

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

Intake #:	[REDACTED]	Investigation #:	Undetermined	Date of Referral:	03/14/2014	
Type: <i>(Please check one)</i>	DEATH	NEAR DEATH X	Date of Death/Near Death:	03/14/2014		
Child's Name:	[REDACTED]	DOB:	[REDACTED]	Person ID:	Undetermined	
Gender:	Male X	Female	Race/Ethnicity:	White (non-hispanic)	County/Region:	[REDACTED]
Parents' Names:	Mother:	[REDACTED]	Father:	[REDACTED]		
Alleged Perpetrator's Name:	[REDACTED]	Relationship to Victim:	Mother			
Child in custody at time of incident?	No X	Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					

Describe *(in detail)* circumstances surrounding death/near death: The infant was born [REDACTED] at [REDACTED]. The infant was born at 26 weeks gestation and has a hole in his heart. At this point in time, the cause of the infant's condition cannot be determined. Prenatal records indicate the mother tested positive for multiple substances on 11/07/2014 (at approximately 8 weeks gestation); however, the mother and infant both tested negative at birth. The cord blood was also negative. There are no additional drug screens noted. The infant was transferred to the [REDACTED] at [REDACTED] Hospital in [REDACTED] 03/14/2014 for surgery.

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

Name of Physician:	[REDACTED]	Telephone #	[REDACTED]	[REDACTED]	[REDACTED]
Street Address:	[REDACTED]	City/State/Zip:	[REDACTED]		

Describe *(in detail)* interview with family: The family will be interviewed at a later time

If child was hospitalized, describe *(in detail)* DCS involvement during hospitalization: The infant was born at [REDACTED] [REDACTED]. The infant was born at 26 weeks gestation and was diagnosed with Patent Ductus Arteriosus. The cause of the condition is unknown at this time. The infant was transferred to [REDACTED] Hospital in [REDACTED] on 03/14/2014 at which time the Department received this referral [REDACTED] and [REDACTED] discussed the response time with RID [REDACTED]. The infant will remain hospitalized for a significant period of time. A P-2 response was requested as this timeframe will not jeopardize the infant's safety due to the infant's hospitalization. [REDACTED] received approval for the P-2 response from [REDACTED], [REDACTED], and [REDACTED].

*Please note--The assigned investigator and/or [REDACTED] will send an updated form when further detailed information is known

Describe disposition of body <i>(Death)</i> :	N/A				
Name of Medical Examiner/Coroner:	N/A		Was autopsy requested?	No X	Yes
Did CPS open an investigation on this Death/Near Death?	No	Yes X			
Was there DCS involvement at the time of Death/Near Death?	No X	Yes			
Type:	NONE		Case #:	NONE	

Describe law enforcement or court involvement, if applicable: It was reported that the mother and father are on probation; however, this has not been verified.

Describe *(in detail)* action taken to ensure safety of other children *(list names and ages of surviving children)* and/or victim *(Near Death)* *(attach safety plan, if applicable)*: There are no other known children in the home.

Name: NONE	Age: NONE
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Name: NONE	Age: NONE

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/A
NONE	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	NONE
NONE	NONE	NONE	NONE	NONE	NONE

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

Contact Person/Phone Number(s) (include CM, TL, and TC): [REDACTED] (on call supervisor for NE)

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

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

Email to: [REDACTED]
within forty-eight (48) hours of notification
Include subject line (in RED): [REDACTED] or [REDACTED]



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 03/14/2014 01:11 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 2
Screened By: [REDACTED]
Date Screened: 03/14/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 03/17/2014 08:58 AM
First Team Leader Assigned: [REDACTED] Date/Time 03/17/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 03/17/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 7 Mos	Drug Exposed Infant	Yes	[REDACTED]	Birth Mother

Preliminary Near Death: [REDACTED]

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS: No History Found (based on the demographics provided)

County: [REDACTED]
Notification: Letter
School/ Daycare: Unknown
Native American Descent: None
Directions: None

Reporter's name/relationship: [REDACTED]

Reporter states:
Unknown Infant (Unknown [REDACTED] 10 days old) was born on [REDACTED] at [REDACTED]. His parents are [REDACTED] and [REDACTED]. [REDACTED] and [REDACTED] live together. The baby will live



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with them.

