



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: [REDACTED] 12:28 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 3
Screened By: [REDACTED]
Date Screened: [REDACTED]

Investigation

Investigation ID [REDACTED]
First County/Region [REDACTED]
Date/Time Assigned : 08/28/2014 11:49 AM
First Team Leader Assigned: [REDACTED] Date/Time 08/28/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 08/28/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	1 Yr 10 Mos	Drug Exposed Infant	No	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: TFACTS: None found with the information given

Open Court Custody/FSS/FCIP None

Closed Court Custody None

Open CPS None

Substantiated None

Fatality None

Screened out None



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

History (not listed above):
Date Case # - Allegation Classification

County: [REDACTED]
Notification: Email
School/ Daycare: NONE
Native American Descent: None
Directions: NONE

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] (10 days) is in the custody of his mother, [REDACTED] and father, [REDACTED] is the family's first child. [REDACTED] was born at 24 weeks and has been in the NICU since birth on [REDACTED]. The family reports no history with the Tennessee Department of Children Services. [REDACTED] is reported to have received prenatal through [REDACTED].

[REDACTED] had a cord stat taken and the result came back today as positive for THC. [REDACTED] denied any use and states that she does not know how [REDACTED] would have been positive. [REDACTED] delivered at [REDACTED] [REDACTED] and positive for barbiturates. The hospital gave the mother oxycodone on the day of delivery, but it could have been after the child was delivered. It is unknown how or why [REDACTED] would have tested for that substance. It is noted that [REDACTED] was negative at the time of delivery. [REDACTED] did not receive a urine screen at the time of delivery.

[REDACTED] continues to be in the NICU. [REDACTED] appears to be appropriate while at the hospital, but appears to have problems getting transportation to visit with the child. Some of the necessities for [REDACTED] to return home with [REDACTED] have been gathered, but not all are available at this time. [REDACTED] is likely to be in the hospital for at least 2 months or more.

It is unknown if either parent has a criminal history with drug related charges. Mom is not employed and appears to be receiving assistance from the Department of Human Services and the Department of Health. [REDACTED] is stated to be employed through [REDACTED].

This is all the information given at this time.

Per SDM: Investigation Track P 2-override to P3-child will be in hospital for at least 2 months- [REDACTED] on [REDACTED] at 12:42 PM [REDACTED]



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

Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** Black/African **Age:** 1 Yr 10 Mos
Address: [REDACTED]

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: [REDACTED] **Race:** [REDACTED] **Age:** 29 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: UNKNOWN

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]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 29 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral**

A. Investigation

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

Investigation ID: [REDACTED]
Assignment Date: 02/19/2015

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 Substantiated / Perpetrator Unsubstantiated	No	[REDACTED] 09/09/2015
2	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/22/2015

* = This allegation set has been reclassified.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: ASPS for Drug exposure
AUPU for death of child.

D. Case Workers

Case Worker: [REDACTED]
Team Leader: [REDACTED]

Date: 03/22/2015
Date: 03/22/2015

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:

ACV was not seen ACV was deceased after the referral. No autopsy. The child was born premature and AP had complications during pregnancy. There was substance use.

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

ACV cord stat tested positive for THC. AP tested positive for barb. AP was give oxy in the hospital.

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



**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]

AP states it is unknown how the ACV tested positive for THC. She stopped smoking when she found out she was pregnant at 3 mths.

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

ACV tested positive for THC on a cord stat. Mother tested positive for barbiturates at the time of delivery and was given oxycodone after.

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

The ACV was born premature due to complications. ACV tested positive for THC. AP tested positive for barbiturates. AP admits to THC use while pregnant. ACV is deceased, no autopsy available parents did not request one.

Distribution Copies: Juvenile Court in All Cases
 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:58 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 09/11/2015 01:58 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
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Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 09/11/2015 01:58 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/11/2015 01:58 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:58 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 09/11/2015 01:58 PM Entered By: [REDACTED]
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Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 09/11/2015 01:58 PM Entered By: [REDACTED]
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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Recording ID:	[REDACTED]	Status:	Completed
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Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
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Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/11/2015 01:58 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:58 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:58 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	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: 09/11/2015 01:58 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2015

Contact Method:

Contact Time: 04:20 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/11/2015

