name was determined, if a name was given for the infant. Tasks per policy were also discussed.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/23/2014	Contact Method: Phone Call
Contact Time: 04:50 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/24/2014
Completed date: 07/23/2014	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/24/2014 10:45 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED] Police Department Officer [REDACTED] ([REDACTED]) on 06/23/2014 at 4:50PM. Officer [REDACTED] stated that he and Officer [REDACTED] responded to the home. Officer [REDACTED] reported that EMS had the baby breathing and that it was trying to breathe on it's own. He stated that as long as the baby was being stimulated, it was breathing. Officer [REDACTED] stated that he witnessed the baby breathing. He stated that when he first arrived, the mother was holding the baby and it was lifeless. Officer [REDACTED] stated that the people in the home are known for drugs and being on the needle. He stated that he heard the mother gave birth in the toilet. Officer [REDACTED] stated that when the baby was leaving, EMS had the baby and had called for [REDACTED] to take the baby to [REDACTED] Medical Center.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/23/2014

Contact Method: Phone Call

Contact Time: 03:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2014

Completed date: 07/23/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 10:50 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] spoke with [REDACTED], father to [REDACTED] on 06/23/2014 at 3:10PM. [REDACTED] reported that he is concerned about letting [REDACTED] go back to the mother [REDACTED], on Friday. [REDACTED] stated that if [REDACTED] did anything to her baby that caused it harm, he does not want [REDACTED] to be around [REDACTED]. CPSI stated that a visit needed to be conducted with [REDACTED] stated that he is in [REDACTED] working and that his girlfriend, [REDACTED], has [REDACTED] stated that [REDACTED] phone number is [REDACTED] and that CPSI can contact [REDACTED] to arrange a visit at the home with [REDACTED] stated that [REDACTED] is his attorney with the custody battle with [REDACTED]. He stated that [REDACTED] could vouch that he is a good person. [REDACTED] also stated that CPSI could speak with his landlord, [REDACTED], and that [REDACTED] could vouch that he is a good person.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/23/2014 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/24/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/24/2014 10:44 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] researched history on this family and found that there was one prior screen out on 03/01/2013 with [REDACTED] as the alleged child victim and [REDACTED] as the alleged perpetrator. The allegations were drug exposed infant. This referral was screened out as it were determined to be prenatal abuse.

The reporter states that [REDACTED] was born to [REDACTED] on [REDACTED] [REDACTED] has a history of marijuana use, and has positive drug screens from August 2012, September 2012, and December 2012. [REDACTED] and [REDACTED] were both negative at admission. A meconium is going to be sent out. [REDACTED] has reported that she is prepared for [REDACTED]. The baby was born full term. The baby does not have any issues at this time. The reporter believes that the mother and baby will be released tomorrow. The reporter would like for someone to contact the hospital before they are released.



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

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/23/2014	Contact Method:	Attempted Phone Call
Contact Time:	01:48 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/24/2014
Completed date:	07/23/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/24/2014 10:43 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] contacted [REDACTED] Chief of Police, [REDACTED] on 06/23/2014 at 1:48PM. No one answered and CPSI could not leave a message as the voicemail was full.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/23/2014	Contact Method:	Phone Call
Contact Time:	01:41 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/24/2014
Completed date:	07/23/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/24/2014 10:42 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] contacted the [REDACTED] Police Department ([REDACTED]) on 06/23/2014 at 1:41PM to see what officer responded to the call at [REDACTED] on this case. CPSI was informed that it was Officer [REDACTED] and that Officer [REDACTED] was not in right now and may be in about 6:15PM if he works tonight. CPSI was forwarded to Officer [REDACTED] voicemail.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/23/2014 Contact Method: Phone Call
 Contact Time: 01:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/24/2014
 Completed date: 07/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/24/2014 10:40 AM Entered By: [REDACTED]

Child Protective Services Investigator (CPSI) [REDACTED] contacted the [REDACTED] County EMS ([REDACTED]) on 06/23/2014 at 1:00PM. CPSI was informed that EMS was called on [REDACTED] at 9:14AM and dispatched an ambulance at 9:15PM.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 07/17/2014
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

07/17/2014 - _____ - FFA - Family - A referral was submitted to CPS due to allegations of drug exposed child. _____ delivered a female infant at a residence that was reported to have been a stillborn. The referral was submitted as drug exposed infant in regards to _____ daughter _____. It was later determined that the infant had been born alive and breathing and the referral was resubmitted with the allegations of neglect death.

B. Family Story:

07/17/2014 - _____ - FFA - Family - _____ stated that she woke up and had to pee and that she was not sure what time this was. She stated that she felt like she had to have a bowel movement and went to the bathroom. _____ stated that she pushed about two times and could feel the baby coming out. She stated that she reached down under her and grabbed the baby. _____ stated that she sat on the toilet and held the infant. She stated that she was screaming and that _____ called for an ambulance. _____ stated that it happened so fast she could not say how long it was between the delivery and the 911 call and the time it took EMS to arrive. _____ stated that this occurred at _____ home and that she is not sure of the address. _____ stated that she, _____ and _____ were present at the home. She stated that she was not sure what _____ was doing. _____ stated that EMS kept asking her if she was ok and they cut the umbilical cord and put her in the ambulance. _____ stated that she was not sure but she thought she was in one ambulance and the baby was in another ambulance.

