



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

Case # 2014ND.010

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	04/09/2014	
Type: (Please check one)	<input type="checkbox"/> DEATH	<input checked="" type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	04/08/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Mother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						
Describe (in detail) circumstances surrounding death/near death:						
<p>On ██████████ was admitted to ██████████ Hospital in labor. ██████████ tested negative at birth but was positive for THC, amphetamines, and opiates during the pregnancy. She has a history of IV drug use. There were complications during birth. ██████████ had placenta abruption. ██████████ experienced loss of oxygen in utero where he also asperiated. He had meconium in his lungs. He was in the birth canal for a period of time before an emergency C-section was done. ██████████ was septic and is in acute renal failure. ██████████ was also placed on IV antibiotic because of this. ██████████ was very sick at birth. Doctor's believe he may have had an injury before birth. He was intubated and placed on a ventilator prior to the transport. He is being transferred from ██████████ to ██████████ currently. ██████████ is being monitored for seizure activity. He is on three different kinds of antibiotics. He has had blood transfusions and plasma transfusions. He is not currently being fed and is on a special IV fluid to put calories into his body. It is believed that he started the drug withdrawal process prior to his birth due to ██████████ stopping drug use within the alst two weeks of gestation according to her drug screens. At this time, the doctors are not diagnosing him with NAS due to him being so ill and not being able to decipher the difference between his withdrawals and his other illnesses. ██████████ is so fragile that he is not able to be touched at this time. ██████████ is provided an IV Benzo for agitation when he is touched by the nurses for procedures and turning. ██████████ stiffens up like a board and throws his arms and legs when touched.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:			Telephone #	() -		
Street Address:			City/State/Zip:			
Describe (in detail) interview with family:						
The mother has not been interviewed at this time. She is in ICU at ██████████ Hospital with acute renal failure.						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
Case was opened last evening.						
Describe disposition of body (Death):						
Name of Medical Examiner/Coroner:			Was autopsy requested?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Did CPS open an investigation on this Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Type:			Case #:			
Describe law enforcement or court involvement, if applicable:						
None at the current time. CPIT has been convened.						
Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim						

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

Distribution: Child's Case File

CS-0635, Rev. 08/13

RD A 2993

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(Near Death) (attach safety plan, if applicable):

No other children in the home. This is [REDACTED] first child.

Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
03/19/2007	[REDACTED]	DEC	[REDACTED]	[REDACTED]	AUPU
03/19/2007	[REDACTED]	SAE	[REDACTED]	[REDACTED]	AUPU
11/28/2006	[REDACTED]	DEC	[REDACTED]	[REDACTED]	AUPU
/ /					
/ /					
/ /					
/ /					

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

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

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

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

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



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/09/2014 03:20 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 04/09/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 04/10/2014 10:10 AM
First Team Leader Assigned: [REDACTED] Date/Time 04/10/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 04/10/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 6 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: THIS CHILD IS NOT IN CUSTODY

TFACTS: Yes

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Open CPS - No

Substantiated No

Death No



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

Screened out No

History (not listed above): Yes

1/4/2007/ [REDACTED] DEC/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated

7/2/2007/ [REDACTED] SEE/ DEC/ Allegation Unsubstantiated/ Perpetrator Unsubstantiated

County: [REDACTED]

Notification: Letter

School/ Daycare: None

Native American Descent: No

Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states:

THIS CHILD IS NOT IN CUSTODY

[REDACTED] (1 day) lives with his mother, [REDACTED] and maternal grandmother, [REDACTED]

On April 8, 2014, [REDACTED] was admitted to [REDACTED] Hospital and was provided a urine drug screen. The reporter is unaware of the results of [REDACTED] drug screen and had sporadic prenatal care. However, [REDACTED] did have urine drug screens when she did receive prenatal care. On December 1, 2013, [REDACTED] was positive for opiates and marijuana. On January 20, 2014, [REDACTED] was positive for opiates and marijuana. A confirmation drug screen was done on January 20, 2014. This drug screen confirmation showed the opiates were specific for morphine. On March 31, 2014, [REDACTED] was negative for all drugs tested. [REDACTED] was not prescribed suboxone or subutex during the pregnancy or any other medication that would have caused a positive drug screen. [REDACTED] denies any drug use during the pregnancy.

[REDACTED] has a history of IV drug use according to her sister, [REDACTED] and [REDACTED] said after [REDACTED] was born, she confronted [REDACTED] about her IV drug use since she had scabbed over track marks on the top of her left hand. [REDACTED] tried to say that those were from the delivery process and the staff trying to start an IV but [REDACTED] told her she knew differently because the marks were scabbed over. [REDACTED] has been living with [REDACTED] alleged father, [REDACTED] for the past two weeks and that is when [REDACTED] may have started back to using drugs according [REDACTED]

[REDACTED] is currently in the I.C.U. at [REDACTED] Hospital. [REDACTED] is septic and in acute renal failure but is not on a ventilator. [REDACTED] is considered to be in critical condition. [REDACTED] is on a pain pump and multiple IV antibiotics to control her pain and attempt to flush the infection out of her body. It is unknown if [REDACTED] will be able to recover from her condition. [REDACTED] has requested to be called with any updates on [REDACTED] her cell phone is at her bedside. [REDACTED] said she did not want [REDACTED] visiting [REDACTED] but wanted [REDACTED] to visit. [REDACTED] did not want [REDACTED] to get any information on [REDACTED]

[REDACTED] said he is one of seven men who may be the father of [REDACTED] and has asked for a paternity test. The hospital does not do paternity testing so [REDACTED] will have to go to the court for a paternity test after [REDACTED] is out of the hospital.

On [REDACTED], [REDACTED] was born at 36 weeks gestation and weighed 5.73 pounds at birth. [REDACTED] did have a urine drug screen and it was negative. A meconium screen has been sent off for testing. [REDACTED] meconium passed prior to the birthing process and he did ingest some of the meconium. He had meconium in his lungs and stomach. He was stuck in the birth canal during the birthing process. He was born through emergency C-section after there were concerns that [REDACTED] had an abruption of the placenta. It is unclear if [REDACTED] actually had an abruption of the placenta.



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

██████████ was transported to ██████████ Medical Center after birth. ██████████ was very sick at birth. ██████████ was a live birth. The doctors are not 100 percent positive but ██████████ may have had an "insult" (injury) before being born. ██████████ has had a heart beat the entire time. He was intubated and placed on a ventilator prior to the transport. ██████████ is currently in the NICU at ██████████ Medical Center. He is still on the ventilator and has special additives to the oxygen to help him breath better. He had respiratory distress and hypoxemia (without oxygen for an unknown amount of time). ██████████ has had a brain scan. It is unknown if there is any brain damage from the lack of oxygen.

██████████ is on the brain-z monitor for seizure activity. ██████████ is on three different antibiotics to try and treat any infection he may have due to ██████████ being septic and from the complications of the birthing process. ██████████ is in critical condition. ██████████ is not in a near death state at this time. He has had to have a blood transfusion and plasma transfusion. ██████████ has pulmonary hypertension and he is being monitored extensively. ██████████ is not being fed at this time. He is on a special IV fluid to put calories into his body.

██████████ Apgar scores were 3 and 7 after birth. It is believed ██████████ started the drug withdrawal process prior to his birth due to ██████████ stopping drug use within the last two weeks of gestation according to her drug screens. ██████████ scores cannot be obtained since he is on a ventilator. At this time, the doctors are not diagnosing him with Neonatal Abstinence Syndrome due to him being so ill and not being able to decipher the difference between his withdrawals and his other illness. ██████████ is so fragile he is not able to be touched at this time. ██████████ is provided an IV Benzo for agitation when he is touched by the nurses for procedures and turning. ██████████ stiffens up like a board and throws his arms and legs when touched.

██████████ does have TennCare insurance and is not signed up for WIC services or food stamps. ██████████ is supported by ██████████. This is ██████████ first baby. It is unknown if ██████████ has supplies to care for ██████████. It is unknown if ██████████ has prepared for ██████████ or has any parenting knowledge.

██████████ has come to the hospital to visit with ██████████. He says he will be in contact with ██████████ about ██████████ condition. ██████████ has been seen and he has no track marks on his arms or hands. He was very well kept and had good hygiene. ██████████ has no outward signs of drug use that the reporter could see. ██████████ said he works but did not state where he is working at this time. ██████████ plans to be in ██████████ life and appears to be appropriate with medical staff.

At this time, ██████████ release date is unknown (possibly a week). ██████████ is a ██████████ Hospital in the I.C.U. ██████████ will be at ██████████ Medical Center for at least two weeks minimum. The hospital is not requesting immediate assistance at this time since ██████████ will be in the hospital for a while, but the Department of Children's Services does need to realize that ██████████ is in critical condition and they may want to visit him sooner than later.

