



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: [REDACTED] 01:08 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 2
 Screened By: [REDACTED]
 Date Screened: [REDACTED]

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 08/12/2014 12:31 PM
 First Team Leader Assigned: [REDACTED] Date/Time 08/12/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 08/12/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
Unknown Participant [REDACTED] Unknown	1 Yr 11 Mos	Drug Exposed Infant	Yes	[REDACTED]	Birth Mother

Preliminary Near Death: Unknown Participant [REDACTED] Unknown

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: The child is not in state custody.

TFACTS: Yes

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody Case: [REDACTED] [REDACTED], dates: 1/13/2011-9/30/2011

Open CPS - No

Substantiated 8/21/2011/[REDACTED]/ ABN/[REDACTED] (Victim: [REDACTED])



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

Death No

Screened out No

History (not listed above): Yes (History below is for the mother as a juvenile victim).

9/7/2006/[REDACTED] / LOS/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated
 10/31/2006/[REDACTED] / PHA/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated
 9/7/2006/[REDACTED] / LOS/ SRP/ ENN/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated
 2/2/2007/[REDACTED] / SRP/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated
 9/7/2006/[REDACTED] / SEE/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated
 12/17/2010/[REDACTED] / LOS/ No Services Needed

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: No

Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

The infant (Unknown name) was born today [REDACTED]. The mother is [REDACTED] and the father is [REDACTED]. The address provided is where the mother stated she receives her mail. It is unclear how much the mother actually resides at the home. The address provided is the address for [REDACTED] and his family.

On [REDACTED], the mother was admitted to [REDACTED]. The mother was provided a urine drug screen and she was positive for marijuana and benzodiazepines. The mother said she was taking Marinol (synthetic marijuana pill). The mother said she did not know how the benzodiazepine got in her system. It is not believed the mother is prescribed the Marinol.

The mother had no prenatal care. It is unknown why the mother did not have prenatal care. The mother said, "I've just not seen anybody yet."

On [REDACTED], the infant weighed 1 pound 8 ounces and was born at approximately 25 weeks gestation. The infant male was born through an emergency c-section due to a cord prolapse (cord dropped too soon) and premature rupture of membranes (water broke).

The infant male is currently in the neonatal intensive care unit (NICU). The infant male's cord stat has been sent off for testing. The results are not in at this time for the infant's drug screen. He is currently on a ventilator. He is not breathing at all on his own. It is too early to know if the infant is experiencing any withdrawal symptoms. He is sedated at this time to conserve his energy and keep him from burning calories and/or losing weight.

At this time it is unknown if the infant will survive due to his prematurity. Premature babies are very susceptible to infection and they are very fragile. Their guts and lungs could rupture at any time and the brain can have bleeds.

The mother has no supplies to care for the infant male. The mother is not sure if she is going to give the baby up for adoption if the baby survives. The mother wanted to talk to the father again. The father was asleep in the room at the time the reporter spoke with the mother. The mother said she would decide on whether or not they will put the baby up for adoption by 11:00pm tonight. The 11:00pm deadline is due to needing to know what to put on the birth certificate by then.



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

The mother has been given information on adoption services and the Department of Children's Services. The mother was in state's custody as a child and the mother said she does not want her child to go through DCS. The mother was made aware that the Department of Children's Services would be contacted because of the mother's positive drug screen.

The mother appears to be healthy. It is believed the mother may be discharged on Thursday, [REDACTED]. The infant male will be in the hospital for at least three to four months if he survives. The hospital is requesting assistance prior to the mother's discharge.

Per SDM: Investigative Track, P1 (severe [REDACTED] has been notified via email. This is due to the infant's prematurity and the fragile condition of the infant, plus the mother's positive urine drug screen at time of admission for delivery. [REDACTED] on [REDACTED] at 1:46 PM

Recon by [REDACTED] on [REDACTED] at 3:09 P.M.

Per conversation with [REDACTED], please consider lowering response priority to P2. Per the referent, the child will remain hospitalized for 3-4 months if he survives as he was born at 25 weeks gestation. The mother is not scheduled to discharge until Thursday [REDACTED] and the hospital is approximately 1.5 hours away from [REDACTED].

The parents have only provided an address where they plan to go if they decide to keep the baby but, per [REDACTED] Dispatch, Google Earth, MapQuest and White Pages, the address they've provided does not exist. There is a question as to whether the parents reside in [REDACTED] at all. The extra time will allow for a courtesy interview to be requested and for the actual address of the family to be obtained.

Priority lowered to P2 [REDACTED] CM 3 on 8-11-14 at 3:11 P.M.

*After reviewing the narrative it was decided to label the referral as a preliminary near death.

Email notification sent to [REDACTED] and the [REDACTED] email notification group.



**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: [REDACTED] **Race:** [REDACTED] **Age:** 22 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

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: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 26 Yrs

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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yr 11 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: mother

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]
 Referral Date: [REDACTED]
 Street Address: [REDACTED]
 City/State/Zip: [REDACTED]

Investigation ID: [REDACTED]
 Assignment Date: 08/22/2014

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN		CSEM	
1	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			09/08/2014
2	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
		[REDACTED]			[REDACTED]			08/05/2015

Preliminary Near Death: [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Case to be closed as Allegation Unsubstantiated Perpetrator Unsubstantiated for Drug Exposed Infant and Abuse Death.