The child is not in state's custody. The mother tested negative at delivery. The baby's cord stat and urine drug screen were both negative. Medical personnel have been unable to collect meconium at this time. The baby was born at 26 weeks gestation. The baby has been in the NICU at [REDACTED] for the past ten days, because he has Patent Ductus Arteriosus, which means that he has a hole in his heart. The baby was transferred to [REDACTED] Hospital for surgery today, 3-14-14. The baby is in critical condition and he is using a ventilator. The baby's condition is considered too critical at this point in time to be able to determine if he is having withdrawals or NAS. It is too early to tell at this time whether the child's current condition is due to natural causes or because of the mother's drug use. Medical staff have concerns about this child and family in regards to possible drug abuse by the mother.

[REDACTED] stated that [REDACTED] took Subutex and Klonopin from [REDACTED] while she was pregnant. [REDACTED] was not present today while the baby was being transferred to [REDACTED] Hospital.

[REDACTED] prenatal records show that on 11-7-13, [REDACTED] had a positive urine drug screen for cocaine, hydrocodone, norhydrocodone, hydromorphone, buprenorphine, norbuprenorphine, and Clonazepam. The referent states that cocaine, hydrocodone, norhydrocodone, and hydromorphone could not be explained by the prescriptions that [REDACTED] listed for [REDACTED]. This indicates that she has been taking Xanax and Hydrocodone that she does not have a prescription for. The buprenorphine, norbuprenorphine, and Clonazepam could be explained by the Subutex and Klonopin that she allegedly has a prescription for.

[REDACTED] and [REDACTED] denied any drug use. They are both on probation, but it is unknown what for. The hospital received an anonymous call that [REDACTED] had a child, unknown, taken away from her for drug use about 7 years ago and the grandmother, unknown, now has custody of the child. The anonymous referent also stated that [REDACTED] and [REDACTED] have been seen begging for money on street corners and red lights. The parents have been seen begging for money in order to buy drugs.

When asked if they had other children, [REDACTED] stated that [REDACTED] has a child who is 7 and the aunt, unknown, has custody of the child in [REDACTED]. [REDACTED] stated that he does not think that there was a DCS case on this.

They did not report having any needs. [REDACTED] has not bonded with the child, because the baby has been in the NICU and she has not been present. It is unknown if they have made preparations for the baby.

[REDACTED], SW for Women's and Children's Unit, will have more detailed information for the child and family. [REDACTED] can be reached at [REDACTED].

Note: Due to the child's current condition and unknown details surrounding the cause of the child's current condition, this intake has been deemed a Child Near Death.

Investigative Track - P1 - Child Near Death

[REDACTED] on 3/14/14 @ 2:57pm

[REDACTED]:
[REDACTED]

Recon requested by [REDACTED] on 03/14/14 @ 10:10 PM. Per correspondence with [REDACTED], and [REDACTED], approval was granted for the response to be lowered to a P-2. The infant has been transferred to [REDACTED]. The infant is in the NICU with no identified discharge date at this time. Lowering the response will not jeopardize the



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safety of the infant, as the infant will remain hospitalized for a significant period of time. [REDACTED] spoke with [REDACTED] supervisor, [REDACTED], who is aware of the correspondence and approval.

Recon request granted by [REDACTED] as a P2, Investigation on 03/14/14 @ 10:42 PM. The response time was lowered with the approval of [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. The drug screen for the ACV is still pending at this time and the discharge date is unknown but will not be in the time frame of a P1 response.



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Tennessee Child Abuse Hotline Summary**

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 34 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:



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Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 1 Yr 7 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: Mom
Dad: [REDACTED]

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 03/14/2014 Assignment Date: 03/17/2014
Street Address: [Redacted]
City/State/Zip: [Redacted]

B. Allegation

Table with 9 columns: #, Children's Name, DOB, SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB, SSN, Classification, Severe Abuse, Classified By, Classified Date. Row 1: 1, [Redacted], [Redacted], [Redacted], Drug Exposed Infant, [Redacted], [Redacted], [Redacted], Allegation Substantiated / Perpetrator Substantiated, Yes, [Redacted], [Redacted]

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: Case to be classified as Allegation Substantiated Perpetrator Substantiated [Redacted] had a positive meconium for opiates.