SSMS ██████████: negative * ██████████ negative ** ██████████: negative ** ██████████: negative

Per SDM: Investigative Track, P1. (Near death-severe). This case has been discussed with ██████████ and this case will be considered a near death fatality due to the critical condition of ██████████ and the hospital believing that his withdrawal symptoms are playing a part in his condition. ██████████ CMII on 4/9/2014 at 5:05 PM

██████████ TL on 04/09/14 @ 6:15 PM.

Received by ██████████ on 04/09/14 @ 6:17 PM.

Notified Child Death Group ██████████
RA ██████████ was also copied on the notification email.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN: Race: Age: 56 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 39 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yr 6 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments: [REDACTED]

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN: Race: Age: 22 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 04/09/2014 Assignment Date: 04/10/2014
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], 05/10/2014

Preliminary Near Death | [Redacted]

C. Disposition Decision

Disposition Decision: Continue DCS Services

Comments: This case was received on April 09, 2014 and response was meet on April 10, 2014. The case has been classified as Allegation substantiated/perpetrator substantiated for DEI against [Redacted] Baby's meconium was positive for opiates and benzodiazepine. Due to delivery complication baby [Redacted] was send to [Redacted] Hospital and discharge on May 08, 2014. The case came as near fatality. Currently Baby is placed with paternal relatives and parents are working a plan and having supervised visit.. Case Manager has completed the Child Protective Services Investigation Summary and Classification Decision of Child Abuse Neglect Referral (CS-0740) and it has been submitted and a copy placed in the file.

D. Case Workers

Case Worker: [Redacted] Date: 06/11/2014
Team Leader: [Redacted] Date: 06/11/2014

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:

On April 10, 2014 On April 10, 2014, at 11:39 am, CPSI [Redacted] spoke with Social Worker [Redacted] privately at [Redacted] Medical Center. Ms. [Redacted] stated that the baby's condition was near fatal and that the baby was being transferred to [Redacted] Hospital as a "last ditch effort" to save the baby. Ms. [Redacted] stated that the baby was not doing well. Ms. [Redacted] reported that the cause of the baby's condition cannot be pin pointed to one thing, but as several different things: substance abuse, being stuck in the birthing canal causing the deprivation of oxygen, and the baby being septic.

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion 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 : ██████████

Investigation ID: ██████████

On April 28, 2104 Meconium results were received and Baby ██████████ ██████████ is positive for Opiates and benzodiazepine.

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

On April 11, 2014 Ms. ██████████ reported that upon admission to the hospital "I did told them that I did use drugs at the beginning of the pregnancy, I used opiates, Roxy's and morphine" "It was short term, I did snore them" Ms. ██████████ has track marks on her left hand and she said "this are the drug marks"
 Ms. ██████████ reported that "years ago I injected, probably a year ago was the last time"
 Ms. ██████████ reported that "I used Subutex at 12 weeks of the pregnancy" "I got them, from the streets, there was no prescriptions"
 "One strip of Subutex last for about four days" "I just to clean houses to get money to but Subutex from the streets"

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

On April 10, 2014 A referral was received in ██████████ County on 04/09/2014. A Child protective services case has been open for DEI against ██████████ regarding the children ██████████

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

The Indian Child Welfare Act was explained to the family. The family answered no to all questions and signed The Native American Heritage Veto Verification form, CS-0824.
 The HIPAA form CS-0699 was reviewed with the family and a copy was left with them. They signed the form and a copy was left with them.
 The Client's Rights Handbook was explained to the family and a copy was left for them. They signed the form and a copy was left with them.
 The MRS Pamphlet was reviewed with the family and was left for them.
 The Notification of Equal Access to Programs and Services and Grievance Procedures, form CS-0158, was reviewed with the family. They signed the form and a copy was left with them.
 The initial safety assessment was completed on 04/16/2014 with the results being Safe. The closing safety assessment was completed on 06/11/2014 with the results being Safe.
 FFA was initiated or updated on this date 06/11/2014.
 Background check was performed on 05/01/2014. The results were See file.

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: 06/30/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 11:35 AM Entered By: [REDACTED]

Case was submitted for review to IC [REDACTED] who then submitted it to Deputy Director of Investigations [REDACTED]. The case was reviewed and approved for closure.



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: 06/12/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/12/2014

Completed date: 06/12/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2014 08:44 AM Entered By: [REDACTED]

This case was submitted for closure. CPSI [REDACTED] has completed all tasks. This case has been staffed and a transfer meeting has occurred. FSW [REDACTED] is working with the family currently. The child is placed with a relative in a non-custodial placement. This case will be submitted for closure to IC [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 06/11/2014	Contact Method:
Contact Time: 05:21 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 06/11/2014
Completed date: 06/11/2014	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/11/2014 04:22 PM Entered By: [REDACTED]

This case was received on April 09, 2014 and response was meet on April 10, 2014. The case has been classified as Allegation substantiated/perpetrator substantiated for DEI against [REDACTED]. Baby's meconium was positive for opiates and benzodiazepine. Due to delivery complication baby [REDACTED] was send to [REDACTED] Hospital and discharge on May 08, 2014. The case came as near fatality. Currently Baby is placed with paternal relatives and parents are working a plan and having supervised visit.. Case Manager has completed the Child Protective Services Investigation Summary and Classification Decision of Child Abuse Neglect Referral (CS-0740) and it has been submitted and a copy placed in the file.

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On April 28, 2104 Meconium results were received and Baby [REDACTED] is positive for Opiates and benzodiazepine. On April 10, 2014 CPSI met privately with Mr. [REDACTED] in the breastfeeding room at [REDACTED] Medical Center. Mr. [REDACTED] stated that he knows that he or another guy is the father of the baby. Mr. [REDACTED] informed CPSI that he signed the birth certificate today and wanted to be the father of the child. Mr. [REDACTED] date of birth is [REDACTED] and his social security number is [REDACTED]. CPSI explained the allegations to the father. Mr. [REDACTED] stated that if the mother tested positive for any substance that he wanted it to be sent to the lab because she has told him repeatedly that she was not using anything. Mr. [REDACTED] stated that he knows that she was using opiates and drinking beer, but that she told him that she stopped. Mr. [REDACTED] stated that he has asked her like "20 times" and Ms. [REDACTED] continued to tell him that she stopped using any substances when she found out she was pregnant. Mr. [REDACTED] informed CPSI that he thought she found out she was pregnant when she was a month into the pregnancy. Mr. [REDACTED] stated that the two weeks prior to her giving birth that Ms. [REDACTED] was staying with him at [REDACTED] TN. Ms. [REDACTED] residency is in [REDACTED] County. Mr. [REDACTED] stated that he thinks if she was using something that she would have used opiates. Mr. [REDACTED] reported that opiates had been his drug of choice. Mr. [REDACTED] stated that she has been clean since January 30th 2013. Mr. [REDACTED] is on probation which requires him to submit and pass random drug screens in [REDACTED] County. Mr. [REDACTED] stated that while he reports to the probation officer in [REDACTED] County that his probation is actually through [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

County. Mr. [REDACTED] is on probation for reportedly sell and delivery in 2008. Mr. [REDACTED] stated that he attends the following programs: [REDACTED], [REDACTED], and another church for support group meetings. Mr. [REDACTED] stated that he might get in trouble with his probation because he cannot afford to pay his fines and court cost. This might cause Mr. [REDACTED] to be violated. On April 11, 2014 Ms. [REDACTED] reported that upon admission to the hospital "I did told them that I did use drugs at the beginning of the pregnancy, I used opiates, Roxy's and morphine" "It was short term, I did snore them" Ms. [REDACTED] has track marks on her left hand and she said "this are the drug marks"

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The HIPAA form CS-0699 was reviewed with the family and a copy was left with them. They signed the form and a copy was left with them.

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The MRS Pamphlet was reviewed with the family and was left for them.

The Notification of Equal Access to Programs and Services and Grievance Procedures, form CS-0158, was reviewed with the family. They signed the form and a copy was left with them.

The initial safety assessment was completed on 04/16/2014 with the results being Safe. The closing safety assessment was completed on 06/11/2014 with the results being Safe.

FFA was initiated or updated on this date --06/11/2014.

Background check was performed on 05/01/2014. The results were See file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/11/2014

Contact Method:

Contact Time: 05:10 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/11/2014

Completed date: 06/11/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/11/2014 04:36 PM Entered By: [REDACTED]

Due process letter were prepared top be mailed. Copies are on file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/15/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 04 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 06/30/2014 11:34 AM

Entered By: [REDACTED]

A transfer meeting was held on this date. The NCPP was created with the parents and [REDACTED] was introduced as the new case manager. Parents will continue to work on A&D issues with services as well as mental health services. Case will be monitored through court and that aunt will retain custody.