D. Case Workers

Case Worker: [REDACTED] Date: 08/05/2015
 Team Leader: [REDACTED] Date: 08/05/2015

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:

I met with the NICU nurse caring for [REDACTED] and the physician, [REDACTED]. The nurse advised the infant weighed 680 grams and he was doing poorly as she thought he might have had a brain bleed in the night. The baby was blue and the nurse reported he was bruised from being pushed back up into the birth canal because of the umbilical cord and an emergency caesarian section was done. The infant was receiving blood and platelets. The UDS of the mother was positive for THC and benzodiazepines. It was reported the mother had used marijuana for nausea as she was very frail and reported she could not eat. The mother was reported to have received pre-natal care at a [REDACTED] in [REDACTED]. The nurse advised the prognosis for the infant was poor.



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]

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

[REDACTED] passed away at 3am on [REDACTED]

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

Upon arrival at room 35E, [REDACTED] was in the room alone. I informed [REDACTED] I was from Child Protective Services and I was here as a courtesy to [REDACTED]. [REDACTED] was asked if she felt like talking for a minute and she said she did. I cleared a seat and sat down and advised [REDACTED] I had seen the baby and let her talk. [REDACTED] was advised I had some questions I needed specifically to ask her and the first one was where they had been living? [REDACTED] advised they had been living in [REDACTED] with a friend names [REDACTED] at [REDACTED] in [REDACTED]. [REDACTED] advised they had come up to visit [REDACTED], the best friend of [REDACTED]. [REDACTED] said she thought she was 15 weeks pregnant and she advised them when she presented at the hospital she thought she was having a miscarriage. [REDACTED] said she was told they would do an ultrasound and see how far along she was. [REDACTED] said they told her 24 weeks and the baby was trying to come out and nurse was up over her holding the baby in as there was an issue with the cord and they rushed her to surgery to operate on her. [REDACTED] showed this CSPI her incision and the staples. [REDACTED] said they told her drug screen was positive for marijuana and Xanax. [REDACTED] said she was very nauseous and could not hold anything down when she first found out she was pregnant. [REDACTED] said she did not like to smoke but her friend had terminal cancer and gave her marinol which helped her nausea. [REDACTED] said she did not know where the other had come from. [REDACTED] was asked if she had taken anything anybody had given her and she said a muscle relaxer and she was advised perhaps that had benzo in it. [REDACTED] said they were completing the birth certificate but they had not decided if they were going to keep the baby. [REDACTED] advised the father of [REDACTED] was coming to the hospital to visit and they were going to ask him if they could stay with him. [REDACTED] advised her mother lives in [REDACTED] and [REDACTED] mother also lives in [REDACTED]. [REDACTED] said the parents and grandparents were supposed to be coming to visit also perhaps this weekend. [REDACTED] advised the planned to return to [REDACTED] and live. They plan to reside with [REDACTED], the paternal grandfather. His address is [REDACTED]. His phone number is [REDACTED]. The parents provided their phone number as [REDACTED]. [REDACTED] said they did not really have a way to care for the infant and that is why they were looking at adoption. [REDACTED] was advised I was here to support her in whatever decision they made. [REDACTED] was advised we needed to complete some paperwork if she felt like it and she said she did. [REDACTED] was out of the room smoking and [REDACTED] texted him to come back. We had begun discussing the paperwork and [REDACTED] advised she had been in foster care. [REDACTED] advised she had been in some foster homes and also group homes. As I began to talk about the paperwork, [REDACTED] said she knew what a Native American Heritage Veto Verification was and she was advised she was the first person I had met who knew that information. We completed the genogram and [REDACTED] came back to the room while we were talking and he was able to fill in some blanks and supply the house number for his father. [REDACTED] was advised who I was and that I was here as a courtesy for my co-workers in [REDACTED]. [REDACTED] was friendly and open. [REDACTED] was advised I was sorry to bother them but I was here as a support person for them and if they needed anything I would be glad to help them. [REDACTED] had a plate of fruit and [REDACTED] was asked if he needed a voucher for food from the cafeteria and he said he did. [REDACTED] was advised I would let the social worker know that. [REDACTED] were advised I would likely be visiting them while they were in [REDACTED] and it was nice to meet them but so sorry it was under these circumstances. [REDACTED] were given a card and asked to call me when they could and tell me how they were and how the baby was doing.

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

Reporter states:

The child is not in state custody.



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]

The infant (Unknown name) was born today, [REDACTED]. The mother is [REDACTED] and the father is [REDACTED]. The address provided is where the mother stated she receives her mail. It is unclear how much the mother actually resides at the home. The address provided is the address for [REDACTED] and his family.

On [REDACTED], the mother was admitted to [REDACTED]. The mother was provided a urine drug screen and she was positive for marijuana and benzodiazepines. The mother said she was taking Marinol (synthetic marijuana pill). The mother said she did not know how the benzodiazepine got in her system. It is not believed the mother is prescribed the Marinol.

The mother had no prenatal care. It is unknown why the mother did not have prenatal care. The mother said, "I've just not seen anybody yet."

On [REDACTED], the infant weighed 1 pound 8 ounces and was born at approximately 25 weeks gestation. The infant male was born through an emergency c-section due to a cord prolapse (cord dropped too soon) and premature rupture of membranes (water broke).

The infant male is currently in the neonatal intensive care unit (NICU). The infant male's cord stat has been sent off for testing. The results are not in at this time for the infant's drug screen. He is currently on a ventilator. He is not breathing at all on his own. It is too early to know if the infant is experiencing any withdrawal symptoms. He is sedated at this time to conserve his energy and keep him from burning calories and/or losing weight.

At this time it is unknown if the infant will survive due to his prematurity. Premature babies are very susceptible to infection and they are very fragile. Their guts and lungs could rupture at any time and the brain can have bleeds.

The mother has no supplies to care for the infant male. The mother is not sure if she is going to give the baby up for adoption if the baby survives. The mother wanted to talk to the father again. The father was asleep in the room at the time the reporter spoke with the mother. The mother said she would decide on whether or not they will put the baby up for adoption by 11:00pm tonight. The 11:00pm deadline is due to needing to know what to put on the birth certificate by then.