D. Case Workers

Case Worker: [Redacted] Date: 03/19/2014
Team Leader: [Redacted] Date: 03/20/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

[Redacted] was observed in an isolette in the critical care section of the Neonatal Intensive Care Unit at [Redacted] Hospital. He was observed to be on a ventilator and on an IV. He was still and motionless in his isolette; he appeared to be sleeping.

Evening social worker [Redacted] and [Redacted] bed-side RN [Redacted] indicated that he was in critical condition due to the severity of his health condition regarding the hole in his heart which was compounded by his fragility as a 27 week gestational-age premature infant. The nurse explained that he was on a ventilator for both of the health factors; his lungs were under-developed since he was premature and his heart defect characteristic of prematurity caused further pulmonary issues. The nurse identified that he was on a morphine drip as well; she stated that it was hard to determine the degree of drug withdrawal [Redacted] was experiencing due to his level of prematurity and the severity of his heart condition.

The nurse explained [Redacted] plan of cardiac care. She identified that he had been having ongoing echocardiograms to assess the condition of his heart in relation to his ongoing treatment with Endocen. The nurse explained that the medication Endocen was to reduce the size of the hole in [Redacted] heart and that the number of doses of Endocen to an infant is limited due to the effect which it has on other major body



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and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

systems. The nurse identified that [REDACTED] was experiencing another echocardiogram tomorrow (3/18/14) as part of the cardiologist assessing whether surgery was to take place or not. The echocardiogram would determine if the hole in [REDACTED] heart was becoming smaller and would therefore determine if surgery would be necessary.

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

The staff in the NICU at [REDACTED] have been complimentary of [REDACTED] and [REDACTED] and advised they have been there to care for [REDACTED] since his birth and they are impressed with them.

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

[REDACTED] traveled to the Peds unit and was directed to the room the parents were in. A male came to the door and advised he was [REDACTED] and I advised who I was and why I was here. [REDACTED] asked me to come and in and [REDACTED] was in the bed. I advised the family I was the [REDACTED] worker assigned the case and I had not gotten to meet them since as soon as the baby had a referral called in they left and went to [REDACTED] and a worker from there had to see him for me. [REDACTED] said the procedure was scary but it went well and they were both thankful it went as well as it did [REDACTED] was advised what her referral stated and they both got to respond. [REDACTED] said she had done things in her past she was not proud of but she was going to change and take care of this baby. [REDACTED] said he was also going to take care of [REDACTED] [REDACTED] said she was on probation and has a court hearing coming up but she does not want to leave the baby. A nurse practitioner came to the door and [REDACTED] had asked her for a letter. She advised she could not write a letter to the court for her. [REDACTED] was advised if she would let me know who to write to I would be glad to contact them and advise them she is at the hospital with her critically ill infant and she needs her court date put off. [REDACTED] advised she would contact me by phone in the morning and let me know who needs the letter. The NP and I spoke for a minute and she said the mother just might need to go to jail. I advised the nurse if the mother was trying she did not need to go as they had so many people in jail now it is running over and she deserves to get a break and care for her baby.

We went over paperwork and [REDACTED] and [REDACTED] were friendly and cooperative. [REDACTED] was advised we had [REDACTED] clothes and I would get her some. [REDACTED] said they had an apartment but they hoped to move as they did not like it where they live. [REDACTED] said she needed a bassinet and some other things but her family and [REDACTED] family said they would help them. [REDACTED] said he gets a check and [REDACTED] now gets a check for 30 dollars but will get his SSI check when he gets out. [REDACTED] and [REDACTED] were given a card and advised to keep in touch and I would be back to visit. [REDACTED] advised she would call me in the morning [REDACTED] and [REDACTED] said they had done wrong in the past but they had changed and they wanted to take care of the baby and do the right thing.