Completed date: 09/11/2015

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: 09/11/2015 01:58 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	08/28/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/28/2015
Completed date:	09/28/2015	Completed By:	System Completed
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/28/2015 10:53 AM Entered By: [REDACTED]

Closing Case: Death Investigations

The Department of Children's Services (DCS) received a referral on [REDACTED] with an allegation of Drug Exposed Infant regarding child [REDACTED] with his mother [REDACTED] the alleged perpetrator. The referral stated [REDACTED] (10 days old) is in the custody of his parents. [REDACTED] is the family's first child [REDACTED] was born at 24 weeks and has been in the NICU since [REDACTED] reported receiving prenatal care. [REDACTED] had a cord stat taken and the results came back positive for THC. [REDACTED] denied any use and states that she does not know how [REDACTED] would have been positive. [REDACTED] delivered at [REDACTED] and positive for barbiturates. The hospital gave the mother oxycodone. It is known why [REDACTED] would have tested for the substance. It is noted that [REDACTED] was negative for any substance at the time of delivery. [REDACTED] did not receive a urine screen at the time of delivery. [REDACTED] continues to be in the NICU. [REDACTED] appears to be appropriately. [REDACTED] will most likely be in the hospital for two months.

When DCS received the referral Child Protective Service [REDACTED] responded to the [REDACTED] on 8-28-14, to make contact with the family and child concerning allegations of drug exposed infant. Upon arriving to the NICU, CPSI asked about the child's whereabouts and was informed the child is no longer at the hospital. CPSI asked to speak with the Social Worker, although the worker did not respond. [REDACTED] followed up the following day with the hospital staff and was able to verify the death of [REDACTED]. The following day [REDACTED] called back to [REDACTED] and verified the child's hospital stay. CPSI was informed of the medical situation. The child death was confirmed. It was explained of the child's was in poor condition at birth. Mother was not able to carry the child due to having cervical cerclage, which caused her to deliver early. The baby was not strong enough and the parents did not want him to suffer by keeping him on life support systems for months in hopes he will live. Therefore the family decided for the infant [REDACTED] to live naturally until he passed on. CPSI asked when the autopsy would return, however one was not ordered due to the child being born early because of mothers' medical condition it was not felt one was needed nor did the parents request one. After speaking with the hospital [REDACTED] made contact with [REDACTED] mother of the child. [REDACTED] reported she was diagnosed with cervical cerclage, causing her to seek medical attention while she was pregnant. [REDACTED] reported to the hospital staff she had smoked marijuana however she does not have a problem. She likes to smoke sometimes. [REDACTED] continued to states she understands it should not be done when one has children or



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

is pregnant but she did not know she was pregnant at the time she smoked THC. [REDACTED] continued to explain she and her husband were not aware of her medical condition. If [REDACTED] gets pregnant again she will need surgery to carry the child successfully. She continued to report they were not able to spend much time with [REDACTED] once he was born and made the decision to allow him to go peacefully. Through their family support they are trying to handle their loss.

[REDACTED] met with the [REDACTED] at the office of Department of Children's Services around 2pm on 9-4-14. [REDACTED] reported he did not understand why DCS needed to come into the home if there isn't a child in the home. He expressed how hard it was on him and his wife. The parents were given the community resource guide for services and the option of grief and loss counseling was discussed. [REDACTED] discussed how they were waiting to receive pictures of [REDACTED] from the hospital. There is a special photographer that takes pictures of deceased children. [REDACTED] stated that DCS would have to get a warrant if they wanted to come into his home. [REDACTED] reported that he smoked Marijuana, but he was not going to smoke once [REDACTED] was born. [REDACTED] was in the process of completely stopping when [REDACTED] went into the hospital. [REDACTED] continued to say did not have an addiction, they smoked to relax or for recreational purposes. [REDACTED] stated that he knows how important it is to not use drugs when you have a child. [REDACTED] was in agreement in signing the Release of information for CPSI to send to [REDACTED] for medical records. [REDACTED] went over the paperwork that was given to [REDACTED]. [REDACTED] explained that a form had to be filled out and sent to the proper people due to [REDACTED] death. [REDACTED] got up and left.

[REDACTED] attempted to follow up with the family in November however was not successful.