The mother has been given information on adoption services and the Department of Children's Services. The mother was in state's custody as a child and the mother said she does not want her child to go through DCS. The mother was made aware that the Department of Children's Services would be contacted because of the mother's positive drug screen.

The mother appears to be healthy. It is believed the mother may be discharged on [REDACTED]. The infant male will be in the hospital for at least three to four months if he survives. The hospital is requesting assistance prior to the mother's discharge.

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

740 to be sent to the Juvenile Court and appropriate designees per local protocol. Case to be filed under name of mother, [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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/05/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/05/2015
Completed date:	08/05/2015	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: 08/05/2015 12:27 PM Entered By: [REDACTED]
 [REDACTED] reviewed this case and approving for closure as AUPU. The Classification summary will be forwarded to the Juvenile Court. The case will be filed under the caregiver [REDACTED].

Date of Referral: [REDACTED]
 Initial Notification to Juvenile Court: 8/13/14
 Notification to DA: 8/13/14
 Law Enforcement Notification: 8/13/14
 CAC Notification: 8/13/14
 SDM Safety Assessment: 8/12/14
 FAST: n/a
 CS-0740 Sent to [REDACTED] Juvenile Court: 8/5/15
 Case Closure Date: 8/5/15
 CPIT Date: 11/19/14



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	08/24/2015
Completed date:	08/24/2015	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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/30/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 08/24/2015

Completed date: 08/24/2015

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: 08/24/2015 11:17 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 07/22/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/22/2015

Completed date: 08/05/2015

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: 07/22/2015 03:10 PM Entered By: [REDACTED]

Case Summary

The State of Tennessee Child Protective Services received a referral for Drug Exposed Infant on [REDACTED]. There was previous TFACTS history on [REDACTED] as a juvenile. [REDACTED] was placed in Department of Children's Services custody from 01-13-2011 to 09-30-2011. There is no previous TFACTS history on the father, [REDACTED].

[REDACTED] was born on [REDACTED] at [REDACTED]. [REDACTED] weighed one pound and eight ounces and was born at approximately 25 weeks gestation. [REDACTED] was delivered by emergency caesarian section due to cord prolapse and premature rupture of membranes. [REDACTED] was placed on a ventilator. Upon admission to the hospital, [REDACTED] tested positive for THC and benzodiazepines.

The cord stat of [REDACTED] was negative for all substances.

Due to the infant being born in [REDACTED] and the parents being residents of [REDACTED] the referral was referred to [REDACTED] for a courtesy visit. The case was then transferred to [REDACTED] when the infant expired on [REDACTED]. The investigation was completed by [REDACTED].

The infant expired due to complications from premature birth on [REDACTED].

[REDACTED] met response on the case and was assigned the case in [REDACTED].

The death was attributed to premature birth. Case was classified 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]

The parents were interviewed when the infant was born. The parents were not interviewed again after the child's death as they were unavailable and left town to return to [REDACTED] to plan the funeral.

Policy**Policy 20.27 Child Death/Near-Death Rapid Response**

Child death is defined as:

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretaker as to stop another persons direct action that resulted in the death of the child.

This case was presented at the Child Protective Investigative Team in [REDACTED] [REDACTED] on 08-20-2014 for the allegation of Drug Exposed Infant. The cord stat of [REDACTED] was negative. The case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. This case was presented at the Child Protective Investigative Team in [REDACTED] [REDACTED] on 11-19-2014 for the allegation of Abuse Death. Due to the fact the infant expired due to prematurity the case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated.

[REDACTED] were visited by Child Protective Services at [REDACTED] [REDACTED] following the fatality in the [REDACTED]. The family did not answer the door. The family left town shortly after the fatality and returned to [REDACTED] to plan the infants burial.

[REDACTED] were grief stricken and advised they needed to sleep prior to their leaving to travel back to [REDACTED]. There was no preponderance of evidence to substantiate the allegation of abuse death.

This case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Abuse Death.

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretaker as to stop another persons direct action that resulted in the death of the child.

This case was presented at the Child Protective Investigative Team in [REDACTED] [REDACTED] on 08-20-2014 for the allegation of Drug Exposed Infant. The cord stat of [REDACTED] was negative. The case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. This case was presented at the Child Protective Investigative Team in [REDACTED] [REDACTED] on 11-19-2014 for the allegation of Abuse Death. Due to the fact the infant expired due to prematurity the case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated.

[REDACTED] were visited by Child Protective Services at [REDACTED] [REDACTED] following the fatality in the [REDACTED]. The family did not answer the door. The family left town shortly after the fatality and returned to [REDACTED] to plan the infant's burial.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] were grief stricken and advised they needed to sleep prior to their leaving to travel back to [REDACTED]. There was no preponderance of evidence to substantiate the allegation of abuse death.