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

Unknown Infant ([REDACTED] / 10 days old) was born on [REDACTED] at [REDACTED]. His parents are [REDACTED]. [REDACTED] and [REDACTED] live together. The baby will live with them.

The child is not in state's custody. The mother tested negative at delivery. The baby's cord stat and urine drug screen were both negative. Medical personnel have been unable to collect meconium at this time. The baby was born at 26 weeks gestation. The baby has been in the NICU at [REDACTED] Center for the past ten days, because he has Patent Ductus Arteriosus, which means that he has a hole in his heart. The baby was transferred to [REDACTED] Hospital for surgery today, 3-14-14. The baby is in critical condition and he is using a ventilator. The baby's condition is considered too critical at this point in time to be able to determine if he is having withdrawals or NAS. It is too early to tell at this time whether the child's current condition is due to natural causes or because of the mother's drug use. Medical staff have concerns about this child and family in regards to possible drug abuse by the mother.



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Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

[REDACTED] stated that [REDACTED] took Subutex and Klonopin from [REDACTED] while she was pregnant. [REDACTED] was not present today while the baby was being transferred to [REDACTED] Hospital.

[REDACTED] prenatal records show that on 11-7-13, [REDACTED] had a positive urine drug screen for cocaine, hydrocodone, norhydrocodone, hydromorphone, buprenorphine, norbuprenorphine, and Clonazepam. The referent states that cocaine, hydrocodone, norhydrocodone, and hydromorphone could not be explained by the prescriptions that [REDACTED] listed for [REDACTED]. This indicates that she has been taking Xanax and Hydrocodone that she does not have a prescription for. The buprenorphine, norbuprenorphine, and Clonazepam could be explained by the Subutex and Klonopin that she allegedly has a prescription for.

[REDACTED] and [REDACTED] denied any drug use. They are both on probation, but it is unknown what for. The hospital received an anonymous call that [REDACTED] had a child, unknown, taken away from her for drug use about 7 years ago and the grandmother, unknown, now has custody of the child. The anonymous referent also stated that [REDACTED] and [REDACTED] have been seen begging for money on street corners and red lights. The parents have been seen begging for money in order to buy drugs.

When asked if they had other children [REDACTED] stated that [REDACTED] has a child who is 7 and the aunt, unknown, has custody of the child in [REDACTED]. [REDACTED] stated that he does not think that there was a DCS case on this.

They did not report having any needs. [REDACTED] has not bonded with the child, because the baby has been in the NICU and she has not been present. It is unknown if they have made preparations for the baby.

[REDACTED], SW for Women's and Children's Unit, will have more detailed information for the child and family.

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] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/16/2014

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/16/2014

Completed date: 06/16/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/16/2014 02:08 PM Entered By: [REDACTED]

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

Date of Referral: 03/14/14

Initial Notification to Juvenile Court: 03/17/14

Notification to DA: 03/17/14

Law Enforcement Notification: 03/17/14

CAC Notification: 03/17/14

SDM Safety Assessment: 03/14/14

FAST: 03/17/14

CS-0740 Sent to [REDACTED] Juvenile Court: 06/16/14

Case Closure Date: 06/13/14

CPIT Date: 03/19/14



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Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/07/2014	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/07/2014
Completed date:	06/07/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2014 02:54 PM Entered By: [REDACTED]

Case Summary
[REDACTED]

Case to be closed as Allegation Substantiated Perpetrator Substantiated. Cord stat was negative. Meconium was positive for opiates. [REDACTED] was born at 27 weeks and has been in the NICU for two months.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

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

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2014 02:46 PM Entered By: [REDACTED]