The Department of Children's Service received the Medical records from [REDACTED] on 9-20-14. The records are placed in the file. The records state: CAUSE OF DEATH: 1. Cardiorespiratory failure Secondary Cause of Death: 1. Extreme prematurity 2. Congenital candidal infection Records indicate complications during pregnancy and possible drug use. The case was presented before the [REDACTED] Child Protective Investigation Team (CPIT), [REDACTED] reported the child had deceased while in the hospital due to mother having medical issues and not able to carry the child full term. Therefore she had to deliver the child early causing the baby to have medical problem. Mother used marijuana while she was pregnant. Mother stated she was not aware she was pregnant at the time of use. All parties are in agreement with the classification of allegations substantiated for Drug exposed infant; all parties are also in agreement with the classification of allegation non-substantiated for Infant Death.

[REDACTED] was assigned the case when the referral came in. Law enforcement was not notified due to the cause of death being a medical condition. An autopsy was not requested on the child due to the manner of death. There is a medical report in the file.

There is preponderance of evidence to substantiate these allegations.

The case will be closed as classified as Allegations Substantiated / Perpetrator Substantiated for allegations of Drug Exposed child.

This case will be classified as Allegations Unsubstantiated/Perpetrator Unsubstantiated for Child Neglect 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:	07/30/2015	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/02/2015
Completed date:	09/02/2015	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: 09/02/2015 12:37 PM 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: 12:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/02/2015

Completed date: 09/02/2015

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: 09/02/2015 12:37 PM 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: 05/06/2015

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 05/07/2015

Completed date: 05/07/2015

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]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/07/2015 07:44 AM Entered By: [REDACTED]

[REDACTED] was presented before CPIT on 5-6-15, the team consist of [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]. The allegations of abused death was found AUPU.

The allegations of drug exposed infant was found ASPS. No services offered.

The case will not be taken to trial lack of evidence.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/26/2015

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/26/2015

Completed date: 04/26/2015

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: 04/26/2015 07:22 PM Entered By: [REDACTED]

This case will be presented to CPIT in May and then will be submitted for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/22/2015 Contact Method:
 Contact Time: 03:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/22/2015
 Completed date: 03/22/2015 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: 03/22/2015 03:52 PM Entered By: [REDACTED]

Closing Summary for Child Death Investigation

[REDACTED]
 The Department of Children's Services (DCS) received a referral on [REDACTED] with an allegation of Drug Exposed Infant regarding child [REDACTED] with his mother [REDACTED] the alleged perpetrator. The referral stated [REDACTED] (10 days) is in the custody of his mother, [REDACTED] and father, [REDACTED] is the family's first child [REDACTED] was born at 24 weeks and has been in the NICU since [REDACTED] reported receiving prenatal care. [REDACTED] had a cord stat taken and the results came back positive for THC. [REDACTED] denied any use and states that she does not know how [REDACTED] would have been positive. [REDACTED] delivered at [REDACTED] and positive for barbiturates. The hospital gave the mother oxycodone. It is known why [REDACTED] would have tested for the substance. It is noted that [REDACTED] was negative for any substance at the time of delivery. [REDACTED] did not receive a urine screen at the time of delivery. [REDACTED] continues to be in the NICU. [REDACTED] appears to be appropriately. [REDACTED] will most likely be in the hospital for two months.

The Department of Children's Service received the Medical records from [REDACTED] [REDACTED] [REDACTED] on 9-20-14. The records are placed in the file. The records state

Date of service was on 8-28-14 with the attending Physician being [REDACTED] was admitted on [REDACTED] and date of death was 8-28-14, Time of Death [REDACTED] NICU

Birth Weight: Admitting Diagnosis

2. Congenital candidal infection

4. Respiratory distress syndrome

6. Intraventricular hemorrhage, grade IV on right and grade III on left

Final Principal Diagnosis:

2. Congenital candidal infection

4. Respiratory distress syndrome

6. Intraventricular hemorrhage, grade IV on right and grade III on left

CAUSE OF DEATH: 1. Cardiorespiratory failure

Secondary Cause of Death: 1. Extreme prematurity 2. Congenital candidal infection

Records indicate complications during pregnancy and possible drug use.

1. Extreme prematurity
3. Extreme low birth weight
5. Respiratory failure.
7. Electrolyte abnormalities
1. Extreme prematurity
3. Extreme low birth weight
5. Respiratory failure.
7. Electrolyte abnormalities



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

8-28-14, [REDACTED] attempted contact with the family at the home however was unsuccessful. [REDACTED] went to [REDACTED] to NICU to see the infant and informed the child was not there. CPSI asked to see the Social Worker, however she did not respond.