This case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Abuse Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/16/2015

Contact Method:

Contact Time: 01:35 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/16/2015

Completed date: 06/16/2015

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: 06/16/2015 12:35 PM Entered By: [REDACTED]

[REDACTED] is reviewing this case as it remains overdue. The child death case summary was prepared by [REDACTED]. The case is in the review process prior to closure. Case will remain open pending further review prior to case closure. All investigative tasks have been completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/11/2015

Contact Method:

Contact Time: 01:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/11/2015

Completed date: 05/11/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/11/2015 12:46 PM Entered By: [REDACTED]

[REDACTED] reviewed this case as it remains overdue. The autopsy was received and the case was classified as AUPU. Case was presented to CPIT. The case is on the RID review list for approval for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2015

Contact Method:

Contact Time: 11:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/26/2015

Completed date: 02/26/2015

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: 02/26/2015 10:24 AM Entered By: [REDACTED]

[REDACTED] reviewed this case as it remains overdue. The autopsy was received and the case was classified as AUPU. The case was presented to CPIT with no further recommendations. The parents left the area shortly after the infant's death and contact has not been made with them since that time. The case will be placed on the RID review list prior to case closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 02/13/2015 Contact Method:
 Contact Time: 12:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/13/2015
 Completed date: 02/13/2015 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: 02/13/2015 11:58 AM Entered By: [REDACTED]

The State of Tennessee Child Protective Services received a referral for Drug Exposed Infant on [REDACTED]. There was previous TFACTS history on [REDACTED] as a juvenile. [REDACTED] was placed in Department of Children's Services custody from 01-13-2011 to 09-30-2011. There is no previous TFACTS history on the father, [REDACTED]. [REDACTED] was born on [REDACTED] at [REDACTED]. [REDACTED] weighed one pound and eight ounces and was born at approximately 25 weeks gestation. [REDACTED] was delivered by emergency caesarian section due to cord prolapse and premature rupture of membranes. [REDACTED] was placed on a ventilator. Upon admission to the hospital, [REDACTED] tested positive for THC and benzodiazepines. The cord stat of [REDACTED] was negative for all substances. Due to the infant being born in [REDACTED] and the parents being residents of [REDACTED] the referral was referred to [REDACTED] for a courtesy visit. The case was then transferred to [REDACTED] when the infant expired on 08-22-2014. The investigation was completed by [REDACTED].

The infant expired due to complications from premature birth.

Child death is defined as:

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report. Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse. Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child.

This case was presented at the Child Protective Investigative Team in [REDACTED] on 08-20-2014 for the allegation of Drug Exposed Infant. The cord stat of [REDACTED] was negative. The case was classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. This case was presented at the Child Protective Investigative Team in [REDACTED] on 11-19-2014 for the allegation of Abuse Death. Due to the fact the infant expired due to prematurity the case was classified as Allegation Unsubstantiated Perpetrator



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Unsubstantiated.

[REDACTED] were visited by Child Protective Services at [REDACTED] [REDACTED] following the fatality in the [REDACTED]. The family did not answer the door. The family left town shortly after the fatality and returned to [REDACTED] to plan the infants burial.

[REDACTED] were grief stricken and advised they needed to sleep prior to their leaving to travel back to [REDACTED]. There was no preponderance of evidence to substantiate the allegation of abuse death.

This case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Abuse Death.

Narrative Type: Created In Error Entry Date/Time: 07/22/2015 05:28 PM Entered By: [REDACTED]

Case summary was corrected and entered again.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/22/2015

Contact Method:

Contact Time: 12:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/22/2015

Completed date: 01/22/2015

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: 01/22/2015 11:19 AM Entered By: [REDACTED]

[REDACTED] discussed this case on this date. CPSI reported that she will prepare the closing summary and submit for closure by next week. The case will then be placed on the RID review list for final approval. The whereabouts of the parents are unknown as they were homeless at the time of the referral. It is believed that they may have returned to [REDACTED]. There were no other children in the parents' care [REDACTED] will review the case upon submission for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2015

Contact Method:

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/08/2015

Completed date: 01/08/2015

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: 01/08/2015 12:51 PM Entered By: [REDACTED]

[REDACTED] discussed this case. Case was presented to CPIT in November. The case was approved to be classified as AUPU. No autopsy was ordered. CPSI ordered the child's full medical record from birth until death from [REDACTED]. [REDACTED] CPSI reports receiving them recently after several attempts and requests. Case can now be processed for closure. CPSI will update notes in the case today. Case will be added to the RID review list as this case involved an infant death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/26/2014 Contact Method:
 Contact Time: 05:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/08/2015
 Completed date: 01/08/2015 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: 01/08/2015 01:21 PM Entered By: [REDACTED]
 Records scanned to [REDACTED]. Records received.

Narrative Type: Addendum 2 Entry Date/Time: 07/22/2015 05:26 PM Entered By: [REDACTED]
 There was no comments from [REDACTED] regarding the records she received regarding [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 01/08/2015 02:05 PM Entered By: [REDACTED]
 Records picked up at [REDACTED] on this day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/20/2014	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	01/08/2015
Completed date:	01/08/2015	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: 01/08/2015 01:17 PM Entered By: [REDACTED]

Records requested from [REDACTED] were picked up for [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/19/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/08/2015

Completed date: 01/08/2015

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: 01/08/2015 02:03 PM Entered By: [REDACTED]

[REDACTED] in [REDACTED] was called and asked if the records were ready for [REDACTED] and she said she could not find the request and to please fax it again and she would print the records and I would be able to pick them up.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/19/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	11/19/2014
Completed date:	11/19/2014	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)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/19/2014 02:43 PM Entered By: [REDACTED]

Case to be classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. The death of the infant was due to premature birth at 25 weeks.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/22/2014 Contact Method:
 Contact Time: 01:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/08/2015
 Completed date: 01/08/2015 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: 01/08/2015 01:07 PM Entered By: [REDACTED]

Medical Records at [REDACTED] was contacted and advised we needed the records for [REDACTED] for a review. [REDACTED] advised she would print them. [REDACTED] was advised I would pick them up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/25/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/02/2014

Completed date: 09/02/2014

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: 09/02/2014 12:55 PM Entered By: [REDACTED]

This case was reviewed by [REDACTED]. There has been no information obtained to suggest this infant died as a result of abuse/neglect by a parent/caretaker. The infant was born at 24 weeks gestation and had numerous medical issues. [REDACTED] reports that she will give the family information on grief counseling. [REDACTED] is also going to contact the hospital to see if medical personnel requested an autopsy.