**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:	05/15/2014	Contact Method:	
Contact Time:	03:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/11/2014
Completed date:	06/11/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2014 04:03 PM Entered By: [REDACTED]
 Date: 05/15/2014
 Time: 3:00
 Case Manager: LI [REDACTED] in place of CPSI [REDACTED]
 Reason for CFTM: Transfer case to FSS
 Location of Meeting: [REDACTED] DCS office
 Case was transfer to FSS, originally the worker was [REDACTED] and now is [REDACTED] A copy of the file was given to Foster Care.



**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:	05/12/2014	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/14/2014
Completed date:	05/14/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/14/2014 02:22 PM Entered By: [REDACTED]

LI [REDACTED] and CPSI [REDACTED] staffed this case. The allegations are DEI as a near fatality. The baby had a rough birth. He ingested meconium and continues to have issues. He has blood clots in the lungs and heart. He is being discharged from [REDACTED]. Initially child was brought into custody but then released at the 3 day hearing to an aunt. CPSI has requested a transfer to FSS for services to the mother and father. Mother is an IV drug user and the father is on probation for drug related charges. The father did fail a drug screen at court. There is a CFTM scheduled for Thursday.



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:	05/08/2014	Contact Method:	Phone Call
Contact Time:	10:50 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/11/2014
Completed date:	06/11/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/11/2014 04:02 PM Entered By: [REDACTED]

Date: 05/05/2014

Time: 11:07

Phone Call: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Family: [REDACTED] Hospital

Purpose of Contact: Collateral Contact

Content: Ms. [REDACTED] reported that both parents at [REDACTED] hospital.



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: 05/07/2014 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 06/11/2014
 Completed date: 06/11/2014 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Court Hearing
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/11/2014 03:57 PM Entered By: [REDACTED]

Date: 05/07/2014

Time: 10

Purpose of Contact: [REDACTED] COUNTY JUVENILE COURT

Purpose of Hearing: Three day

Judge [REDACTED] Presiding

Content: At the three day hearing, PC hearing was waived, trail home with Dad in 90 days and for mom supervised contacted. Ms. [REDACTED] agreed to supervise all visits with parents. Next hearing scheduled on June 19, 2014 @ 9:00 AM, .Baby [REDACTED] was placed by the court with Ms. [REDACTED] and her family.

Ms. [REDACTED] was authorized to go and pick up the baby to [REDACTED] and it was request by the court to open a FSS case.

GAL [REDACTED]

Dad' Att [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/05/2014	Contact Method:	Phone Call
Contact Time:	11:19 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/06/2014
Completed date:	05/06/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/06/2014 06:27 AM Entered By: [REDACTED]

E mail send to [REDACTED]: CPSI [REDACTED] spoke with [REDACTED] at [REDACTED] hospital.

Good morning,

I spoke with [REDACTED] hospital and they stated that "the doctors team has decided that if there is a medical fragile foster home available, the hospital is willing to approve only one night at [REDACTED] hospital for training"Thanks, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/05/2014

Contact Method: Phone Call

Contact Time: 11:07 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/11/2014

Completed date: 06/11/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/11/2014 03:59 PM Entered By: [REDACTED]

Date: 05/05/2014

Time: 11:07

Phone Call: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Family: [REDACTED] Hospital

Purpose of Contact: Collateral Contact

Content: Ms. [REDACTED] reported that both parents at [REDACTED] hospital.



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:	05/05/2014	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/11/2014
Completed date:	06/11/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2014 03:57 PM Entered By [REDACTED]

Date: 05/05/2014
Time: 8:00

Person Contacted: Mr. [REDACTED] Mr. [REDACTED] and [REDACTED] meet with LI [REDACTED] and request for the father's house to be review for a possibility to place the baby there upon discharge.



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: 05/05/2014

Contact Method: Phone Call

Contact Time: 02:31 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/05/2014

Completed date: 05/05/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/05/2014 01:46 PM Entered By: [REDACTED]

By previous authorization by LI [REDACTED] and Nurse [REDACTED] CPSI [REDACTED] authorize for [REDACTED] to have hepatitis shot today at 2:31.

The authorization was with Dr. [REDACTED] by phone. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/02/2014 Contact Method: Face To Face
 Contact Time: 01:10 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/11/2014
 Completed date: 06/11/2014 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/11/2014 03:54 PM Entered By: [REDACTED]

Date: 05/02/2014

Time: 1:10

Purpose of Contact: Father's home visit

Type of Interview: ACV Interview

Location of Contact: Father's home

Contacted/Relation: [REDACTED]

Content: CPSI [REDACTED] arrived at Mr. [REDACTED] house and Id herself and request authorization to enter and it was granted.

On May 01, 2014 at 4:35 a removal was approved by [REDACTED] after Mr. [REDACTED] knowing that he reported that his roommate is willing to have the baby in the house and he signed a release of information with LI [REDACTED]

During the visit CPSI [REDACTED] received info that the roommate has some DUI and the placement was not approved.

CPSI [REDACTED] asked if his mother of Ms. [REDACTED] mother will be a possible placement and both Mr. [REDACTED] and Mrs. [REDACTED] reported that none of them are in the position to "just take off and stay there"

Ms. [REDACTED] reported by phone "My mom cannot just leave"

Mr. [REDACTED] stated "My mom does not have the economical means to do that"

CPSI [REDACTED] did a drug screen with Mr. [REDACTED] and he are positive for Benzos and e reported that he has been taking Adderall and citalopram.

During the visit Mr. [REDACTED] reported that "I meet [REDACTED] a long time and we never have been together, we have only sex" "I do not have any plans to be with her"

Mr. [REDACTED] denied having a pregnant girlfriend.

Mr. [REDACTED] stated that he is on probation and that he will have court on May 12 in [REDACTED] County.

Mr. [REDACTED] reported that he has a violation because he has not pay the fine "I might go to jail ox they will extend the probation"

Mr. [REDACTED] reported that in the past he had drug problems and that he has completed "AA meetings, I got drug test every time that I see my PO, the last positive was on November 2013 for oxycodone"

"I went top rehab at [REDACTED]"

During all the HV and conversations Ms. [REDACTED] reported that she will not be a placement for the Baby.

CPSI [REDACTED] was advised to seek for a [REDACTED] and placement and draft the petition to be at legal department on Monday"

On her way home CPSI [REDACTED] received a phone call from Ms. [REDACTED] and she stated that she would like to be placement and that's eh ,meet with LI this morning.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

CPSI [REDACTED] stated that she spoke with her son and that he said that Ms. [REDACTED] did not have the economical resource to go to [REDACTED] "at this time a removal has been approved and placement is being look for.



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:	05/02/2014	Contact Method:	Correspondence
Contact Time:	12:57 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/02/2014
Completed date:	05/02/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/02/2014 12:16 PM Entered By: [REDACTED]

SW [REDACTED] sent me some more current records on [REDACTED] yesterday afternoon. I just finished reading through them. I wanted to share a few things I learned while reviewing these records. Mom verbally reports she is Hep C positive, but this is not mentioned in her medical records per [REDACTED]. The man that is presumed to be [REDACTED] father, is also expecting a child with his ex-girlfriend. Named father has a PO related to drug charges in 2007. Initially [REDACTED] PDA was listed as small, but more current records classify it as moderate to large in size. The physical exam of his heart on 4/30/14 showed regular rate and rhythm, no murmur, good perfusion and good pulses. This same physical on 4/30 reports he has two blood clots at his heart, one at the tricuspid valve and one at the IVC/RA junction. This report states his head ultrasound at [REDACTED] was normal and his repeat head US, including Doppler at [REDACTED] was normal. YEA!!! He was weaned to room air on 4/24 and has done well. Began feedings by mouth on 4/19. Now feeding well by mouth. Abdominal ultrasound showed no blood clots in the abdomen. [REDACTED] infectious disease testing (cerebrospinal fluid studies) came back normal on 4/21. This baby is really a miracle. He has come a long way. The blood clots and his heart monitoring are his two big issues that remain.

Thanks,

[REDACTED], CPNP



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: 05/02/2014

Contact Method: Correspondence

Contact Time: 11:56 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/08/2014

Completed date: 06/08/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/08/2014 08:37 PM Entered By: [REDACTED]

[REDACTED] medical records reviewed.

SW [REDACTED] sent me some more current records on [REDACTED] yesterday afternoon. I just finished reading through them. I wanted to share a few things I learned while reviewing these records. Mom verbally reports she is Hep C positive, but this is not mentioned in her medical records per [REDACTED]. The man that is presumed to be [REDACTED] father, is also expecting a child with his ex-girlfriend. Named father has a PO related to drug charges in 2007. Initially [REDACTED] PDA was listed as small, but more current records classify it as moderate to large in size. The physical exam of his heart on 4/30/14 showed regular rate and rhythm, no murmur, good perfusion and good pulses. This same physical on 4/30 reports he has two blood clots at his heart, one at the tricuspid valve and one at the IVC/RA junction. This report states his head ultrasound at OSH was normal and his repeat head US, including Doppler at [REDACTED] was normal. YEA!!! He was weaned to room air on 4/24 and has done well. Began feedings by mouth on 4/19. Now feeding well by mouth. Abdominal ultrasound showed no blood clots in the abdomen. [REDACTED] infectious disease testing (cerebrospinal fluid studies) came back normal on 4/21. This baby is really a miracle. He has come a long way. The blood clots and his heart monitoring are his two big issues that remain.