8-29-14, [REDACTED] spoke with the hospital staff and verified the death of [REDACTED].
 8-29-14, [REDACTED] spoke with [REDACTED] concerning the death of her child. [REDACTED] stated that she had some medical issues while she was pregnant and she had to go into the hospital because for a cervical cerclage. [REDACTED] stated that she should have had one sooner, but she didn't know she needed it. [REDACTED] admitted to some Marijuana use before she found out that she was pregnant. [REDACTED] stated that she did not find out she was pregnant until she was about 3 months pregnant. [REDACTED] stated that she stopped smoking Marijuana. [REDACTED] stated that she was admitted to the hospital at [REDACTED] when she was 21 weeks due to medical problems. [REDACTED] was unable to hold [REDACTED] until 28 weeks and she had to have an emergency c-section. [REDACTED] was placed in the NICU and he was supposed to remain in there until December 2014. [REDACTED] stated that the staff at [REDACTED] explained the prognosis to them and they made a joint decision to let [REDACTED] go peacefully. [REDACTED] reported that this process has been hard. [REDACTED] reported that they have a lot of family support. The funeral service was quick and the hospital took good care of [REDACTED]. [REDACTED] reported that she knows that she will have to have a cervical cerclage if she ever gets pregnant again.

[REDACTED] stated that she does not have an addiction to Marijuana, but she likes to smoke it sometimes. [REDACTED] realizes the importance of not using any drug while pregnant or after you have a child. [REDACTED] reported that she has been doing the best she can to deal with this loss. [REDACTED] does not have any other children and neither does [REDACTED]. [REDACTED] went over the required paperwork and had the release signed for the hospital. [REDACTED] explained that [REDACTED] medical records were going to be requested and [REDACTED] was willing to cooperate. [REDACTED] scheduled to bring [REDACTED] in on 9/4/2014 at 2:00 p.m.

9-4-15, [REDACTED] met with the alleged perpetrator, [REDACTED] at the office of Department of Children's Services around 2pm. [REDACTED] stated that he did not understand why DCS needed to come into the home if there isn't a child in the home. [REDACTED] reported that he does not have any other children. This has been very hard for them and they were given the community resource guide for services if they needed counseling. [REDACTED] stated that they are waiting to receive pictures of [REDACTED] from the hospital. There is a special photographer that takes pictures of deceased children. [REDACTED] stated that DCS would have to get a warrant if they wanted to come into his home. [REDACTED] is still very hurt about the death of [REDACTED]. [REDACTED] reported that he smoked Marijuana, but he was not going to smoke once [REDACTED] was born. [REDACTED] was in the process of completely stopping when [REDACTED] went into the hospital. [REDACTED] stated that he did not have an addiction, but sometimes they smoked to relax or for recreational purposes. [REDACTED] stated that he knows how important it is to not use drugs when you have a child. [REDACTED] filled out a Release of information for this CPSI to send to [REDACTED] for medical records. [REDACTED] went over the paperwork that was given to [REDACTED]. [REDACTED] explained that a form had to be filled out and sent to the proper people due to [REDACTED] death. [REDACTED] got up and left. November [REDACTED] attempted to make contact with the family but was not successful. An autopsy was not completed. The family did not request one.

Initial Safety Assessment was completed on 3/22/15

[REDACTED] completed the Initial Safety Assessment and the child is Safe. Copy attached to file.

Closing Safety Assessment was completed on 3/22/15.

[REDACTED] completed the Closing Safety Assessment and the child is Safe. Copy attached to file.

CPIT 2-4-15

This CPSI presented this case at CPIT and the team agreed with classification of ASPS Child. This case won't be prosecuted and services won't be recommended (grief counseling for the family). See CPIT form attached to file.

Classification Detail 3/22/15

Based on the investigation and assessments, this case will be classified as ASPS. Case should be classified & documented by 30th day per policy.

Allegation Substantiated Perpetrator Substantiated

According to policy (list allegation and classification definition from policy). This case is closed and classified as ASPS. There is evidence (list the evidence) that supports the above allegations according to policy. No Services are needed because Explain why no services are needed (family strengths) OR Services were recommended to the family and they included... The CPS Formal File Review and Attachment were mailed to the alleged perpetrator; see copies attached to



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the file.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.