The above information was also discussed with [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/22/2014	Contact Method:
Contact Time: 11:55 AM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/22/2014
Completed date: 08/22/2014	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: 08/22/2014 04:31 PM Entered By: [REDACTED]

[REDACTED] discussed the circumstances of this case. This case was originally assigned in [REDACTED] on [REDACTED] due to the parents giving [REDACTED] as their county of residence. [REDACTED] assisted with a court request to meet the response due to the infant being born at [REDACTED] in [REDACTED] CPIT and law enforcement would not accept the case due to the infant not being born in [REDACTED] and CPS being unable to verify an address in [REDACTED]. The parents reported being homeless. The parents reported they had only been in [REDACTED] for a week or so and had just been staying in different places with friends.

The infant was born at 25 weeks gestation. The infant, nor the mother, tested positive for drugs (UDS) at the time of the birth. The infant's cord blood was also negative. [REDACTED] CPS went ahead and presented the case to CPIT who agreed with the classification recommendation of AUPU for DEI. On 08/22/2014, [REDACTED] CPS was notified that the infant passed away. Upon consultation with [REDACTED] the case was transferred to [REDACTED] on this date due to the family being in [REDACTED] and no address for the family in [REDACTED].

Narrative Type: Addendum 2 Entry Date/Time: 08/03/2015 03:21 PM Entered By: [REDACTED]

The mother, [REDACTED], tested positive for THC and benzodiazepines at the time of birth.

Narrative Type: Addendum 1 Entry Date/Time: 08/22/2014 04:36 PM Entered By: [REDACTED]

[REDACTED] notified [REDACTED] of the above information on this date at 5:35 p.m. [REDACTED] entered the date of death into TFACTS under the demographics tab.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/22/2014

Contact Method:

Contact Time: 10:06 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/22/2014

Completed date: 08/22/2014

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: 08/22/2014 10:09 AM Entered By: [REDACTED]

CM received an email from DCS noting the infant on this case had passed away at about 3am this morning.

CM was directed by [REDACTED] to contact the hotline to ask for death notification email.

CM contacted the hotline and asked for death notification email, not a new referral. This call was completed. The worker said the initial case showed near death and the RA's will be notified.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2014

Completed date: 08/13/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2014 03:28 PM Entered By: [REDACTED]

[REDACTED] [REDACTED] Ongoing Closed 11/18/2011 [REDACTED]

The infant (Unknown name) was born today, [REDACTED]. The mother is [REDACTED] and the father is [REDACTED]. The address provided is where the mother stated she receives her mail. It is unclear how much the mother actually resides at the home. The address provided is the address for [REDACTED] and his family.

On [REDACTED], the mother was admitted to [REDACTED]. The mother was provided a urine drug screen and she was positive for marijuana and benzodiazepines. The mother said she was taking Marinol (synthetic marijuana pill). The mother said she did not know how the benzodiazepine got in her system. It is not believed the mother is prescribed the Marinol.

The mother had no prenatal care. It is unknown why the mother did not have prenatal care. The mother said, "I've just not seen anybody yet."

On [REDACTED] the infant weighed 1 pound 8 ounces and was born at approximately 25 weeks gestation. The infant male was born through an emergency c-section due to a cord prolapse (cord dropped too soon) and premature rupture of membranes (water broke).

The infant male is currently in the neonatal intensive care unit (NICU). The infant male's cord stat has been sent off for testing. The results are not in at this time for the infant's drug screen. He is currently on a ventilator. He is not breathing at all on his own. It is too early to know if the infant is experiencing any withdrawal symptoms. He is sedated at this time to conserve his energy and keep him from burning calories and/or losing weight.

At this time it is unknown if the infant will survive due to his prematurity. Premature babies are very susceptible to infection and they are very fragile. Their guts and lungs could rupture at any time and the brain can have bleeds.

The mother has no supplies to care for the infant male. The mother is not sure if she is going to give the baby up for adoption if the baby survives. The mother wanted to talk to the father again. The father was asleep in the room at the time the reporter spoke with the mother. The mother said she would decide on whether or not they will put the baby up for adoption by 11:00pm tonight. The 11:00pm deadline is due to needing to know what to put on the birth



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

certificate by then.

The mother has been given information on adoption services and the Department of Children's Services. The mother was in state's custody as a child and the mother said she does not want her child to go through DCS. The mother was made aware that the Department of Children's Services would be contacted because of the mother's positive drug screen.

The mother appears to be healthy. It is believed the mother may be discharged on Thursday, August 14, 2014. The infant male will be in the hospital for at least three to four months if he survives. The hospital is requesting assistance prior to the mother's discharge.

On [REDACTED] at 2.08 pm [REDACTED], a referral was called into Child Abuse Hotline and assigned on 8.12.14 at 01.31 pm [REDACTED]. The referral was screened into [REDACTED] as P2 with the allegations of Drug Exposed Infant. The alleged child victim is unknown. The alleged perpetrator is [REDACTED]. The case is assigned to [REDACTED]. It is not known if this child is of Native American descent. This information will need to be obtained when response is met

Investigation History (8)

Investigation ID	Investigation Name	Track	Priority	Status	Status Date	Organization
[REDACTED]	[REDACTED]	Investigation 2	Open	08/12/2014	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Investigation 1	Closed	08/21/2011	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Assessment 1	Closed	12/17/2010	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Investigation 3	Closed	02/02/2007	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Investigation 1	Closed	11/01/2006	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Investigation 3	Closed	09/07/2006	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Investigation 3	Closed	09/07/2006	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	Investigation 2	Closed	09/07/2006	[REDACTED]	[REDACTED]