Thanks,

[REDACTED], CPNP
[REDACTED] DCS Nurse Consultant II



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: 05/01/2014

Contact Method:

Contact Time: 04:35 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/11/2014

Completed date: 06/11/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/11/2014 03:55 PM Entered By: [REDACTED]

Date: 05/01/2014

Time: 4:35

Person Contacted: LI [REDACTED]

Relationship to Family: DCS

Purpose of Contact: Collateral Contact

Content: Case was staffed with LI [REDACTED] and legal and authorization for a removal was granted.



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: 05/01/2014	Contact Method: Correspondence
Contact Time: 01:18 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 05/02/2014
Completed date: 05/02/2014	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 05/02/2014 12:14 PM Entered By: [REDACTED]
 Collateral notes from [REDACTED] DCS Nurse

Hi [REDACTED] I have reviewed a portion of [REDACTED] medical records that you gave me, and I just had a detailed discussion on the phone with his [REDACTED] SW, [REDACTED]. All of the following information is from [REDACTED] meconium tested positive for opiates and benzos. [REDACTED] currently weighs 5.72 pounds, which is basically his birth weight. [REDACTED] is no longer on a ventilator. [REDACTED] was weaned from morphine yesterday. [REDACTED] is fed by mouth, they are working with him on his feeding. His only medication is the Lovenox shots to prevent additional blood clots/blood issues. The echocardiogram of his heart on 4/28/14, showed that he still has blood clots, but they are shrinking in size. [REDACTED] also has moderate tricuspid valve insufficiency and a small PDA (patent ductus arteriosus) regarding his heart. Mother is positive for HSV (herpes), but [REDACTED] has not currently tested positive for herpes. [REDACTED] reports that his scans do not show brain damage. According to [REDACTED] will require hematology/thrombosis clinic follow-up (blood and blood clot follow-up), cardiology follow-up, including echocardiograms, and PCP follow-up. [REDACTED] reported that [REDACTED] physicians are okay with [REDACTED] care being transferred to [REDACTED] in [REDACTED]. I have been informed that an aunt who is a nurse, may be interested in providing placement and needed care for this baby. I am okay with this relative obtaining custody of this child, as long as she is willing to go to [REDACTED] and receive the required training and room in with this baby. If this child enters DCS custody, I recommend a medically fragile placement due to the medication injection requirements, close supervision required due to his blood clots/cardiac issues, and his need for specialized follow-up on an on-going basis.

[REDACTED] pager number: [REDACTED] email is [REDACTED]
 Between Friday 4:30 pm until Monday 8am, the on-call SW number to call is [REDACTED]

Please continue to keep me updated.
 Thanks,



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:	05/01/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	06/11/2014
Completed date:	06/11/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/11/2014 03:53 PM Entered By: [REDACTED]

Date: 05/01/2014

Time: 11

Phone Call: Face to face

Person Contacted: [REDACTED] and [REDACTED]

Relationship to Family: Paternal Aunt and Uncle

Purpose of Contact: Collateral Contact

Content: CPSI [REDACTED] arrived at the [REDACTED] house and ID herself and request authorization to enter and it was granted.

CPSI engage the family and filled out all the pare work that needs to be completed.

LI [REDACTED] already run a background checks and the family has been approved.

CPSI [REDACTED] did full disclosure again and the family took the non-custodial option.

CPSI [REDACTED] walked through the house and the house is clean, well-kept and big, there are two biological daughters and each of the have their own room.

Ms. [REDACTED] reported that the baby will be sleeping in her bedroom until is appropriate.

Ms. [REDACTED] asked questions about the baby and CPSI [REDACTED] reported that the hospital is requiring for the person that is going to be the caregiver sty two nights at [REDACTED] Hospital and learn the procedure that the baby needs. Ms. [REDACTED] is a RN and she reported that she will be able to do that.

Ms. [REDACTED] asked medical questions and CPSI [REDACTED] reported that she does not have additional information. CPSI [REDACTED] called the hospital at that time and there was no answer. S message was left but there was not a call back.

Ms. [REDACTED] was very nervous and uneasy, Ms. [REDACTED] reported that "I am not sure this is [REDACTED] baby and I do not what to do, U want to help but I do not how long this will last"

CPSI [REDACTED] stated that she did not have any time frame and that it is hard to say how long the baby will be under their care.

Ms. [REDACTED] reported "I did not expect this and she start crying, she said I have some plans, I want it to go back to school"

Ms. [REDACTED] reported that she would like to have more time to talk about this with her husband and she said that she will call tomorrow with a better answer"



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: 05/01/2014 Contact Method: Correspondence
Contact Time: 12:17 AM Contact Duration: Less than 15
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 06/08/2014
Completed date: 06/08/2014 Completed By: [REDACTED]
Purpose(s): Service Planning
Contact Type(s): Collateral Contact
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/08/2014 08:35 PM Entered By: [REDACTED]
[REDACTED] DCS Nurse medical records review

Hi [REDACTED] I have reviewed a portion of [REDACTED] [REDACTED] medical records that you gave me, and I just had a detailed discussion on the phone with his [REDACTED] SW, [REDACTED]. All of the following information is from [REDACTED] meconium tested positive for opiates and benzos. [REDACTED] currently weighs 5.72 pounds, which is basically his birth weight. [REDACTED] is no longer on a ventilator. [REDACTED] was weaned from morphine yesterday. [REDACTED] is fed by mouth, they are working with him on his feeding. His only medication is the Lovenox shots to prevent additional blood clots/blood issues. The echocardiogram of his heart on 4/28/14, showed that he still has blood clots, but they are shrinking in size. [REDACTED] also has moderate tricuspid valve insufficiency and a small PDA (patent ductus arteriosus) regarding his heart. Mother is positive for HSV (herpes), but [REDACTED] has not currently tested positive for herpes. [REDACTED] reports that his scans do not show brain damage. According to [REDACTED] will require hematology/thrombosis clinic follow-up (blood and blood clot follow-up), cardiology follow-up, including echocardiograms, and PCP follow-up. [REDACTED] reported that [REDACTED] [REDACTED] physicians are okay with [REDACTED] care being transferred to [REDACTED] in [REDACTED]. I have been informed that an aunt who is a nurse, may be interested in providing placement and needed care for this baby. I am okay with this relative obtaining custody of this child, as long as she is willing to go to [REDACTED] and receive the required training and room in with this baby. If this child enters DCS custody, I recommend a medically fragile placement due to the medication injection requirements, close supervision required due to his blood clots/cardiac issues, and his need for specialized follow-up on an on-going basis.

[REDACTED] pager number [REDACTED] email is [REDACTED]

Between Friday 4:30 pm until Monday 8am, the on-call SW number to call is [REDACTED]

Please continue to keep me updated.

Thanks,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED], CPNP



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:	04/30/2014	Contact Method:	Face To Face
Contact Time:	06:00 PM	Contact Duration:	Less than 02 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/11/2014
Completed date:	06/11/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/11/2014 03:52 PM Entered By: [REDACTED]

Date: 04/30/2014

Time: 6:00 PM

Case Manager: [REDACTED]

Reason for CFTM: Prevention

Location of Meeting: DCS [REDACTED]

Present/Relation:

[REDACTED] Father

[REDACTED] Mother on the phone

[REDACTED] Paternal aunt and uncle

[REDACTED] Facilitator

Situation that Prompted CFTM:

Prevention

During the meeting the full disclosure was provided to the [REDACTED] family and after the meeting Ms. [REDACTED] contacted CPSI [REDACTED] and she stated that's they would like to be the caregivers of the baby Non-custodial.

CPSI [REDACTED] stated that she will need to go to their house and do paper work and a home study; an appointment was set up for tomorrow at 11:00 Am.

See full reported on T facts and file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2014

Contact Method: Correspondence

Contact Time: 03:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/08/2014

Completed date: 06/08/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 08:38 PM Entered By: [REDACTED]

Discharge directions from [REDACTED] Hospital.

Please note the following:

patient [REDACTED] receives Lovenox medication "shots"

Identified person with whom patient will be discharged will need to room for an average of 2 nights prior to patients discharge. Whilst rooming in, the care provider will receive discharge education and demonstrate ability to meet patient's needs. Bath room access and bed and linen only provided by [REDACTED] staff. No food or refreshments will be provided.

Please do not hesitate to contact us should you have any additional questions.