_____ stated that _____ was called but the EMS workers told her the baby was not stable enough for transport. She stated that Dr. _____ told her that the baby was born "in a window where she would not live". _____ stated that it was described to her that if the baby had been born a week prior or a week later that it would have lived. _____ stated that when she arrived at _____ Medical Center that she was not in a room with the infant. She stated that she cannot remember if she was given any updates about the infant while she was there. She stated that she just remembers that they told her the baby did not make it. _____ stated that _____ was at her _____ house with her brother. She stated that she has _____ for 7 days and the father, _____, has her for 7 days. _____ stated that she lets _____ go see the _____ during her week. _____ stated that her brother _____ was at their _____ house with _____

_____ stated that she went to rehab from October 2013 to March 2014. She stated that it was a program through _____ with _____. _____ stated that it was outpatient treatment and that she completed the program but did not attend the graduation. She stated that she had problems with transportation on graduation day. _____ stated that she was the transportation for _____ and that she was working two jobs and could not take _____ that day.

_____ stated that her drug of choice was pain pills and that she did not use regularly. _____ stated that she was never an addict but that she would take a pill sometimes. She stated that even _____ knew she did not need treatment but that she was ordered by the court to complete treatment. She stated that she even passed a hair follicle. _____ stated that she took a pain pill on Sunday and a few nerve pills from her aunt due to the death of her baby. She stated that she is having _____ keep _____ right now as she is very emotional and does not want _____ to feel her pain. _____ stated that she has a prescription for antibiotics due to the infection her placenta had. She stated that Dr. _____ told her that the infection would have caused her to deliver early. She stated that the placenta had torn and that it had a bad odor and that Dr. _____ stated it was as if the placenta was rotten. _____ stated that her last OB appointment she was told she had a urinary tract infection. _____ stated that she named the infant _____.

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

07/17/2014 - [REDACTED] - FFA - Family - [REDACTED] has family support as she resides with her mother, [REDACTED] and her brother [REDACTED] has a stable residence with her family. There is no prior history with [REDACTED] child, [REDACTED]

B. Family Significant Needs/Risks/Concerns:

07/17/2014 - [REDACTED] - FFA - Family - [REDACTED] admits to a prior history with drug usage. [REDACTED] did not have regular prenatal care.

III. Person Information:

A. Children:

07/17/2014 [REDACTED] - FFA - Family - [REDACTED] is the daughter of [REDACTED] and [REDACTED] [REDACTED] had obtained full custody of [REDACTED] as he had concerns that [REDACTED] was using drugs. [REDACTED] completed IOP classes and passed a hair follicle and was given 50/50 custody of [REDACTED] [REDACTED] spends one week with her mother and one week with her father.

B. Adults:

07/17/2014 [REDACTED] - FAST - [REDACTED] has been in IOP for A&D issues previously. She has been recommended for another A&D assessment. [REDACTED] also has expressed depression issues since the death of her infant and she has been recommended to contact a mental health agency for grief counseling.

07/17/2014 [REDACTED] - FFA - Family - [REDACTED] is the mother to [REDACTED] and [REDACTED]. [REDACTED] resides with her mother in [REDACTED] TN. [REDACTED] is unemployed.

[REDACTED] is the father of [REDACTED] works out of town and is in the reserves through the military. [REDACTED] is married to [REDACTED] and they reside in [REDACTED] TN.

[REDACTED] is the alleged father of [REDACTED] is 17 and is in the custody of his grandmother.

C. Family Together History:

07/17/2014 [REDACTED] - FAST - [REDACTED] and [REDACTED] have shared custody of [REDACTED] Both homes appear appropriate and both are stable residences.

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID		Decision Date / Time		Intake Type	Investigation ID/ Assessment ID
[REDACTED]		[REDACTED]		CPS	[REDACTED]
[REDACTED]		[REDACTED]		CPS	[REDACTED]
Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info

IV. Assessment of Safety:

06/30/2014 [REDACTED] - Safety - [REDACTED] -

06/30/2014 [REDACTED] - Safety - [REDACTED] -

08/18/2014 - [REDACTED] - Safety - [REDACTED] -

V. Assessment of Well Being:

VI. Assessment of Permanence:

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
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Worker's Signature

Date

Supervisor's Signature

Date



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: 6/23/14 4:26 PM Date of Assessment: 6/23/14 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

- | Yes | No | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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): |
| | | <input type="checkbox"/> Serious injury or abuse to child other than accidental. |
| | | <input type="checkbox"/> Death of a child due to abuse or neglect. |
| | | <input type="checkbox"/> Care taker fears that s/he will maltreat the child. |
| | | <input type="checkbox"/> Threat to cause harm or retaliate against the child. |
| | | <input type="checkbox"/> Excessive discipline or physical force. |
| | | <input type="checkbox"/> Drug-affected infant/child. |
| | | <input type="checkbox"/> Methamphetamine lab exposure. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. The family refuses access to the child, or there is reason to believe that the family is about to flee. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child. |



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



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: 6/22/14 10:18 AM Date of Assessment: 6/24/14 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____