Associated Case History (0)

Intake History (8)

Intake ID	Intake Type	Track	Priority	Screening Decision	Status	Status Date	Organization
[REDACTED]	CPS Investigation 2	Open	Assigned	08/12/2014	Child Abuse Hotline	[REDACTED]	[REDACTED]
[REDACTED]	CPS Assessment 1	Open	Assigned	01/13/2011	Child Abuse Hotline	[REDACTED]	[REDACTED]
[REDACTED]	CPS Assessment 1	Open	Assigned	10/14/2010	Child Abuse Hotline	[REDACTED]	[REDACTED]
[REDACTED]	CPS Investigation 3	Screened In	Open	Assigned	12/11/2006	[REDACTED]	[REDACTED]
[REDACTED]	CPS Investigation 1	Screened In	Open	Assigned	09/07/2006	[REDACTED]	[REDACTED]
[REDACTED]	CPS Investigation 3	Screened In	Open	Assigned	08/02/2006	[REDACTED]	[REDACTED]
[REDACTED]	CPS Investigation 3	Screened In	Open	Assigned	07/25/2006	[REDACTED]	[REDACTED]
[REDACTED]	CPS Investigation 2	Screened In	Open	Assigned	07/10/2006	[REDACTED]	[REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 07/22/2015 03:03 PM Entered By: [REDACTED]

Copy of referral without referent information was sent to [REDACTED] / [REDACTED] Juvenile Court; [REDACTED]: DA's office and CAC.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/12/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Hospital	Created Date:	08/22/2014
Completed date:	09/12/2014	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/22/2014 10:18 AM Entered By: [REDACTED]

08-12-2014
9:15am

[REDACTED] traveled to [REDACTED] NICU to meet response for [REDACTED]. Upon arrival, the parents, [REDACTED] were in the NICU visiting the infant. The family was accompanied by a family friend who the family identified as the best friend of the father they had come to [REDACTED] to visit. I met with the NICU nurse caring for [REDACTED] and the physician, [REDACTED]. The nurse advised the infant weighed 680 grams and he was doing poorly as she thought he might have had a brain bleed in the night. The baby was blue and the nurse reported he was bruised from being pushed back up into the birth canal because of the umbilical cord and an emergency caesarian section was done. The infant was receiving blood and platelets. The UDS of the mother was positive for THC and benzodiazepines. It was reported the mother had used marijuana for nausea as she was very frail and reported she could not eat. The mother was reported to have received pre-natal care at a [REDACTED] in [REDACTED]. The mother advised she and the father were considering giving up the child for adoption and had discussed this with staff at the [REDACTED]. The family was reported to be getting help from the [REDACTED]. The nurse advised the prognosis for the infant was poor.

I was advised the mother was on the OB floor in [REDACTED]. I stopped at the desk at Obstetrics and advised who I was and gave them my badge to copy. Upon arrival at room [REDACTED] was in the room alone. I informed [REDACTED] I was from Child Protective Services and I was here as a courtesy to [REDACTED]. [REDACTED] was asked if she felt like talking for a minute and she said she did. I cleared a seat and sat down and advised [REDACTED] I had seen the baby and let her talk. [REDACTED] was advised I had some questions I needed specifically to ask her and the first one was where they had been living? [REDACTED] advised they had been living in [REDACTED] with a friend names [REDACTED] at [REDACTED] in [REDACTED]. [REDACTED] advised they had come up to visit [REDACTED] the best friend of [REDACTED] said she thought she was 15 weeks pregnant and she advised them when she presented at the hospital she thought she was having a miscarriage [REDACTED] said she was told they would do an ultrasound and see how far along she was. [REDACTED] said they told her 24 weeks and the baby was trying to come out and nurse was up over her holding the baby in as there was an issue with the cord and they rushed her to surgery to operate on her [REDACTED] showed this CSPI her incision and the staples. [REDACTED] said they told her drug screen was positive for marijuana and Xanax. [REDACTED] said she was very nauseous and could not hold



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

anything down when she first found out she was pregnant. [REDACTED] said she did not like to smoke but her friend had terminal cancer and gave her marinol which helped her nausea. [REDACTED] said she did not know where the other had come from. [REDACTED] was asked if she had taken anything anybody had given her and she said a muscle relaxer and she was advised perhaps that had benzo in it. [REDACTED] said they were completing the birth certificate but they had not decided if they were going to keep the baby. [REDACTED] advised the father of [REDACTED] was coming to the hospital to visit and they were going to ask him if they could stay with him. [REDACTED] advised her mother lives in [REDACTED] and [REDACTED] mother also lives in [REDACTED]. [REDACTED] said the parents and grandparents were supposed to be coming to visit also perhaps this weekend.

[REDACTED] advised the planned to return to [REDACTED] and live. They plan to reside with [REDACTED] the paternal grandfather. His address is [REDACTED]. His phone number is [REDACTED]. The parents provided their phone number as [REDACTED]. [REDACTED] said they did not really have a way to care for the infant and that is why they were looking at adoption. [REDACTED] was advised I was here to support her in whatever decision they made. [REDACTED] was advised we needed to complete some paperwork if she felt like it and she said she did. [REDACTED] was out of the room smoking and [REDACTED] texted him to come back. We had begun discussing the paperwork and [REDACTED] advised she had been in foster care. [REDACTED] advised she had been in some foster homes and also group homes. As I began to talk about the paperwork, [REDACTED] said she knew what a Native American Heritage Veto Verification was and she was advised she was the first person I had met who knew that information. We completed the genogram and [REDACTED] came back to the room while were talking and he was able to fill in some blanks and supply the house number for his father. [REDACTED] was advised who I was and that I was here as a courtesy for my co-workers in [REDACTED]. [REDACTED] was friendly and open. [REDACTED] was advised I was sorry to bother them but I was here as a support person for them and if they needed anything I would be glad to help them.