[REDACTED]

Department of Pediatric Social Work; NICU

[REDACTED] Children's Hospital at [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/29/2014	Contact Method:	Phone Call
Contact Time:	01:55 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

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

Date: 04/29/2014

Time: 1:55

Phone Call: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Family: [REDACTED] Social Worker

Purpose of Contact: Collateral Contact

Content: IT was reported that the bay does not have a ventilator; "it was taken off today" and he start blood thinners.

It was reported that the mother has comment that she did not have any prescription for benzos or opiates.

It was reported that the mother wants for the bay to go with the father or his sister.

It was reported that the baby might be discharge ion Friday.



**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:	04/28/2014	Contact Method:	Phone Call
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 08:29 PM Entered By: [REDACTED]

Date: 04/28/2014

Time: 3:00

Phone Call: [REDACTED] room [REDACTED]

Person Contacted [REDACTED]

Relationship to Family: [REDACTED] Social Worker

Purpose of Contact: Collateral Contact

Content: It was reported that the hospital have concerns that the baby will be going home with Dad because he is on probation.

CPSI [REDACTED] reported that before that happened a home visit have to be completed as well a background checks.

It was reported that the mother still at the hospital and that the father has been going home, he will be back possible at the end of the week.

"Meconium is back and it is positive for opiates and benzos"



**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:	04/28/2014	Contact Method:	Phone Call
Contact Time:	02:10 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Group Home	Created Date:	06/11/2014
Completed date:	06/11/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2014 04:13 PM Entered By: [REDACTED]

Meconium results were received and Baby [REDACTED] [REDACTED] is positive for Opiates and benzodiazepine.



**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:	04/25/2014	Contact Method:	Phone Call
Contact Time:	04:12 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

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

Date: 04/25/2014

Time: 4:12

Phone Call: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Family: [REDACTED] Social Worker

Purpose of Contact: Collateral Contact

Content: IT was reported that there are no additional concerns with the baby, the parents are there ate the hospital, "the father is on his way back" "meconium results are not back yet"



**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:	04/21/2014	Contact Method:	Phone Call
Contact Time:	11:37 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 08:27 PM Entered By: [REDACTED]

Date: 04/21/2014

Time: 11:37

Phone Call: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Family: [REDACTED] Social Worker

Purpose of Contact: Collateral Contact

Content: It was reported "Baby is ok, I am reading a note from yesterday, baby still pretty sick, still have infusions, still high risk and the Neonatal team is working on the ventilator because he has pulmonary hypotension and sepsis" "there is no meconium results and no NAS Dx and the mother was positive for amphetamines" "I have not meet the mother yet"

CPSI [REDACTED] reported that the mother left to [REDACTED] the day that she was discharge from [REDACTED] and that it is unknown if she is getting medical attention due to she had C sections at delivery.



**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:	04/17/2014	Contact Method:	Phone Call
Contact Time:	11:41 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/11/2014
Completed date:	06/11/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2014 03:51 PM Entered By: [REDACTED]

Date: 04/17/2014

Time: 11:41

Person Contacted: Ms. [REDACTED]

Relationship to Client: Mother

Purpose of Contact: Information

Content: Ms. [REDACTED] contacted CPSI via text message and she reported that "they do not know when he will be good enough to go back home and since we got here he has made progress. We can't afford to drive back and forth so we have stayed here with him. But tomorrow I will look in to a drug and alcohol assessment"



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:	04/15/2014	Contact Method:	Phone Call
Contact Time:	03:19 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 08:25 PM Entered By: [REDACTED]

Date: 04/15/2014

Time: 3:19

Phone Call: [REDACTED]

Person Contacted: [REDACTED] NICU

Relationship to Family: [REDACTED] Hospital

Purpose of Contact: Collateral Contact

Content: CPSI [REDACTED] contacted [REDACTED] hospital and spoke with [REDACTED] It was reported that "mom is here, the baby is stable, still critical and there is no discharge time"

CPSI [REDACTED] was informed that medical records can be requested [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/15/2014	Contact Method:	Phone Call
Contact Time:	02:21 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 08:25 PM Entered By: [REDACTED]

Date: 04/15/2014

Time: 2:21

Person Contacted: SW [REDACTED]

Relationship to Family: Social worker

Purpose of Contact: Collateral Contact

Content: Ms. [REDACTED] called from [REDACTED] Hospital to report that Ms. [REDACTED] was at [REDACTED] hospital and to request information if anyone from DCS will be visiting the bay.

CPSI [REDACTED] reported that DCS in [REDACTED] saw the baby before the bay was transported to [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/15/2014 Contact Method: Phone Call
 Contact Time: 01:02 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/08/2014
 Completed date: 06/08/2014 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/08/2014 08:27 PM Entered By: [REDACTED]

Date: 04/15/2014

Time: 1:02

Phone Call: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Family: [REDACTED] Social Worker

Purpose of Contact: Collateral Contact

Content: CPSI [REDACTED] received a phone call from Ms. [REDACTED] from [REDACTED] hospital. IT was reported that "the baby is critical ill, there are a lot of things going on, it is hard to say what is the Dx, we start the antibiotics for the infection, there is concern with the drugs history, the baby is not breathing well, not eating by mouth, there are respiratory issues and also cardiac issues, there is not an official Dx"



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: 04/15/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/15/2014

Completed date: 04/15/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/15/2014 09:23 AM Entered By: [REDACTED]

CPSI [REDACTED] contacted LI [REDACTED]. The CFTM was held with the family to engage them. The mother has changed her story and now a growing concern is raised if she is protective. IC [REDACTED] and RGC [REDACTED] was contacted. The case was staffed for removal based on the mother failing to get medical care for the child and the father severely abusing the child. Removal was granted.

Narrative Type: Addendum 1 Entry Date/Time: 04/15/2014 09:33 AM Entered By: [REDACTED]

This was entered in error.



**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:	04/11/2014	Contact Method:	Phone Call
Contact Time:	04:30 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Group Home	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 08:24 PM Entered By: [REDACTED]

Date: 04/11/2014

Time: 6:30

Person Contacted: Ms. [REDACTED]

Relationship to Client: Mother

Purpose of Contact: Discharge from [REDACTED]

Content: Ms. [REDACTED] contacted CPSI [REDACTED] and she reported that she has been discharged from [REDACTED] and that she is on her way to [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/11/2014 Contact Method: Phone Call
 Contact Time: 04:15 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/08/2014
 Completed date: 06/08/2014 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/08/2014 08:22 PM Entered By: [REDACTED]

Date: 04/11/2014

Time: 4:15

Person Contacted: Nurse station

Relationship to Family: Nurse

Purpose of Contact: Collateral Contact

Content: It was reported that Ms. [REDACTED] has been given Antibiotic Zosyn, Samatigo for gas, Percocet (opiates) and Ibuprofen and that's eh will possible have a prescriptions after discharge for Percocet and ibuprofen.



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:	04/11/2014	Contact Method:	Phone Call
Contact Time:	03:32 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/08/2014 08:21 PM Entered By: [REDACTED]

Date: 04/11/2014

Time: 3:32

Phone Call: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Family: None-[REDACTED] Hospital

Purpose of Contact: Collateral Contact

Content: CPSI [REDACTED] called the hospital and they reported that the mother can sleep in the hospital and during the day she can stay with the bay in the room, the hospital reported that she need to call as soon as she is ready to be discharge to reserve a place to sleep for her, the hospital reported that the mother can take shower in the hospital.

The process is as follows: the mother sings up upon arrival and if there are rooms to sleep she stays, she needs to leave the room with ball her belonging at 9:00 Am and then come back between 4:30 and 5:00 Pm, she will have preference because of the distance and the critical condition of the baby"



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: 04/11/2014 Contact Method: Face To Face
 Contact Time: 02:40 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/08/2014
 Completed date: 06/08/2014 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/08/2014 08:21 PM Entered By: [REDACTED]

Date: 04/11/2014

Time: 2:40

Purpose of Contact: Initial face to afce with mother

Location of Contact: [REDACTED] Hospital

Contact/ Relationship: CPSI [REDACTED] arrived at [REDACTED] Hospital and went to the CCU Unit, ID herself and request to see Ms. [REDACTED] CXPSI [REDACTED] was informs that Ms. [REDACTED] was not in the CCU unit any longer. CPSI [REDACTED] was directed and accompanied to her room [REDACTED]

CPSI [REDACTED] knocked at the door and request authorization to enter and it was granted.

CPSI [REDACTED] ID herself to Ms. [REDACTED] and explained the reason of the visit and Ms. [REDACTED] stated "I knew you will be coming, the hospital told me that"

Ms. [REDACTED] reported that "my name is [REDACTED] I am 21 years old, (DOB [REDACTED] SS# [REDACTED] address [REDACTED]

Ms. [REDACTED] reported that this is her first and only child, name [REDACTED], and the father of the baby is [REDACTED] he is 38 years old and she does not know his address and his phone number is [REDACTED]

Ms. [REDACTED] reported that she and Mr. [REDACTED] are not married and that Mr. [REDACTED] is on the birth certificate of the Baby and that they are not living together "we have been on and off for a couple of years" "we were together for one and a half years, he have not being together for a couple, of months"

"We do not have any plans to get married" "we will try to rise our son and so what is best for him"

Ms. [REDACTED] reported that she is not working and that she is not a recipient of food stamps "my parents make too much money"

Ms. [REDACTED] reported that she does not have WIC and that she and the baby both have TennCare.