[REDACTED] traveled to [REDACTED] to visit the home of [REDACTED] and [REDACTED]. [REDACTED] came to the door and I gave her the bag of clothes I had gathered for [REDACTED]. [REDACTED] came outside to help me get the rest of the sheets, blankets and mattress pads out of the car. [REDACTED] was busy washing the walls and wiping down all of the furniture. [REDACTED] said they did not smoke. We talked about safe sleep and she said they had training in CPR while they were in [REDACTED] at [REDACTED]. [REDACTED] said she and [REDACTED] were packing up everything as they planned to find a place closer to town to move to as soon as possible. We talked about dust and just keeping everything wiped off with a damp rag. [REDACTED] had a nice pack and play and she advised she was getting a bassinette. We talked about teaming and taking turns feeding so they could sleep as every three hours is often. We talked about family members coming so they could have a break and they said they had good support. [REDACTED] said [REDACTED] had agreed to take [REDACTED] and he also had to go to the Cardiologist. I advised them where the doctors are located. We talked about HUGS, TEIS and Children's Special Services and the referrals would be made for them and they would all be calling to make appointments. [REDACTED] said they wanted to find a church and we talked about churches in the community. [REDACTED] was given my numbers and advised to call if she needed anything.

[REDACTED] NICU was called they were advised [REDACTED] had what he needed and he was ready to go home. [REDACTED] said her relative bought him a new preemie car seat. [REDACTED] and [REDACTED] will room in this weekend and [REDACTED] will come home. We talked about WIC and the fact she needed to call the [REDACTED] as soon as [REDACTED] gets home for an appointment for WIC. [REDACTED] was advised to call if she needed assistance or had any questions.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/06/2014 Contact Method: Face To Face
 Contact Time: 05:15 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/07/2014
 Completed date: 06/07/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2014 02:32 PM Entered By: [REDACTED]

[REDACTED] traveled to [REDACTED] to the NICU to visit [REDACTED]. [REDACTED] had called and advised they were preparing to let the family room in and [REDACTED] was ready to go home. The hospital was concerned [REDACTED] still had a feeding tube and they hoped he would be able to bottle feed before he was discharged. [REDACTED] was advised I had not been to the home but would be by to visit and make an appointment to go to the home.

Upon arrival at the NICU I was advised they had [REDACTED] off in a room by himself and they had taken his feeding tube out today and he was bring bottle fed. [REDACTED] was sleeping and I was advised the parents were due back at 5:30pm to feed him and I was welcome to wait on them on the room. The nurse advised [REDACTED] stats had dropped when she was feeding him and she did not know what was going on. [REDACTED] was sleeping and then he began to make noises and I looked to see if he was awake and his stats went down again and came back up. [REDACTED] and [REDACTED] arrived back at the hospital and were instructed what had gone on with [REDACTED] while they were out. [REDACTED] said she had been to the doctor and they were doing blood work on her to check her thyroid.

[REDACTED] was advised she needed to take care of her self so she could take care of [REDACTED]. [REDACTED] and [REDACTED] came in and put on gloves and began to take [REDACTED] temperature and change his diaper and tell he nurse all the stats so she could record them. The parents worked well as a team. [REDACTED] said they would be at home tomorrow and I was welcome to come and see the apartment then. I advised the family I would be tomorrow at 2pm and they said that would be fine. [REDACTED] and [REDACTED] were advised I was going to go and they could go on with thier duties and I would see them tomorrow.

[REDACTED] was well dressed and well groomed and had no visible marks or bruises [REDACTED] has been in the NICU since his birth on 03-04-2014. Advised the nursing staff I would call tomorrow after the home visit and confirm [REDACTED] had what he needed to go home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/22/2014

Contact Method:

Contact Time: 11:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/06/2014

Completed date: 06/06/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2014 09:14 AM Entered By: [REDACTED]

[REDACTED] and [REDACTED] reviewed this case during Monthly Performance Briefing. [REDACTED] reports that the mother has pending criminal charges for violation of probation. Her court hearing was continued. Referrals will be made to [REDACTED] and [REDACTED] prior to case closure. Child remains in the NICU at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/16/2014	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 03:28 PM Entered By: [REDACTED]

[REDACTED] traveled to the [REDACTED] to visit [REDACTED]. Upon arrival in the NICU this [REDACTED] presented my ID to be copied. I advised I had been here before. [REDACTED] came and talked to me about [REDACTED] and she was advised the parents appeared to be doing well. A RN advised she was proud of the parents and she liked them and they were doing a good job. [REDACTED] asked if had been to the home and she was advised I had not but would go before the baby went home. The parents come and take [REDACTED] temperature and record all his vital signs prior to feeding him and appear to be good at what they are doing. [REDACTED] is still on a feeding tube which is a concern but hopefully he can come off before he goes home. Staff was advised to call if they needed me and to make sure and call when they go to room in prior to [REDACTED] discharge so I can visit the home. [REDACTED] and [REDACTED] were advised to call when they were going to be home as I had bags of things I had been gathering for the baby.