Narrative Type: Addendum 1 Entry Date/Time: 03/22/2015 04:24 PM Entered By: [REDACTED]

Abuse Death is classified as AUPU, due to the health issues the AP had while pregnant. This is documented in the medical records.



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: 02/19/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2015

Completed date: 02/19/2015

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: 02/19/2015 02:57 PM Entered By: [REDACTED]

This case was transferred to [REDACTED] [REDACTED] [REDACTED] will present this case to CPIT in March 2015 so that the autopsy results can be discussed at that time.



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: 01/31/2015

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2015

Completed date: 02/19/2015

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: 02/19/2015 02:55 PM Entered By: [REDACTED]

This case will be transferred to a new worker that will take the case to CPIT when the autopsy arrives.



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: 12/04/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/19/2015

Completed date: 02/19/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/19/2015 02:45 PM Entered By: [REDACTED]

[REDACTED] staffed this case with [REDACTED] due to [REDACTED] transferring to another county. The allegations of DEI will be Substantiated due to the baby having marijuana in his system at birth. This baby never left the hospital after being born due to him being so premature, the hospital estimated that [REDACTED] would have been in the hospital until at least December 2014. This was the first baby for both parents. At this point the parents want to be left alone to grieve. [REDACTED] will take the case to CPIT once the autopsy report is received.



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: 11/21/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2015

Completed date: 02/19/2015

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: 02/19/2015 02:16 PM Entered By: [REDACTED]

[REDACTED] has attempted to contact [REDACTED] to check on her well being and to see if the family had sought out services. [REDACTED] was unable to reach the mother by phone.

Next Steps:

1. Request Autopsy
2. CPIT



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: 10/03/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/19/2015

Completed date: 02/19/2015

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: 02/19/2015 02:04 PM Entered By: [REDACTED]

The [REDACTED] have no other children, and were provided with resources that can provide counseling services for the family. The family did not request an autopsy, and [REDACTED] [REDACTED] has the medical Records from [REDACTED] stating the child was premature and the cord stat was positive for marijuana.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/18/2014 Contact Method:
 Contact Time: 02:45 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/18/2014
 Completed date: 09/18/2014 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: 09/18/2014 02:47 PM Entered By: [REDACTED]

CLOSING CASE SUMMARY-**Allegation Substantiated/Perpetrator Substantiated**

According to policy (Drug exposed infant/child (Investigation): (The medical definition of infant is age 0 to 1 year old. Child is over the age of 1 year old.) This allegation pertains to an:

- a) Infant/child who has been exposed to a drug or chemical substance (e.g., alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants or any other illegal substances), as verified by a positive drug screen. When an infant is born to a mother who is using illegal substances, the infant must test positive or require medical treatment for symptoms of drug dependency to substantiate for "Drug Exposed Infant."
- b) Infant/child who has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes but is not limited to the following situations:
 Drugs or chemical substances are administered to or given to children; Children exposed to or living within close physical proximity to where drugs or chemical substances are manufactured (the manufacturing of methamphetamine in a home where children are present, is always considered severe abuse).
- c) Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability to meet child-care responsibilities. Impairment of the parent/caretaker's ability to meet childcare responsibilities MUST be supported by evidence, including documented examples).

There is evidence stating that [REDACTED] cord came back positive for THC that supports the above allegations according to policy. No services are needed, because [REDACTED] passed away as a result of medical complications from being born premature. The family was given a Community Resource Guide if they decided to go to counseling or seek assistance for alcohol and drug issues. The medical record stated the following: [REDACTED] was born at 24 weeks at [REDACTED] and admitted to the NICU. The admitting diagnosis was extreme prematurity, congenital candidal infection, extreme low birth weight, respiratory distress syndrome, respiratory failure, intraventricular hemorrhage (grade IV on the right and grade III on the left) and electrolyte abnormalities. The final principal diagnosis is extreme prematurity, congenital candidal infection, extreme low birth weight, respiratory distress syndrome, respiratory failure, intraventricular hemorrhage (grade IV on right and grade III on left) and electrolyte abnormalities. The cause of death was Cardiorespiratory Failure. The secondary diagnosis was extreme prematurity and congenital candidal infection.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

See attached records for further information."