[REDACTED] had a plate of fruit and [REDACTED] was asked if he needed a voucher for food from the cafeteria and he said he did. [REDACTED] was advised I would let the social worker know that. [REDACTED] were advised I would likely be visiting them while they were in [REDACTED] and it was nice to meet them but so sorry it was under these circumstances. [REDACTED] were given a card and asked to call me when they could and tell me how they were and how the baby was doing. [REDACTED] were advised I was going to send this information to the worker in [REDACTED]. [REDACTED] were asked if they had any questions and they said they did not at this time. [REDACTED] were advised to call if they had any questions or needed anything and bid farewell. Following the visit, I traveled to the office of the [REDACTED] and advised her I was here doing a courtesy for [REDACTED] and the father of the foster infant needed a food voucher. [REDACTED] advised she would get that to him. We discussed the prognosis for the infant and [REDACTED] advised she had spoken to the [REDACTED], regarding the infant. [REDACTED] was advised to call if she needed anything.

Signature and credentials: HIPPA Notice of Privacy Practices-Client Acknowledgement of receipt of Clients Rights Handbook was signed by [REDACTED]. [REDACTED] were given Parents Bill of Rights, HIPPA Notice of Privacy Practices. Native American Heritage Veto Verification was explained and signed. Notification of Equal Access to Programs and Services was explained and given to [REDACTED]. Genogram was completed with addresses and phone numbers and will be placed in the case file.

[REDACTED]
Child Protective Services Investigation



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 08/12/2014 Contact Method: Face To Face
Contact Time: 09:15 AM Contact Duration: Less than 02 Hour
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 10/23/2014
Completed date: 10/23/2014 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview,Referent Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2014 11:03 AM Entered By: [REDACTED]

08-12-2014
9:15am

[REDACTED] traveled to [REDACTED] NICU to meet response for [REDACTED]. Upon arrival, the parents, [REDACTED], were in the NICU visiting the infant. The family was accompanied by a family friend who the family identified as the best friend of the father they had come to [REDACTED] to visit. I met with the NICU nurse caring for [REDACTED] and the physician, [REDACTED]. The nurse advised the infant weighed 680 grams and he was doing poorly as she thought he might have had a brain bleed in the night. The baby was blue and the nurse reported he was bruised from being pushed back up into the birth canal because of the umbilical cord and an emergency caesarian section was done. The infant was receiving blood and platelets. The UDS of the mother was positive for THC and benzodiazepines. It was reported the mother had used marijuana for nausea as she was very frail and reported she could not eat. The mother was reported to have received pre-natal care at a [REDACTED] in [REDACTED]. The mother advised she and the father were considering giving up the child for adoption and had discussed this with staff at the [REDACTED]. The family was reported to be getting help from the [REDACTED]. The nurse advised the prognosis for the infant was poor. I was advised the mother was on the OB floor in [REDACTED]. I stopped at the desk at Obstetrics and advised who I was and gave them my badge to copy. Upon arrival at room [REDACTED] was in the room alone. I informed [REDACTED] I was from Child Protective Services and I was here as a courtesy to [REDACTED]. [REDACTED] was asked if she felt like talking for a minute and she said she did. I cleared a seat and sat down and advised [REDACTED] I had seen the baby and let her talk. [REDACTED] was advised I had some questions I needed specifically to ask her and the first one was where they had been living? [REDACTED] advised they had been living in [REDACTED] with a friend names [REDACTED] at [REDACTED] in [REDACTED]. [REDACTED] advised they had come up to visit [REDACTED] the best friend of [REDACTED] said she thought she was 15 weeks pregnant and she advised them when she presented at the hospital she thought she was having a miscarriage [REDACTED] said she was told they would do an ultrasound and see how far along she was. [REDACTED] said they told her 24 weeks and the baby was trying to come out and nurse was up over her holding the baby in as there was an issue with the cord and they rushed her to surgery to operate on her [REDACTED] showed this CSPI her incision and the staples. [REDACTED] said they told her drug screen was positive for marijuana and Xanax. [REDACTED] said she was very nauseous and could not hold



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

anything down when she first found out she was pregnant. [REDACTED] said she did not like to smoke but her friend had terminal cancer and gave her marinol which helped her nausea. [REDACTED] said she did not know where the other had come from. [REDACTED] was asked if she had taken anything anybody had given her and she said a muscle relaxer and she was advised perhaps that had benzo in it. [REDACTED] said they were completing the birth certificate but they had not decided if they were going to keep the baby. [REDACTED] advised the father of [REDACTED] was coming to the hospital to visit and they were going to ask him if they could stay with him. [REDACTED] advised her mother lives in [REDACTED] and [REDACTED] mother also lives in [REDACTED]. [REDACTED] said the parents and grandparents were supposed to be coming to visit also perhaps this weekend.

[REDACTED] advised the planned to return to [REDACTED] and live. They plan to reside with [REDACTED] the paternal grandfather. His address is [REDACTED]. His phone number is [REDACTED]. The parents provided their phone number as [REDACTED]. [REDACTED] said they did not really have a way to care for the infant and that is why they were looking at adoption. [REDACTED] was advised I was here to support her in whatever decision they made. [REDACTED] was advised we needed to complete some paperwork if she felt like it and she said she did. [REDACTED] was out of the room smoking and [REDACTED] texted him to come back. We had begun discussing the paperwork and [REDACTED] advised she had been in foster care. [REDACTED] advised she had been in some foster homes and also group homes. As I began to talk about the paperwork, [REDACTED] said she knew what a Native American Heritage Veto Verification was and she was advised she was the first person I had met who knew that information. We completed the genogram and [REDACTED] came back to the room while were talking and he was able to fill in some blanks and supply the house number for his father. [REDACTED] was advised who I was and that I was here as a courtesy for my co-workers in [REDACTED]. [REDACTED] was friendly and open. [REDACTED] was advised I was sorry to bother them but I was here as a support person for them and if they needed anything I would be glad to help them.