Ms. [REDACTED] reported that she finds out about the pregnancy in august 2013 and she was about 4 weeks, she reported that she went to the doctor for the first time because she had a home pregnancy test in August 28 and it was positive.

Ms. [REDACTED] reported that then she went to All Women's care group as the appointments were schedules "I was taking vitamins, I did not have any complications through the pregnancy"

"Before the delivery I was feeling sick for a couple of days, I came here for a doctor's appointment on [REDACTED] and I said that I did not feel good" "I was send to the labor and delivery" "I was monitor for about two hours and then I have the baby" "I had an emergency C section, the baby stop breathing and was not responding, they need to take him"



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

by C section" "when I was in the operation room, the doctor notice placenta abruption and he got the baby out" "the baby swallows meconium inside the womb"

"I was not explained why the placenta abruption"

"I have kidney infections; sepsis spear all over my body, the doctor said that it could be the reason" "Dr. [REDACTED] delivered the baby"

Ms. [REDACTED] reported that upon admission to the hospital "I did told them that I did use drugs at the beginning of the pregnancy, I used opiates, Roxy's and morphine" "It was short term, I did snore them" Ms. [REDACTED] has track marks on her left hand and she said "this are the drug marks"

Ms. [REDACTED] reported that "years ago I injected, probably a year ago was the last time"

Ms. [REDACTED] reported that "I used Subutex at 12 weeks of the pregnancy" "I got them, from the streets, there was no prescriptions"

"One strip of Subutex last for about four days" "I just to clean houses to get money to but Subutex from the streets"

"I have been living with my parents since I find out that I was pregnant"

"Last time that I used Subutex 20 or 30 some weeks in the pregnancy" "I do not know when I stop" "maybe the day before of delivery I took ¼ of Subutex"

"I start using around 12 yo, I used to use marijuana, I went to a concert one night and I smoke" "I was about 15 yo when I start using pills, I start with Roxy's and hydros, I get them from people I knew back then"

"I use cocaine when I was 18 years old, only once in my life, I did not really care for it, I did not like how made me feel"

"I have never been in rehabilitation"

Ms. [REDACTED] has some cutting marks on her left arm and she stated "I lost my Dad when I was 4 years ago, that was the last time but I have been doing it since I was in the 8th grade, I was 12 or 13 years old"

"I have been in therapy with Dr. [REDACTED] here in [REDACTED] I went few times, I did not have insurance, I also saw a psychiatrist [REDACTED] for about 6 moths between 2009 and 2010"

I went to therapy because I was rape when I was 9 years old by my mom's ex-boyfriend [REDACTED] it was in [REDACTED]

[REDACTED] "It happened for about two years, he said that if I say anything he will cut my mom's throat"

I was 12-13 years old when my mom find out, I was at school and they saw my cuts on m y arm, and kegs, the school nurse saw me and they call my mom" "he was not living with us, mom had meet my step dad already, mom believe me, she said I should told her" "I never went to therapy, I stop cutting myself, I write a lot" "I still writing but now I write good things"

Ms. [REDACTED] reported"

"During the pregnancy I get drugs from random people, [REDACTED] the father does not do drugs"

Ms. [REDACTED] reported that she does not know the discharge date, "It could be tomorrow or the next day"

Ms. [REDACTED] reported "I have lots of cloths, a changing table with a pad, diaper bag, crib, bottles, swing, car seat, two basinets"

CPSI [REDACTED] spoke with Ms. [REDACTED] about safe sleep that the baby needs to sleep on his own place, face up and with no pillows, toys or anything in the bassinets or crib.

A brochure was provided with safe sleep guidelines.

Ms. [REDACTED] reported that the baby weight was 5.11 oz. and his length was 19 ½ inches.

CPSI [REDACTED] reported that the baby is in [REDACTED] and that the hospital has not reported that day of discharge.

Ms. [REDACTED] reported that as soon as she is discharge she will be going to [REDACTED] with Mr. [REDACTED] she said "I am, taking my car and the new car seat, my car is more stable to transport the baby"

Ms. [REDACTED] reported "I have to be good before I go and see the baby, I cannot see him if I have fever, I have to have a letter from the hospital that I have been free of fever for 24 hours" "I have been taking antibiotics and Percocet"

Ms. [REDACTED] reported that she has five sister and two brothers, [REDACTED] (38), [REDACTED] (36), [REDACTED] (340 and [REDACTED] (30), the brother are [REDACTED] (36) and [REDACTED] (28), also a step sister [REDACTED] (28) "we all get along"

Ms. [REDACTED] reported: "my plan is to go and see the baby, stay in a hotel, [REDACTED] family wants to help or at the [REDACTED] house .

CPSI [REDACTED] stated that DCS has not made a decision of where the bay will be going, appears that the bay is in a very critical condition I know, they told me that I am not going to be able to feed the baby or to hold the baby"

CPSI [REDACTED] asked Ms. [REDACTED] for family member in case the baby comes in to custody and Ms. [REDACTED] said "I do not anyone in my family, I do not want for you tpo contact anyone in my family, if you go to my mom's house I am at risk to lose my place to live"

CPSIU Spoke with LI [REDACTED] and the recommendation was tpo set up a CFTM.

CPSI [REDACTED] reported that info to Ms. [REDACTED] and she said that Friday around 3:00 Pm will be fine"



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: 04/10/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: More than 5 Hours

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/10/2014

Completed date: 04/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/10/2014 03:22 PM Entered By: [REDACTED]

This case was received as a P1 for severe drug exposed infant. it was marked as a preliminary near death. On [REDACTED] [REDACTED] was admitted to [REDACTED] Hospital in labor. [REDACTED] tested negative at birth but was positive for THC, amphetamines, and opiates during the pregnancy. She has a history of IV drug use. There were complications during birth. [REDACTED] had placenta abruption. [REDACTED] experienced loss of oxygen in utero where he also asperiated. He had meconium in his lungs. He was in the birth canal for a period of time before an emergency C-section was done. [REDACTED] was septic and is in acute renal failure. [REDACTED] was also placed on IV antibiotic because of this. [REDACTED] was very sick at birth. Doctor's believe he may have had an injury before birth. He was intubated and placed on a ventilator prior to the transport. He is being transferred from [REDACTED] to [REDACTED] currently. [REDACTED] is being monitored for seizure activity. He is on three different kinds of antibiotics. He has had blood transfusions and plasma transfusions. He is not currently being fed and is on a special IV fluid to put calories into his body. It is believed that he started the drug withdrawal process prior to his birth due to [REDACTED] stopping drug use within the last two weeks of gestation according to her drug screens. At this time, the doctors are not diagnosing him with NAS due to him being so ill and not being able to decipher the difference between his withdrawals and his other illnesses. [REDACTED] is so fragile that he is not able to be touched at this time. [REDACTED] is provided an IV Benzo for agitation when he is touched by the nurses for procedures and turning. [REDACTED] stiffens up like a board and throws his arms and legs when touched.

[REDACTED] has been transferred to [REDACTED] in [REDACTED] as his progress has deteriorated.
 Child Near Death form has been emailed to the group.