The Fatality Form was filled out and sent to the appropriate people.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/04/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/18/2014
Completed date:	09/18/2014	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: 09/18/2014 02:00 PM Entered By: [REDACTED]
 Face to Face with Father and Mother

This CPSI met with [REDACTED] at the DCS office. The meeting was set for 2:00 p.m., but they came early. [REDACTED] stated that he did not understand why DCS needed to come into the home if there isn't a child in the home. This CPSI explained that she would speak to [REDACTED] about the home visit. [REDACTED] reported that he does not have any other children. This has been very hard for them and they were given the community resource guide for services if they needed counseling. [REDACTED] stated that they are waiting to receive pictures of [REDACTED] from the hospital. There is a special photographer that takes pictures of deceased children. [REDACTED] stated that DCS would have to get a warrant if they wanted to come into his home. [REDACTED] is still very hurt about the death of [REDACTED]. [REDACTED] reported that he smoked Marijuana, but he was not going to smoke once [REDACTED] was born. [REDACTED] was in the process of completely stopping when [REDACTED] went into the hospital. [REDACTED] stated that he did not have an addiction, but sometimes her smoked to relax or for recreational purposes. [REDACTED] stated that he knows how important it is to not use drugs when you have a child. [REDACTED] filled out a Release of information for this CPSI to send to [REDACTED] for medical records. This CPSI went over the paperwork that was given to [REDACTED]. This CPSI explained that a form had to be filled out and sent to the proper people due to [REDACTED] death. [REDACTED] got up and left. This CPSI walked the couple out to the lobby.

Next Steps: Complete Fatality Form and request records from [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: 09/02/2014 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/18/2014
 Completed date: 09/18/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2014 02:15 PM Entered By: [REDACTED]

Face to Face with [REDACTED]

This CPSI had previously spoken to [REDACTED] over the phone on 8/29/2014. [REDACTED] stated that she had some medical issues while she was pregnant and she had to go into the hospital because for a cervical cerclage. [REDACTED] stated that she should have had one sooner, but she didn't know she needed it. [REDACTED] admitted to some Marijuana use before she found out that she was pregnant. [REDACTED] stated that she did not find out she was pregnant until she was about 3 months pregnant. [REDACTED] stated that she stopped smoking Marijuana.

[REDACTED] stated that she was admitted to the hospital at [REDACTED] when she was 21 weeks due to medical problems. [REDACTED] was unable to hold [REDACTED] until 28 weeks and she had to have an emergency c-section. [REDACTED] was placed in the NICU and he was supposed to remain in there until December 2014. [REDACTED] stated that the staff at [REDACTED] explained the prognosis to them and they made a joint decision to let [REDACTED] go peacefully. [REDACTED] reported that this process has been hard. [REDACTED] reported that they have a lot of family support. The funeral service was quick and the hospital took good care of [REDACTED]. [REDACTED] reported that she knows that she will have to have a cervical cerclage if she ever gets pregnant again.

[REDACTED] stated that she does not have an addiction to Marijuana, but she likes to smoke it sometimes. [REDACTED] realizes the importance of not using any drug while pregnant or after you have a child. [REDACTED] reported that she has been doing the best she can to deal with this loss. [REDACTED] does not have any other children and neither does [REDACTED].

This CPSI went over the required paperwork and had the release signed for the hospital. This CPSI explained that [REDACTED] medical records were going to be requested and [REDACTED] was willing to cooperate. [REDACTED] scheduled to bring [REDACTED] in on 9/4/2014 at 2:00 p.m.

Next Steps: Meet with [REDACTED] and work on the Fatality Form.



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: 08/29/2014

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/18/2014

Completed date: 09/18/2014

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: 09/18/2014 02:44 PM Entered By: [REDACTED]

This CPSI called [REDACTED] to verify the information regarding [REDACTED] death. The charge nurse told this CPSI that [REDACTED] passed away on 8/28/2014. The nurse stated that the cause was due to a brain bleed and other complications of being born premature. This CPSI will be requesting a copy of the medical records. The nurse reported that [REDACTED] has been having problems since delivery. They informed the parents of the prognosis when they came to the hospital.

Next Steps: Meet with the parents and request records.