[REDACTED] continues to thrive and is doing well and gaining weight. [REDACTED] had on a onesie and did not have so many tubes today and they advised he was off oxygen and had done fine. [REDACTED] remains in his incubator and his parents room in at the hospital and care for him.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/22/2014 Contact Method: Face To Face
 Contact Time: 02:30 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/08/2014
 Completed date: 06/08/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 03:16 PM Entered By: [REDACTED]

[REDACTED] traveled to [REDACTED] Hospital and Medical Center to visit [REDACTED] and to meet his parents.

Upon arrival at the NICU I was advised which incubator [REDACTED] was in and went over to visit him. A copy of my badge was made. [REDACTED] was tiny and he was on oxygen and also had a feeding tube. The nurse who was caring for him advised the parents are here and they are rooming in and are on peds wing. The nurse started [REDACTED] was doing well and the parents were staying at the hospital and feeding him and caring for him and doing a good job.

[REDACTED] traveled to the Peds unit and was directed to the room the parents were in. A male came to the door and advised he was [REDACTED] and I advised who I was and why I was here. [REDACTED] asked me to come and in and [REDACTED] was in the bed. I advised the family I was the CPS worker assigned the case and I had not gotten to meet them since as soon as the baby had a referral called in they left and went to [REDACTED] and a worker from there had to see him for me. [REDACTED] said the procedure was scary but it went well and they were both thankful it went as well as it did. [REDACTED] was advised what her referral stated and they both got to respond. [REDACTED] said she had done things in her past she was not proud of but she was going to change and take care of this baby. [REDACTED] said he was also going to take care of [REDACTED]. [REDACTED] said she was on probation and has a court hearing coming up but she does not want to leave the baby. A nurse practitioner came to the door and [REDACTED] had asked her for a letter. She advised she could not write a letter to the court for her. [REDACTED] was advised if she would let me know who to write to I would be glad to contact them and advise them she is at the hospital with her critically ill infant and she needs her court date put off. [REDACTED] advised she would contact me by phone in the morning and let me know who needs the letter. The NP and I spoke for a minute and she said the mother just might need to go to jail. I advised the nurse if the mother was trying she did not need to go as they had so many people in jail now it is running over and she deserves to get a break and care for her baby.

We went over paperwork and [REDACTED] and [REDACTED] were friendly and cooperative. [REDACTED] was advised we had baby boy clothes and I would get her some. [REDACTED] said they had an apartment but they hoped to move as they did not like it where they live. [REDACTED] said she needed a bassinet and some other things but her family and [REDACTED] family said they would help them. [REDACTED] said he gets a check and [REDACTED] now gets a check for 30 dollars but will get his SSI check



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

when he gets out. [REDACTED] and [REDACTED] were given a card and advised to keep in touch and I would be back to visit. [REDACTED] advised she would call me in the morning.

[REDACTED] was a tiny preemie in the NICU. He had lots of tubes and monitors. [REDACTED] was doing well and was wearing a diaper and had no marks or bruises.