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: 04/10/2014 Contact Method: Face To Face
 Contact Time: 11:39 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/16/2014
 Completed date: 04/16/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/16/2014 07:22 AM Entered By: [REDACTED]

ce to Face conducted by CPSI [REDACTED]

On April 10, 2014, at 11:39 am, CPSI [REDACTED] spoke with Social Worker [REDACTED] privately at [REDACTED] Medical Center. Ms. [REDACTED] stated that the baby's condition was near fatal and that the baby was being transferred to [REDACTED] Hospital as a "last ditch effort" to save the baby. Ms. [REDACTED] stated that the baby was not doing well. Ms. [REDACTED] reported that the cause of the baby's condition cannot be pin pointed to one thing, but as several different things: substance abuse, being stuck in the birthing canal causing the deprivation of oxygen, and the baby being septic. Ms. [REDACTED] provided CPSI documentation related to the baby. Ms. [REDACTED] stated that they cannot even touch the baby. Ms. [REDACTED] reported that when they touched the baby, the baby "jumped out of his skin". Ms. [REDACTED] stated that the mother was still in ICU at [REDACTED] Memorial Hospital. Ms. [REDACTED] has only agreed to allow the putative father, [REDACTED] in to see the baby, and has refused to let her mom come see the baby. Ms. [REDACTED] stated that the mom and the sister apparently confronted the mother at [REDACTED] Memorial saying that knew she was using drugs because they saw track marks. Ms. [REDACTED] stated that she was told this information by the maternal grandmother. Ms. [REDACTED] stated that Mr. [REDACTED] told her that he knew that he or another guy could be the father. Ms. [REDACTED] stated that the maternal grandmother reported that Mr. [REDACTED] was one of seven possible fathers. Ms. [REDACTED] took CPSI back in the NICU to see the [REDACTED] baby. [REDACTED] was observed to be very small inside the enclosed crib. Nurses were preparing the crib for transfer. CPSI was informed that [REDACTED] was on their way to get [REDACTED]. Ms. [REDACTED] introduced CPSI to Mr. [REDACTED] who was present with the baby along with the paternal grandmother. CPSI met privately with Mr. [REDACTED] in the breastfeeding room at [REDACTED] Medical Center. Mr. [REDACTED] stated that he knows that he or another guy is the father of the baby. Mr. [REDACTED] informed CPSI that he signed the birth certificate today and wanted to be the father of the child. Mr. [REDACTED] date of birth is [REDACTED] and his social security number is [REDACTED]. CPSI explained the allegations to the father. Mr. [REDACTED] stated that if the mother tested positive for any substance that he wanted it to be sent to the lab because she has told him repeatedly that she was not using anything. Mr. [REDACTED] stated that he knows that she was using opiates and drinking beer, but that she told him that she stopped. Mr. [REDACTED] stated that he has asked her like "20 times" and Ms. [REDACTED] continued to tell him that she stopped using any substances when she found out she was pregnant. Mr. [REDACTED] informed CPSI that he thought she found out she was pregnant when she was a month into the pregnancy. Mr. [REDACTED] stated that the two weeks prior to her giving birth that



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] was staying with him at [REDACTED] Ms. [REDACTED] residency is in [REDACTED] County. Mr. [REDACTED] stated that he thinks if she was using something that she would have used opiates. Mr. [REDACTED] reported that opiates had been his drug of choice. Mr. [REDACTED] stated that she has been clean since January 30th 2013. Mr. [REDACTED] is on probation which requires him to submit and pass random drug screens in [REDACTED] County. Mr. [REDACTED] stated that while he reports to the probation officer in [REDACTED] County that his probation is actually through [REDACTED] County. Mr. [REDACTED] is on probation for reportedly sell and delivery in 2008. Mr. [REDACTED] stated that he attends the following programs [REDACTED] and another church for support group meetings. Mr. [REDACTED] stated that he might get in trouble with his probation because he cannot afford to pay his fines and court cost. This might cause Mr. [REDACTED] to be violated. Mr. [REDACTED] stated that the name of the other putative father is [REDACTED] Mr. [REDACTED] stated that he did not know [REDACTED] last name. Mr. [REDACTED] can be reached at [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/10/2014

Contact Method: Notation

Contact Time: 08:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/11/2014

Completed date: 06/11/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/11/2014 04:20 PM Entered By: [REDACTED]

CASE ASSIGNMENT

Date: 04/10/2014

Time: 8:00

This case was assigned to Child Protective Services Investigator (CPSI) [REDACTED] by Lead Investigator (LI) [REDACTED]. This case was assigned as a P1.

DCS Case History: N/A

Name of family: [REDACTED]

Address [REDACTED]

Referent Notification was made via mail on 04/15/2014.

At the conclusion of this case, a 740 will be submitted to the supervisor to be reviewed and signed, and then submitted to the Juvenile Court on a weekly basis as requested by the court.

Referral: A referral was received in [REDACTED] County on 04/09/2014. A Child protective services case has been open for DEI against [REDACTED] regarding the children [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/09/2014	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 08:18 PM Entered By [REDACTED]

Date: 04/09/2013 @ 9:00

Phone Call: Referent

Person Contacted: Referent

Content: CPSI [REDACTED] contacted the referent and there was no answer, CPSI [REDACTED] left a phone message to call DCS back.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/09/2014	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/11/2014
Completed date:	06/11/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2014 04:19 PM Entered By: [REDACTED]

Date: 04/09/2013 @ 9:00

Phone Call: Referent

Person Contacted: Referent

Content: CPSI [REDACTED] contacted the referent and there was no answer, CPSI [REDACTED] left a phone message to call DCS back.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/09/2014	Contact Method:	Phone Call
Contact Time:	07:38 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/08/2014
Completed date:	06/08/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2014 08:20 PM Entered By: [REDACTED]

Date: 04/09/2014

Time: 7:38

Phone Call: [REDACTED]

Person Contacted: [REDACTED]

Relationship to Family: Medical personal

Purpose of Contact: Collateral Contact

Content: CPSI [REDACTED] contacted [REDACTED] at [REDACTED] hospital and she reported that she has not talk with the baby's mother yet and that the baby is in acute critical condition but not death yet.



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: 04/09/2014

Contact Method: Phone Call

Contact Time: 07:23 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/08/2014

Completed date: 06/08/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/08/2014 08:19 PM Entered By: [REDACTED]

Date: 04/09/2014

Time: 7:23

Phone Call: [REDACTED]

Person Contacted: [REDACTED] ICU

Relationship to Family: Medical personal

Purpose of Contact: Collateral Contact

Content: CPSI [REDACTED] contacted [REDACTED] and spoke with [REDACTED] and the ICU and she reported that Ms. [REDACTED] is not in the ICU she is at the [REDACTED] Unit in bed #2, she reported that the [REDACTED] is open any time but it is closed from 6:30 Am to 8:00 AM and from 6:30 PM to 8:00 PM.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 04/16/2014
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

06/11/2014 - [REDACTED] - FFA - [REDACTED] - A referral was received in [REDACTED] County on 04/09/2014. A Child protective services case has been open for DEI against [REDACTED] regarding the children [REDACTED]

B. Family Story:

10/01/2014 - [REDACTED] FFA - Family - [REDACTED] continues to be in the temporary custody and care of the paternal Aunt, [REDACTED] and her husband [REDACTED] and [REDACTED] have supervised visitation. [REDACTED] is currently incarcerated in [REDACTED] Co due to some unpaid fines related to a previous felony drug charge. [REDACTED] release date is unknown at this time. [REDACTED] participates in her supervised visitation however has made minimal progress on her NCPP. [REDACTED] did complete a mental health assessment but has not followed the recommendations. [REDACTED] has not started IOP as she was supposed to back in July and is not in regular communication with her FSW regarding her service plan and random drug screens. [REDACTED] is being tried for severe abuse and the adjudication is scheduled for 11/10/14. The [REDACTED] have hired a private attorney and are petitioning to adopt [REDACTED]. The [REDACTED] provide adequate care and supervision for [REDACTED]

06/11/2014 [REDACTED] - FFA - [REDACTED] - Ms. [REDACTED] reported that then she went to [REDACTED] s care group as the appointments were schedules I was taking vitamins, I did not have any complications through the pregnancy
 Before the delivery I was feeling sick for a couple of days, I came here for a doctor s appointment or [REDACTED] and I said that I did not feel good I was send to the labor and delivery I was monitor for about two hours and then I have the baby I had an emergency C section, the baby stop breathing and was not responding, they need to take him by C section when I was in the operation room, the doctor notice placenta abruption and he got the baby out the baby swallows meconium inside the womb
 I was not explained why the placenta abruption
 I have kidney infections; sepsis spear all over my body, the doctor said that it could be the reason Dr. [REDACTED] delivered the baby
 Ms. [REDACTED] reported that upon admission to the hospital I did told them that I did use drugs at the beginning of the pregnancy, I used opiates, Roxy s and morphine It was short term, I did snore them Ms. [REDACTED] has track marks on her left hand and she said this are the drug marks
 Ms. [REDACTED] reported that years ago I injected, probably a year ago was the last time
 Ms. [REDACTED] reported that I used Subutex at 12 weeks of the pregnancy I got them, from the streets, there was no prescriptions
 One strip of Subutex last for about four days I just to clean houses to get money to but Subutex from the streets

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

06/11/2014 [REDACTED] - FFA - Family - The mother [REDACTED] has family support currently she is living with her parents.
 The father [REDACTED] has also family support, the baby was placed with his sister.

10/01/2014 - [REDACTED] - FFA - Family - [REDACTED] is placed with the paternal Aunt and is well cared for and has all of his needs met in the home.

[REDACTED] an [REDACTED] report having good supports.
[REDACTED] reports that she is determined to be drug free.