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: 08/29/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/08/2014

Completed date: 09/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/08/2014 06:46 PM Entered By: [REDACTED]

Intent: Schedule a day and time to meet with [REDACTED]

This CPSI received a voicemail from [REDACTED] on 8/29/2014. [REDACTED] stated that she received the note and wanted to know what was going on. This CPSI had explained that she had been to the hospital and no one had a record of [REDACTED]. [REDACTED] stated that [REDACTED] passed away on 8/28/2014. [REDACTED] stated that [REDACTED] passed away due to medical problems from being born premature. [REDACTED] was born at 24 weeks. This CPSI asked to meet with [REDACTED] and she stated that she would be willing to meet with this CPSI on 9/2/2014 at 2:00 p.m.

Next Steps: Meet 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: 08/28/2014 Contact Method: Attempted Face To Face
 Contact Time: 05:30 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 09/08/2014
 Completed date: 09/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/08/2014 06:15 PM Entered By: [REDACTED]

Intent: Make face to Face contact with [REDACTED]

This CPSI went out to [REDACTED] [REDACTED] to attempt contact with [REDACTED]. This CPSI went to the NICU and spoke to the nurse at the front desk. The nurse reported that they did not have a record of [REDACTED] and he was not in the NICU. This CPSI explained that she received a report stating that [REDACTED] was going to be in the NICU for at least 2 months. The nurse was unable to find any information and the social worker was not around. This CPSI paged the social worker, but she never responded. This CPSI went down to the [REDACTED] [REDACTED] to attempt to get information. Registration in the ER stated that [REDACTED] had been discharged, but they did not have any additional information. The head nurse paged the social worker, but they never responded. This CPSI is going to attempt contact with the parents on 8/29/2014.

Next Steps: Attempt contact with the parents.



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:	08/28/2014	Contact Method:	Attempted Face To Face
Contact Time:	03:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/08/2014
Completed date:	09/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, 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: 09/08/2014 06:18 PM Entered By: [REDACTED]

Intent: To make contact with the parents.

This CPSI went to the home to attempt contact with the parents. There were two large dogs behind a fence and a black vehicle parked out in front of the home. This CPSI knocked on the door several times and waited for about 10 minutes before leaving a note in the door. The note had this CPSI's name and contact information. The note requested that they contact this CPSI as soon as possible.

Next Steps: Attempt contact at the hospital for ACV Initial Face to Face.



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: 08/28/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/08/2014

Completed date: 09/08/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 09/08/2014 05:36 PM

Entered By: [REDACTED]

Opening Case Summary-

The Department of Children's Services received the referral on [REDACTED] and this CPSI received the referral as a response priority P3 regarding Drug Exposed Infant. The alleged perpetrator is listed [REDACTED] (Mother) and the victim is listed as [REDACTED]. The referral states the following: [REDACTED] (10 days) is in the custody of his mother, [REDACTED] and father, [REDACTED] is the family's first child. [REDACTED] was born at 24 weeks and has been in the NICU since birth on [REDACTED]. The family reports no history with the Tennessee Department of Children Services. [REDACTED] is reported to have received prenatal through [REDACTED] [REDACTED] had a cord stat taken and the result came back today as positive for THC. [REDACTED] denied any use and states that she does not know how [REDACTED] would have been positive. [REDACTED] delivered at [REDACTED] and positive for barbiturates. The hospital gave the mother oxycodone on the day of delivery, but it could have been after the child was delivered. It is unknown how or why [REDACTED] would have tested for that substance. It is noted that [REDACTED] was negative at the time of delivery. [REDACTED] did not receive a urine screen at the time of delivery. [REDACTED] continues to be in the NICU. [REDACTED] appears to be appropriate while at the hospital, but appears to have problems getting transportation to visit with the child. Some of the necessities for [REDACTED] to return home with [REDACTED] have been gathered, but not all are available at this time. [REDACTED] is likely to be in the hospital for at least 2 months or more. It is unknown if either parent has a criminal history with drug related charges. Mom is not employed and appears to be receiving assistance from the Department of Human Services and the Department of Health. [REDACTED] is stated to be employed through [REDACTED]. This is all the information given at this time."

A TFACTS history check was completed and the following was found: No history

[REDACTED] is in the NICU at [REDACTED] [REDACTED] in [REDACTED] due to health issues. [REDACTED] was born at 24 weeks in [REDACTED]. [REDACTED] (Mother, years old) and [REDACTED] (Father, years old) live in [REDACTED]. This family isn't of Native American Heritage.