Narrative Type: Addendum 1 Entry Date/Time: 06/08/2014 03:39 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] both stated they had done wrong in the past but they had stopped and wanted to take care of their baby and do the right thing.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/26/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/26/2014

Completed date: 03/26/2014

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: 03/26/2014 08:39 AM Entered By: [REDACTED]

[REDACTED] reviewed this case with [REDACTED] at case conference. Infant is hospitalized in [REDACTED] Hospital in [REDACTED]. He is scheduled to have a surgical procedure one day this week. Allegations are DEI. Baby's meconium was positive for opiates, but the cord stat was negative. [REDACTED] has not met with the family as they have been in [REDACTED] the referral was received. A courtesy request was made to [REDACTED] and the family was seen. It is unknown at this time if the mother had a prescription for opiates. Hospital social worker is asking if the child will be removed. Infant has several health issues and is very fragile. This case was assigned as a near death. It is unknown if any of the child's medical issues are related to drug abuse during pregnancy. Mother has no DCS history. She has an older child who is the custody of another relative. [REDACTED] will discuss the case with [REDACTED], DCS Attorney. Should the child be transported back to [REDACTED] will meet with the family to determine level of services or need for any court intervention.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/07/2014

Completed date: 06/07/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/07/2014 03:19 PM Entered By: [REDACTED]

Case presented at [REDACTED] on this day. Case to be classified as Allegation Substantiated Perpetrator Substantiated. [REDACTED] had a positive meconium for opiates.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2014

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/19/2014

Completed date: 03/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/19/2014 10:37 AM Entered By: [REDACTED]

COLLATERAL CONTACT:

Contact was with [REDACTED] social worker: [REDACTED]. [REDACTED] stated that [REDACTED] was possibly returning to [REDACTED] Hospital in [REDACTED] in that he did not have surgery. She stated that there was no recommnedateion for surgery for [REDACTED] at present.

[REDACTED] stated that [REDACTED] meconium was positive for opiates.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/18/2014	Contact Method:	Phone Call
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/18/2014
Completed date:	03/19/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2014 03:22 PM Entered By: [REDACTED]

[REDACTED] the Social Worker at [REDACTED] Hospital and [REDACTED], called at 11:50am and advised she had called to tell me more about baby [REDACTED]. [REDACTED] advised she had spoken to [REDACTED], the Social Worker at [REDACTED]

[REDACTED] advised Mom, [REDACTED], was never at the hospital when the baby was transferred out. [REDACTED] advised the family was never present when the Social Worker assigned the case at the hospital, [REDACTED], tried to talk to them. [REDACTED] has reportedly spoken to the parents and she interviewed them. [REDACTED] advised the meconium was back and it was positive for opiates. Apparently the mother admitted she did not have prescriptions for all the things she had taken during her pregnancy [REDACTED] reported the family cannot stay at [REDACTED] due to their criminal history and they are currently on probation.

[REDACTED] will follow with [REDACTED], the Social Worker at [REDACTED] in [REDACTED]

[REDACTED] spoke to [REDACTED] Police Department Detective [REDACTED] and he advised he is very interested in seeking prosecution on this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/17/2014

Contact Method: Face To Face

Contact Time: 05:15 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/19/2014

Completed date: 03/19/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/19/2014 10:05 AM Entered By: [REDACTED]

INITIAL FACE TO FACE CONTACT WITH ALLEGED VICTIM:

COLLATERAL CONTACTS:

[REDACTED] was observed in an isolette in the critical care section of the Neonatal Intensive Care Unit at [REDACTED] Hospital. He was observed to be on a ventilator and on an IV. He was still and motionless in his isolette; he appeared to be sleeping.

Evening social worker [REDACTED] and [REDACTED] bed-side RN [REDACTED] indicated that he was in critical condition due to the severity of his health condition regarding the hole in his heart which was compounded by his fragility as a 27 week gestational-age premature infant. The nurse explained that he was on a ventilator for both of the health factors; his lungs were under-developed since he was premature and his heart defect characteristic of prematurity caused further pulmonary issues. The nurse identified that he was on a morphine drip as well; she stated that it was hard to determine the degree of drug withdrawal [REDACTED] was experiencing due to his level of prematurity and the severity of his heart condition.

The nurse explained [REDACTED] plan of cardiac care. She identified that he had been having ongoing echocardiograms to assess the condition of his heart in relation to his ongoing treatment with Endocen. The nurse explained that the medication Endocen was to reduce the size of the hole in [REDACTED] heart and that the number of doses of Endocen to an infant is limited due to the effect which it has on other major body systems. The nurse identified that [REDACTED] was experiencing another echocardiogram tomorrow (3/18/14) as part of the cardiologist assessing whether surgery was to take place or not. The echocardiogram would determine if the hole in [REDACTED] heart was becoming smaller and would therefore determine if surgery would be necessary.