[REDACTED] had a plate of fruit and [REDACTED] was asked if he needed a voucher for food from the cafeteria and he said he did. [REDACTED] was advised I would let the social worker know that. [REDACTED] were advised I would likely be visiting them while they were in [REDACTED] and it was nice to meet them but so sorry it was under these circumstances. [REDACTED] were given a card and asked to call me when they could and tell me how they were and how the baby was doing. [REDACTED] were advised I was going to send this information to the worker in [REDACTED]. [REDACTED] were asked if they had any questions and they said they did not at this time. [REDACTED] were advised to call if they had any questions or needed anything and bid farewell. Following the visit, I traveled to the office of the NICU social worker, [REDACTED] and advised her I was here doing a courtesy for [REDACTED] and the father of the foster infant needed a food voucher. [REDACTED] advised she would get that to him. We discussed the prognosis for the infant and [REDACTED] advised she had spoken to the [REDACTED], regarding the infant. [REDACTED] was advised to call if she needed anything.

Signature and credentials: HIPPA Notice of Privacy Practices-Client Acknowledgement of receipt of Clients Rights Handbook was signed by [REDACTED]. [REDACTED] were given Parents Bill of Rights, HIPPA Notice of Privacy Practices. Native American Heritage Veto Verification was explained and signed. Notification of Equal Access to Programs and Services was explained and given to [REDACTED]. Genogram was completed with addresses and phone numbers and will be placed in the case file.

[REDACTED]
Child Protective Services Investigation

Narrative Type: Addendum 1 Entry Date/Time: 08/03/2015 08:20 PM Entered By: [REDACTED]

Safety Assessment: safe



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: [REDACTED]

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/07/2014

Completed date: 09/07/2014

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: 09/07/2014 01:06 PM Entered By: [REDACTED]

[REDACTED] received a courtesy request from [REDACTED] from [REDACTED]. The infant was born at [REDACTED] and is in critical condition. The case was marked as a Preliminary Near Death as the child was born at 25 weeks. The mother and father are reported to be homeless. This LI agreed to have a CPSI in [REDACTED] meet with the family to determine where they have resided and where they plan to go should the infant survive. [REDACTED] also reported that the parents had discussed giving the child up for adoption. This LI agreed to share what information was provided with the assigned CPSI. Should the need arise to assign the case in [REDACTED] due to jurisdiction being here, this [REDACTED] will make the necessary changes.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 08/13/2014
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

08/13/2014 - [REDACTED] - FFA - Family - The infant (Unknown name) was born today, [REDACTED]. The mother is [REDACTED] and the father is [REDACTED]. The address provided is where the mother stated she receives her mail. It is unclear how much the mother actually resides at the home. The address provided is the address for [REDACTED] and his family.

On [REDACTED], the mother was admitted to [REDACTED]. The mother was provided a urine drug screen and she was positive for marijuana and benzodiazepines. The mother said she was taking Marinol (synthetic marijuana pill). The mother said she did not know how the benzodiazepine got in her system. It is not believed the mother is prescribed the Marinol.

The mother had no prenatal care. It is unknown why the mother did not have prenatal care. The mother said, I've just not seen anybody yet.

On [REDACTED] the infant weighed 1 pound 8 ounces and was born at approximately 25 weeks gestation. The infant male was born through an emergency c-section due to a cord prolapse (cord dropped too soon) and premature rupture of membranes (water broke).

The infant male is currently in the neonatal intensive care unit (NICU). The infant male's cord stat has been sent off for testing. The results are not in at this time for the infant's drug screen. He is currently on a ventilator. He is not breathing at all on his own. It is too early to know if the infant is experiencing any withdrawal symptoms. He is sedated at this time to conserve his energy and keep him from burning calories and/or losing weight.

At this time it is unknown if the infant will survive due to his prematurity. Premature babies are very susceptible to infection and they are very fragile. Their guts and lungs could rupture at any time and the brain can have bleeds.

The mother has no supplies to care for the infant male. The mother is not sure if she is going to give the baby up for adoption if the baby survives. The mother wanted to talk to the father again. The father was asleep in the room at the time the reporter spoke with the mother. The mother said she would decide on whether or not they will put the baby up for adoption by 11:00pm tonight. The 11:00pm deadline is due to needing to know what to put on the birth certificate by then.

The mother has been given information on adoption services and the Department of Children's Services. The mother was in state's custody as a child and the mother said she does not want her child to go through DCS. The mother was made aware that the Department of Children's Services would be contacted because of the mother's positive drug screen.

The mother appears to be healthy. It is believed the mother may be discharged on Thursday, August 14, 2014. The infant male will be in the hospital for at least three to four months if he survives. The hospital is requesting assistance prior to the mother's discharge.

B. Family Story:

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

B. Family Significant Needs/Risks/Concerns:

III. Person Information:

A. Children:

B. Adults:

C. Family Together History:

D. Other Significant Relationships:

E. Legal/Court/DCS History:

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

IV. Assessment of Safety:

08/03/2015 - [REDACTED] - Safety - [REDACTED] [REDACTED] [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
------	-------------------------	--------	----------	-------------------	-----------------

Worker's Signature

Date

Supervisor's Signature

Date