B. Family Significant Needs/Risks/Concerns:

10/01/2014 - [REDACTED] - FFA - Family - [REDACTED] has struggled with drug addiction [REDACTED] is currently incarcerated from unpaid fines relating to a previous felony drug charge [REDACTED] is not employed and has no stable housing

[REDACTED] has a history of drug use
[REDACTED] was born drug exposed
[REDACTED] has made no progress in regards to her NCPP

06/11/2014 - [REDACTED] - FFA - [REDACTED] - Ms. [REDACTED] reported that upon admission to the hospital [REDACTED] did told them that I did use drugs at the beginning of the pregnancy, I used opiates, Roxy [REDACTED] and morphine [REDACTED] [REDACTED] It was short term, I did snore them [REDACTED] Ms. [REDACTED] has track marks on her left hand and she said [REDACTED] this are the drug marks [REDACTED]

Ms. [REDACTED] reported that [REDACTED] years ago I injected, probably a year ago was the last time [REDACTED]

Ms. [REDACTED] reported that [REDACTED] I used Subutex at 12 weeks of the pregnancy [REDACTED] I got them, from the streets, there was no prescriptions [REDACTED]

[REDACTED] One strip of Subutex last for about four days [REDACTED] I just to clean houses to get money to but Subutex from the streets [REDACTED]

06/11/2014 - [REDACTED] - FFA - [REDACTED] - Mr/ [REDACTED] was drug tested on May 02 and he was positive for Benzos and he was not able to produce prescription.

Mr., [REDACTED] was drug tested o May 07, 2014 and he was positive for BUP.

III. Person Information:

A. Children:

06/17/2014 - [REDACTED] - FAST - [REDACTED] was born medically fragile. He has made substantial progress and is reportedly doing well now. His current medical concerns are blood clots and heart issues, which Mrs. [REDACTED] reports are doing better. She has taken [REDACTED] to all follow up appointments.

06/11/2014 - [REDACTED] - FFA - [REDACTED] - [REDACTED] On April 09, 2014 a near Fatality referral was received on [REDACTED], he was born at [REDACTED] hospital. [REDACTED] was transport to [REDACTED] medical center due to he did ingest some of the meconium, he had meconium on his lungs and stomach. [REDACTED] was transport to [REDACTED] hospital on April 10, 2014.

On April 21, 2014 medical records from [REDACTED] hospital were received and read as follows: [REDACTED] Baby boy [REDACTED] [REDACTED] is 36 weeks gestation infant born on [REDACTED] at [REDACTED] County Medical center. Birth weight 2602 g. Pregnancy complicated by maternal polysubstance use, UTI, and gram neg urosepsis. Delivery by stat C-section secondary to fetal decels and concern for abruption. Apgars 3.7. Required PPV/CPAP at delivered and transfer to [REDACTED] Medical center; intubated and received surfactant x2. Developed PPHN and systematic hypotension requiring increased vent support, iNO, pressors. Treated for sepsis with amp. Cefotaxime, zosyn and acyclovir. Transferred to [REDACTED] on 4/10/14 for possible ECMO. Currently on HFOV and iNO; PICC/UAC for access. On fentanyl and versed infusions. Intracardiac thrombus vs vegetation per ECHO now on prophylactic Lovenox. On April 28, 2014 meconium results were received and the baby was meconium was positive for opiates and benzodiazepine.

10/01/2014 - [REDACTED] - FFA - [REDACTED] was born drug exposed and medically fragile. [REDACTED] is currently in the temporary custody and care of his paternal aunt [REDACTED] is now healthy, and is developing well. The [REDACTED] are getting [REDACTED] to all of his medical appointments and provide adequate care for [REDACTED] The [REDACTED] have hired a private attorney and continue to wish to adopt [REDACTED]

B. Adults:

06/17/2014 - [REDACTED] regularly visits the child and Mrs. [REDACTED] reports he is appropriate with [REDACTED] during the visits. Mr. [REDACTED] has obtained both a mental health assessment and an A&D assessment. These have been done recently and he has not yet had time to begin following the recommendations. He has failed a drug screen for oxy and bup.

06/17/2014 - [REDACTED] does make regular visits with [REDACTED] but Mrs. [REDACTED] claims it is brief and that Ms. [REDACTED] does not engage the child substantially, simply holding him and watching television during the visits. As of 6/17/2014, [REDACTED] has missed two consecutive A&D assessments, and has failed a drug screen for multiple substance, including meth, oxy, bup, and bzo.

06/11/2014 [REDACTED] Mother is [REDACTED] I am 21 years old, (DOB [REDACTED] address [REDACTED] Ms. [REDACTED] reported that she and Mr. [REDACTED] are not married and that Mr. [REDACTED] is on the birth certificate of the Baby and that they are not living together we have been on and off for a couple of years we were together for one and a half years, he have not being together for a couple, of months

10/01/2014 [REDACTED] - FFA - [REDACTED] has a current NCPP in place that she is making no progress on. [REDACTED] doe shave supervised visitation with [REDACTED] supervised by [REDACTED] [REDACTED] completed her mental health and A & D assessments but has not followed through with the recommendations which included IOP for co-occurring disorders. This was to begin in July but she has not yet started. [REDACTED] has not had regular contact with her FSW in regards to her case, progress, and drug screens. [REDACTED] is not employed at this time and has unstable living arrangements.

06/11/2014 [REDACTED] - FFA - [REDACTED] - The father is [REDACTED], he is 38 years old and she does not know his address and his phone number is [REDACTED] Mr. [REDACTED] reported that I meet [REDACTED] a long time and we never have been together, we have only sex I do not have any plans to be with her

10/01/2014 - [REDACTED] - FFA - [REDACTED] is currently incarcerated in [REDACTED] County due to unpaid fines relating to a previous felony drug charge. Prior to being incarcerated, [REDACTED] was receiving services at a Suboxone clinic and had supervised visitation with [REDACTED] release date is unknown. [REDACTED] has reported that he is okay with his sister adopting [REDACTED] and knows that they are more suitable to adequately care for him.

C. Family Together History:

06/17/2014 - [REDACTED] - FAST - [REDACTED] is currently placed with [REDACTED] the paternal aunt. Mrs. [REDACTED] is a nurse, and is able to care for [REDACTED] and address his multiple pressing medical concerns. Both [REDACTED] and [REDACTED] are making regular visits with the child, and claim to be working their NCPP.

06/17/2014 [REDACTED] is not fond of [REDACTED] being placed with Mrs. [REDACTED]

06/11/2014 [REDACTED] - FFA - Family - The parents are not together, they never have been a couple and they do not have any plans to be together.

10/01/2014 - [REDACTED] FFA - Family - [REDACTED] is currently in the temporary custody and care of [REDACTED] and [REDACTED] is the paternal aunt. [REDACTED] is currently incarcerated in [REDACTED] Co for unpaid fines stemming from a previous felony drug charge. [REDACTED] was receiving services through a Suboxone clinic prior to his incarceration. [REDACTED] has a NCPP in place but has made minmal progress on it. Communication with FSW has been minimal but she does participate with her supervised visitation. [REDACTED] is not happy with the [REDACTED] wanting to adopt [REDACTED] and has not proven that she is fit or stable enough to care for him. The [REDACTED] continue to express their desire to move forward with adopting [REDACTED]

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
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Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]		CPS	[REDACTED]

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
05/02/2014	Court Order	Custody Removal (Initial)		[REDACTED]	
06/06/2014	Court Order	Custody Removal (Initial)	[REDACTED]	[REDACTED]	

IV. Assessment of Safety:

04/16/2014 - [REDACTED] - Safety - [REDACTED] - Baby was transported to [REDACTED] Hospital in [REDACTED] TN due to critical medical condition.

06/11/2014 - [REDACTED] - Safety - [REDACTED]

10/01/2014 - [REDACTED] FFA - [REDACTED] - [REDACTED] and [REDACTED] continue to care for [REDACTED] in their home. There are no safety concerns in the home.

V. Assessment of Well Being:

10/01/2014 - [REDACTED] - FFA - [REDACTED] - The [REDACTED] continue to care for [REDACTED] in their home and he has all of his well-being needs [REDACTED] gets [REDACTED] to all of his medical appointments and provides adequate care for him.

VI. Assessment of Permanence:

10/01/2014 - [REDACTED] FFA - [REDACTED] - [REDACTED] and [REDACTED] currently have temporary custody of [REDACTED] and continue to express their desire to adopt him. The [REDACTED] have hired a private attorney for them to petition the court to pursuit adoption. [REDACTED] and [REDACTED] have a current Non-custodial plan in place in which minimal progress has been made. [REDACTED] currently has supervised visitation with his parents and is well cared for in the [REDACTED] home.

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	06/01/2014	06/30/2014
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	06/01/2014	06/30/2014
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	07/01/2014	07/31/2014
[REDACTED]	Support Services/ Family Support Services	Approved	[REDACTED]	05/15/2014	11/10/2014

Worker's Signature

Date

Supervisor's Signature

Date



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Assessment

Family Name: [Redacted]
County: [Redacted]
Date of Referral: 4/9/14 3:20 PM
Assessment Type: Initial

TN DCS Intake ID #: [Redacted]
Worker:
Date of Assessment: 4/16/14 12:00 AM
Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

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



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____