The social worker shared information regarding parent contact with [REDACTED] at [REDACTED]. [REDACTED] pulled up the database system which identified when the parents had visited [REDACTED] at bedside. The visits follow:
 3/14/14: Both parents were present at 8 P.M.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

3/15/14: Both parents were present at 8:15 A.M., 12 noon, and 8:15 P.M.
3/16/14: Both parents were present at 10 A.M., 8:30 P.M., and at 9:15 P.M.
3/17/14: Both parents were present at 2:00 P.M.

When the social worker was questioned as to whether the parents were staying at the nearby [REDACTED], [REDACTED] stated that the parents were not eligible to stay at there due to their history of drug use.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/14/2014 Contact Method:
 Contact Time: Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/07/2014
 Completed date: 06/07/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2014 02:56 PM Entered By: [REDACTED]

Case Summary

[REDACTED] was assigned case on 03-14-2014 which was assessed and assigned by Central Intake on 03-14-2014 with a Response Priority 2* [REDACTED]

Unknown Infant (Unknown [REDACTED] 10 days old) was born on [REDACTED] at [REDACTED] Medical Center. His parents are [REDACTED] and [REDACTED] live together. The baby will live with them.

The child is not in state's custody. The mother tested negative at delivery. The baby's cord stat and urine drug screen were both negative. Medical personnel have been unable to collect meconium at this time. The baby was born at 26 weeks gestation. The baby has been in the NICU at [REDACTED] Center for the past ten days, because he has Patent Ductus Arteriosus, which means that he has a hole in his heart. The baby was transferred to [REDACTED] Hospital for surgery today, 3-14-14. The baby is in critical condition and he is using a ventilator. The baby's condition is considered too critical at this point in time to be able to determine if he is having withdrawals or NAS. It is too early to tell at this time whether the child's current condition is due to natural causes or because of the mother's drug use. Medical staff have concerns about this child and family in regards to possible drug abuse by the mother.

[REDACTED] stated that [REDACTED] took Subutex and Klonopin from [REDACTED] while she was pregnant [REDACTED] was not present today while the baby was being transferred to [REDACTED] Hospital.

[REDACTED] prenatal records show that on 11-7-13 [REDACTED] had a positive urine drug screen for cocaine, hydrocodone, norhydrocodone, hydromorphone, buprenorphine, norbuprenorphine, and Clonazepam. The referent states that cocaine, hydrocodone, norhydrocodone, and hydromorphone could not be explained by the prescriptions that [REDACTED] listed for [REDACTED]. This indicates that she has been taking Xanax and Hydrocodone that she does not have a prescription for. The buprenorphine, norbuprenorphine, and Clonazepam could be explained by the Subutex and Klonopin that she allegedly has a prescription for.

[REDACTED] and [REDACTED] denied any drug use. They are both on probation, but it is unknown what for. The hospital received



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

an anonymous call that [REDACTED] had a child, unknown, taken away from her for drug use about 7 years ago and the grandmother, unknown, now has custody of the child. The anonymous referent also stated that [REDACTED] and [REDACTED] have been seen begging for money on street corners and red lights. The parents have been seen begging for money in order to buy drugs.

When asked if they had other children, [REDACTED] stated that [REDACTED] has a child who is 7 and the aunt, unknown, has custody of the child in [REDACTED]. [REDACTED] stated that he does not think that there was a [REDACTED] case on this.

They did not report having any needs. [REDACTED] has not bonded with the child, because the baby has been in the NICU and she has not been present. It is unknown if they have made preparations for the baby.

[REDACTED], SW for [REDACTED], will have more detailed information for the child and family. [REDACTED] can be reached at [REDACTED].

Referent letter was sent.

Copy of referral without referent information was sent to [REDACTED] Police Department and [REDACTED] Juvenile Court.

Referent was contacted by phone.